May, 1990

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to White Sands National Monument 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 White Sands National Monument.

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,

[Signature]

Dennis L. Ditmanson
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.
PLACES YOU VISITED

1. On the map below, please indicate the places you and your group visited at White Sands National Monument. Simply check (✓) the box beside each place you visited. If you did not visit any of these places, please go on to page 5.

White Sands National Monument

YOUR ACTIVITIES

2. On the list below, please check the activities that you and your group did at White Sands National Monument. Please check (✓) all that apply.

- PICNIC
- PLAY IN SAND
- SUN BATHE
- HIKE UNDER 1 HOUR
- HIKE OVER 1 HOUR
- PHOTOGRAPHY
- BICYCLE
- STOP AT NUMBERED PULLOUTS
- CLASSROOM STUDY/PROJECT
- OTHER (Please describe: ________________)

YOU AND YOUR OPINIONS

3. How much time did you and your group stay in the Alamogordo area this visit?

If less than one day (fewer than 24 hours):

- NUMBER OF HOURS

If one day or more (24 hours or more):

- NUMBER OF DAYS

PLEASE GO ON TO NEXT PAGE
4. How many people were in your group?
   ______ NUMBER OF PEOPLE

5. What kind of group were you with?
   ______ ALONE
   ______ FAMILY
   ______ FRIENDS
   ______ FAMILY AND FRIENDS
   ______ GUIDED TOUR GROUP
   ______ OTHER (Please describe: ____________________________ )

6. For you and your group, please indicate:

<table>
<thead>
<tr>
<th>CURRENT AGE</th>
<th>ZIP CODE OR COUNTRY</th>
<th># TIMES VISITED (INCLUDING THIS VISIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEMBER #2</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEMBER #3</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEMBER #4</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEMBER #5</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEMBER #6</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEMBER #7</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

7. What was the main purpose of your visit to the Alamogordo area? Please check (✓) one.
   ______ RETIREMENT RELOCATION
   ______ TOURISM
   ______ MILITARY/GOVERNMENT CONTRACT (TDY)
   ______ MILITARY/GOVERNMENT CONTRACT (PCS)
   ______ BUSINESS
   ______ OTHER (please list: ________________________________ )

8. During this visit to the Alamogordo area which other attractions did you and your group visit? Please check (✓) all that apply.
   ______ INTERNATIONAL SPACE HALL OF FAME
   ______ CLYDE TOMBAUGH PLANETARIUM
   ______ OLIVER LEE STATE PARK
   ______ ALAMEDA PARK ZOO
   ______ SACRAMENTO MOUNTAINS (Cloudcroft/Ruidoso areas)
   ______ SUNSPOT SOLAR OBSERVATORY
   ______ AGUIRRE SPRINGS RECREATION AREA
   ______ WHITE SANDS MISSILE PARK
   ______ THREE RIVERS PETROGLYPH SITE
   ______ OTHER: (Please list: ________________________________ )

PLEASE GO ON TO NEXT PAGE ➡️
9. During your visit to the Alamogordo area, how much did you and your group spend for lodging, travel, food and other items? Please write "0" if you did not spend any money.

<table>
<thead>
<tr>
<th>Amount Spent</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LODGING</td>
<td>$_______</td>
</tr>
<tr>
<td>TRAVEL (gas, bus fare, etc.)</td>
<td>$_______</td>
</tr>
<tr>
<td>FOOD (restaurant or self-prepared)</td>
<td>$_______</td>
</tr>
<tr>
<td>OTHER (film, gifts, etc.)</td>
<td>$_______</td>
</tr>
</tbody>
</table>

10. Prior to this visit, how did you and your group get information about White Sands National Monument? Please check (v) 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: ______________________)

11. a) Rate the importance of the following interpretive and visitor services to you and your group during your visit to White Sands National Monument. Please mark each service from 1 to 5 (1= EXTREMELY IMPORTANT, 2= VERY IMPORTANT, 3= MODERATELY IMPORTANT, 4= SOMewhat IMPORTANT, 5= NOT IMPORTANT).

<table>
<thead>
<tr>
<th>How Important? (1-5)</th>
<th>What quality? (1-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARK FOLDER/MAP</td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER EXHIBITS</td>
<td></td>
</tr>
<tr>
<td>RANGER-LED TALKS AND WALKS</td>
<td></td>
</tr>
<tr>
<td>EVENING CAMPFIRE PROGRAMS</td>
<td></td>
</tr>
<tr>
<td>BIG DUNE NATURE TRAIL</td>
<td></td>
</tr>
<tr>
<td>ROADSIDE EXHIBITS AND NUMBERED TURNOUTS</td>
<td></td>
</tr>
<tr>
<td>SALES PUBLICATIONS</td>
<td></td>
</tr>
<tr>
<td>RESTROOM FACILITIES</td>
<td></td>
</tr>
<tr>
<td>PICNIC FACILITIES</td>
<td></td>
</tr>
<tr>
<td>GIFT SHOP</td>
<td></td>
</tr>
<tr>
<td>SNACK BAR</td>
<td></td>
</tr>
</tbody>
</table>

b) Next, rate the quality of each service you or your group used during this visit to White Sands National Monument. Please mark each service used from 1 to 5 (1= VERY GOOD, 2= GOOD, 3= AVERAGE, 4= POOR, 5= VERY POOR).

PLEASE GO ON TO NEXT PAGE
12. How important to you and your group were the following features during your visit to White Sands National Monument? Please mark each item from 1 to 5 (1 = EXTREMELY IMPORTANT, 2 = VERY IMPORTANT, 3 = IMPORTANT, 4 = SOMEWHAT IMPORTANT, 5 = NOT IMPORTANT).

____ SCENIC VIEWS/DRIVE
____ WILDLIFE
____ PLANT LIFE
____ SOLITUDE/QUIET
____ VISITOR CENTER
____ SCIENTIFIC STUDY
____ RANGER-LED PROGRAMS

13. If you were planning for the future of White Sands National Monument, what would you propose? Please be specific.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

14. Is there anything else you would like to tell us about your visit to White Sands National Monument?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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