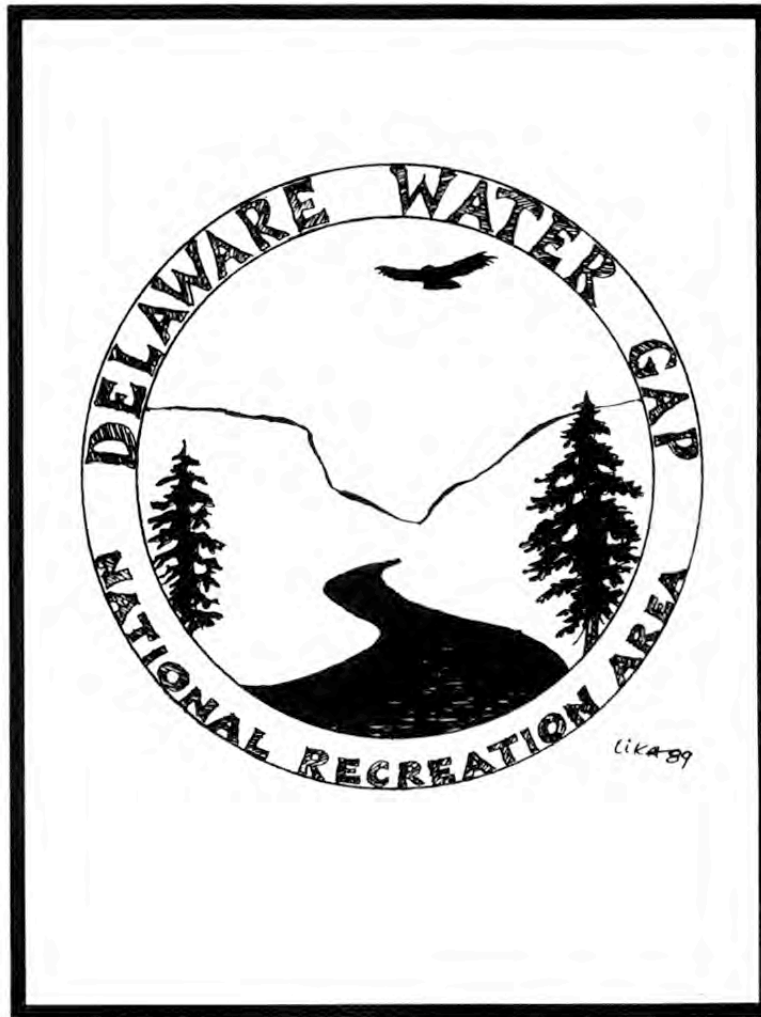


Delaware Water Gap National Recreation Area Visitor Study



The
Visitor Services
Project

United States Department of the Interior

NATIONAL PARK SERVICE
Delaware Water Gap National Recreation Area
Bushkill, Pennsylvania 18324

July 1989

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Delaware Water Gap National Recreation Area enjoy, the places they visit within the park, and to more accurately count visitors.

This questionnaire is only being given to a select number of visitors. Your participation is very important! It should only take a few minutes of your time during your visit to Delaware Water Gap National Recreation Area

When your visit is over, please complete the questionnaire. Then, seal it with the sticker provided on the last page and simply drop it in any U.S. mailbox.

If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Sincerely,

Richard G. Ring
Superintendent

DIRECTIONS

One adult in your group should complete the questionnaire. It should only take a few minutes. When you have completed the questionnaire, please seal it with the sticker provided and drop it in any U.S. mailbox. We appreciate your help.

When did you and your group first arrive at Delaware Water Gap National Recreation Area this visit?

Circle the appropriate day of the week:

S M T W Th F S

Write in the hour:

TIME OF DAY ____ a.m. OR ____ p.m.

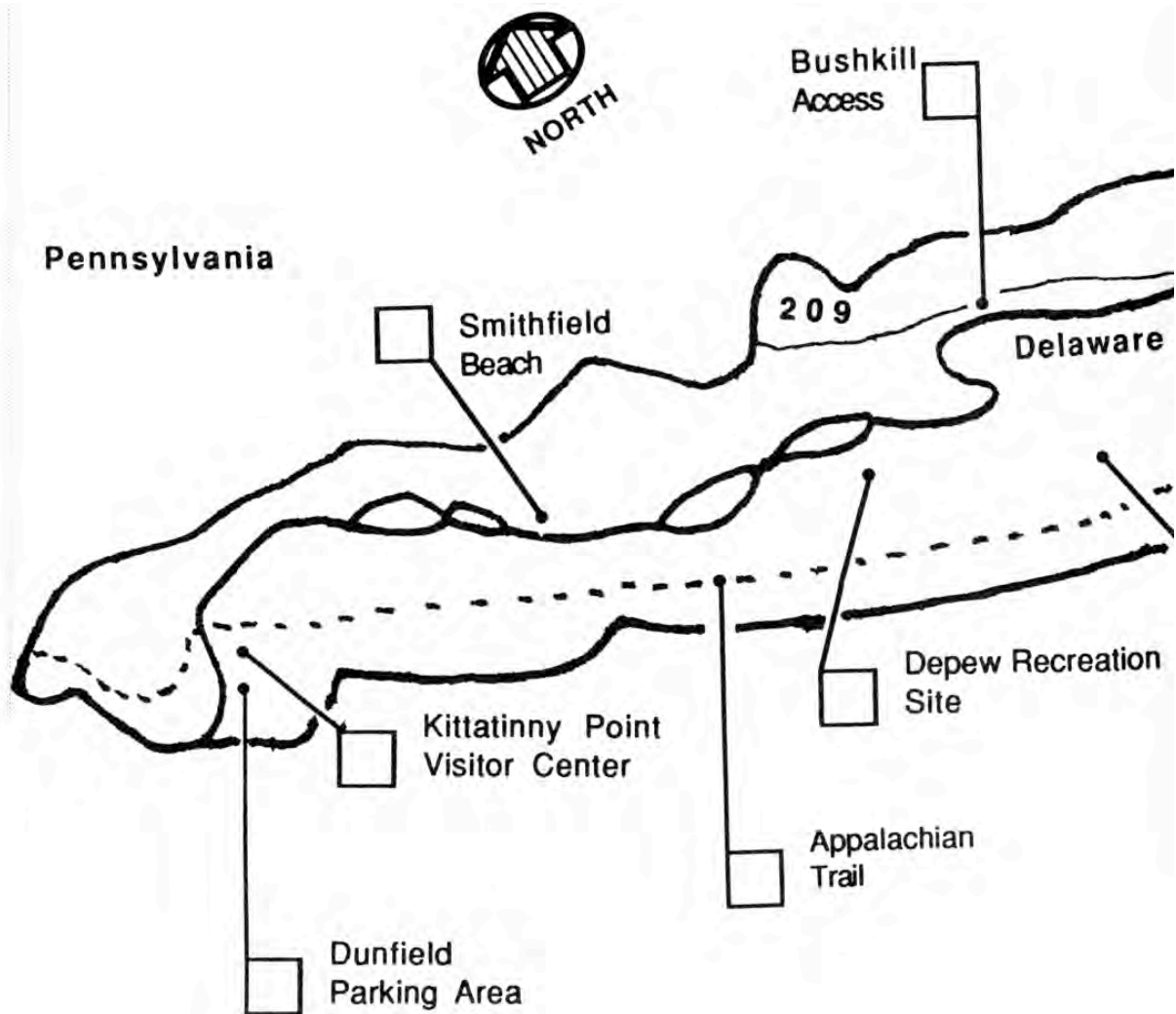
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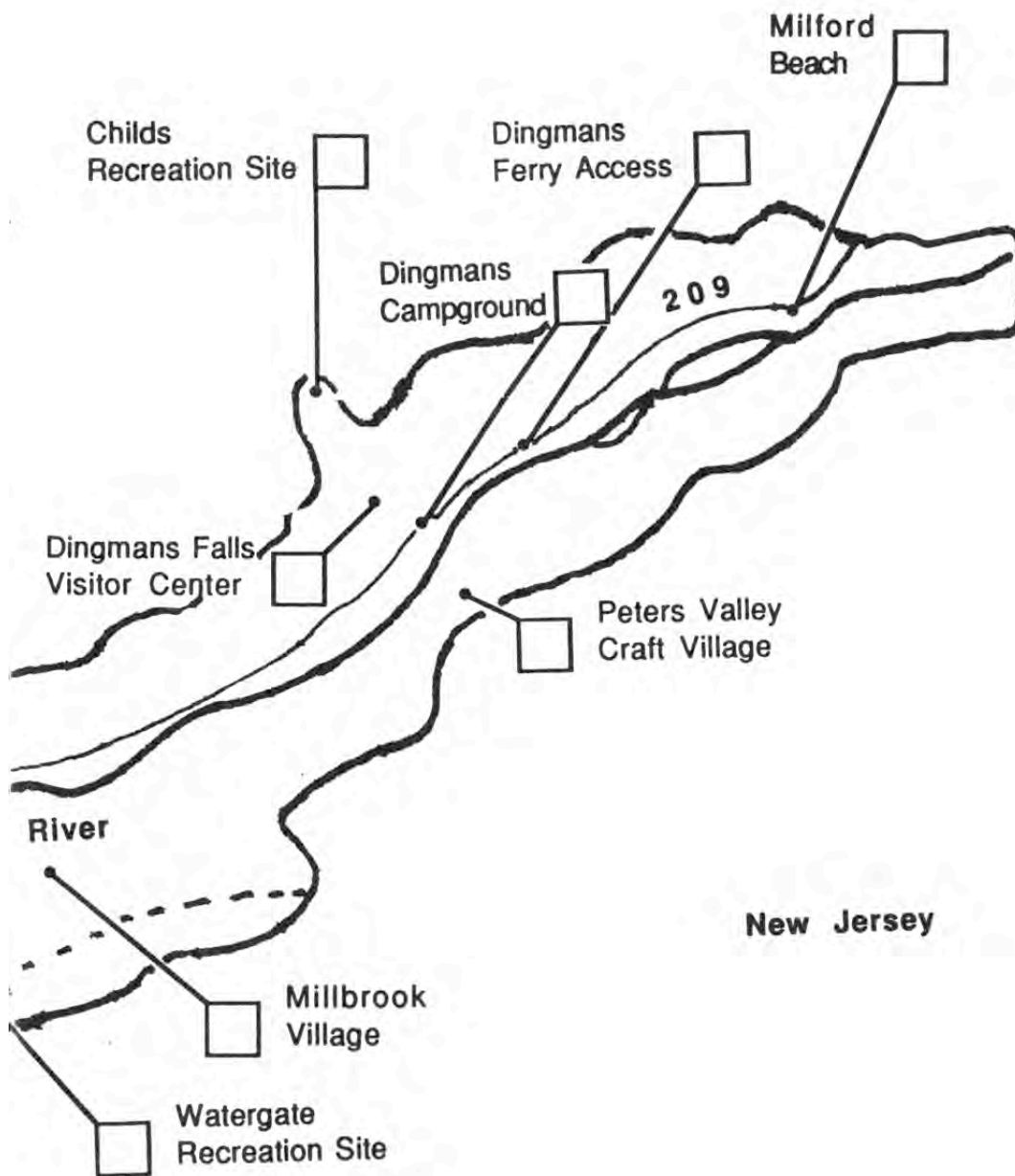


PLACES YOU VISITED

On the map below, please indicate the places you and your group visited at Delaware Water Gap National Recreation Area this trip. Simply check (✓) the box beside each place you visited. If you did not visit any of these places, please go on to page 6.

Delaware Water Gap National Recreation Area





PLEASE GO ON TO NEXT PAGE



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YOUR ACTIVITIES

1. On the list below, please check (√) the activities that you and your group did at Delaware Water Gap National Recreation Area. Please check all that apply.

_____ BOATING

_____ CANOEING/ TUBING

_____ HIKING

_____ CAMPING

_____ PICNICKING

_____ NATURE STUDY

_____ SWIMMING

_____ FISHING

_____ SIGHTSEEING

_____ VISITING HISTORIC SITES

_____ OTHER (Please describe: _____)

YOU AND YOUR OPINIONS

2. How much time did you and your group spend at Delaware Water Gap National Recreation Area this visit?

_____ NUMBER OF HOURS

3. How many people were in your group?

_____ NUMBER OF PEOPLE

4. What kind of group were you with?

- _____ ALONE
- _____ FAMILY
- _____ FRIENDS
- _____ FAMILY AND FRIENDS
- _____ GUIDED TOUR GROUP
- _____ YOUTH GROUP
- _____ OTHER (Please describe: _____)

5. For you and your group, please indicate:

- 1) your age on your last birthday,
- 2) the zip code of your permanent residence (if you are from a country other than the United States, please give the name of that country), and
- 3) the number of times you have visited Delaware Water Gap National Recreational Area including this visit.

	AGE	ZIP CODE (country)	# TIMES VISITED
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
additional members _____			

PLEASE GO ON TO NEXT PAGE



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5. Where did your trip begin on the day you visited Delaware Water Gap National Recreation Area?

_____ TOWN

_____ STATE

6. Where is your planned destination on the day you leave Delaware Water Gap National Recreation Area?

_____ TOWN

_____ STATE

7. Prior to this visit how did you and your group get information about Delaware Water Gap National Recreation Area? Please check (✓) all that apply.

_____ TRAVEL GUIDE/ TOUR BOOK

_____ NEWSPAPER/ MAGAZINE ARTICLES

_____ MAPS

_____ ADVICE FROM FRIENDS OR RELATIVES

_____ PREVIOUS VISIT(S)

_____ TELEPHONE INQUIRY TO THE PARK

_____ WRITTEN INQUIRY TO THE PARK

_____ NO INFORMATION PRIOR TO VISIT

_____ OTHER (Please describe: _____)

_____)

8. a) During this visit did you and your group use any of the following information or interpretive services at Delaware Water Gap National Recreational Area? Please check (✓) all that apply.
- b) How useful were the services you used? Please mark each service used from 1 to 5: (1= EXTREMELY USEFUL, 2= VERY USEFUL, 3= MODERATELY USEFUL, 4= SOMEWHAT USEFUL, 5= NOT USEFUL).

Use service? (✓)		How useful? (1-5)
_____	PARK FOLDER/MAP	_____
_____	INFORMATION FLYERS	_____
_____	PARK NEWSPAPER	_____
_____	CONTACT WITH PARK STAFF	_____
_____	SALES PUBLICATIONS	_____
_____	VISITOR CENTER EXHIBITS	_____
_____	SLIDE PROGRAM/VIDEO	_____
_____	RANGER-LED WALKS/TALKS	_____
_____	ROAD SIGNS	_____
_____	BULLETIN BOARDS	_____
_____	OTHER (Please describe: _____)	_____

PLEASE GO ON TO NEXT PAGE



11. Is there anything else you would like to tell us about your visit to Delaware Water Gap National Recreational Area?

Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.

STAMP

OFFICIAL BUSINESS

Visitor Services Project
Cooperative Park Studies Unit
Department of Forest Resources
College of Forestry, Wildlife and
Range Sciences
University of Idaho
Moscow, Idaho 83843