

# Gateway National Recreation Area Visitor Study



**The  
Visitor Services  
Project**

## OMB Approval 1024-0051

United States Department of the Interior  
NATIONAL PARK SERVICE

Gateway National Recreation Area  
Headquarters Building 69  
Floyd Bennett Field  
Brooklyn, N.Y. 11234

BREEZY POINT UNIT, N.Y.  
JAMAICA BAY UNIT, N.Y.  
STATEN ISLAND UNIT, N.Y.  
SANDY HOOK UNIT, N.J.

July 1990

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Gateway 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 Gateway 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 (208-875-7129).

We appreciate your help.

Sincerely,

Robert Macintosh, Jr.  
General 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.

**PRIVACY AND PAPERWORK REDUCTION ACTS STATEMENT:**

16 U.S.C. 1a-7 authorizes the collection of this information. The primary use of this information is to learn about the expectations, opinions and interests of visitors to this park and will be used by park managers to better manage this park. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. The information may also be provided to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law; to the Department of Justice when relevant to litigation or anticipated litigation.

**BURDEN ESTIMATES:** Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the collection of information. Direct comments regarding the burden estimate or any other aspect of this form to Service Information Collection Clearance Officer, National Park Service, Department of the Interior, Washington D.C. 20240; and the Office of Management and Budget, Paperwork Reduction Project, 1024-0051, Washington D.C. 20503.

PLEASE GO ON TO NEXT PAGE



### YOUR ACTIVITIES

1. On the list below, please check on the left the activities that you and your group did at Gateway National Recreation Area this visit. Please check (✓) all that apply.

Also check on the right the activities that you and your group have done in past visits at Gateway National Recreation Area. Please check (✓) all that apply.

<b><u>This visit</u></b> (✓)		<b><u>Past visits</u></b> (✓)
_____	BOATING	_____
_____	BIRDING	_____
_____	ORGANIZED SPORTS	_____
_____	CAMPING	_____
_____	PICNICKING	_____
_____	NATURE STUDY	_____
_____	SWIMMING	_____
_____	FISHING	_____
_____	SPECIAL PROGRAM	_____
_____	VISITING HISTORIC SITES _____	_____
_____	OTHER	_____

(Please describe: \_\_\_\_\_

\_\_\_\_\_ )

### YOU AND YOUR OPINIONS

2. How much time did you and your group spend at Gateway 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:

	<b>CURRENT AGE</b>	<b>ZIP CODE OR COUNTRY</b>	<b># TIMES VISITED (INCLUDING THIS VISIT)</b>
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

**PLEASE GO ON TO NEXT PAGE**



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6. If you were planning for the future of Gateway National Recreation Area how would you rate the importance of the following services or facilities? Please mark each service or facility from 1 to 5 (1=EXTREMELY IMPORTANT, 2=VERY IMPORTANT, 3=MODERATELY IMPORTANT, 4=SOMEWHAT IMPORTANT, 5=NOT IMPORTANT).

**How important?  
(1-5)**

- \_\_\_\_\_ INFORMATION FLYERS
- \_\_\_\_\_ PARKING FACILITIES
- \_\_\_\_\_ RESTROOM FACILITIES
- \_\_\_\_\_ VISITOR INFORMATION AREAS
- \_\_\_\_\_ CONTACT WITH PARK RANGERS
- \_\_\_\_\_ BOAT LAUNCH ACCESS
- \_\_\_\_\_ PICNIC AREAS
- \_\_\_\_\_ FISHING AREAS
- \_\_\_\_\_ BIKE TRAILS
- \_\_\_\_\_ JOGGING TRAILS

7. How did you and your group get information about Gateway 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
- \_\_\_\_\_ RADIO/ TELEVISION
- \_\_\_\_\_ WRITTEN INQUIRY TO THE PARK
- \_\_\_\_\_ NO INFORMATION PRIOR TO VISIT
- \_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_  
\_\_\_\_\_ )

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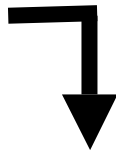
8. a) During this visit did you and your group use any of the following information or interpretive services at Gateway National Recreational Area? Please check (√) all that apply.
- b) How useful were the services you used? Please mark each service used from 1 to 5 (1= EXTREMELY USEFUL, 2= VERY USEFUL,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

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

9. Gateway National Recreation Area has opportunities for people to be involved in the park's planning and programs. Would you like to be involved?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

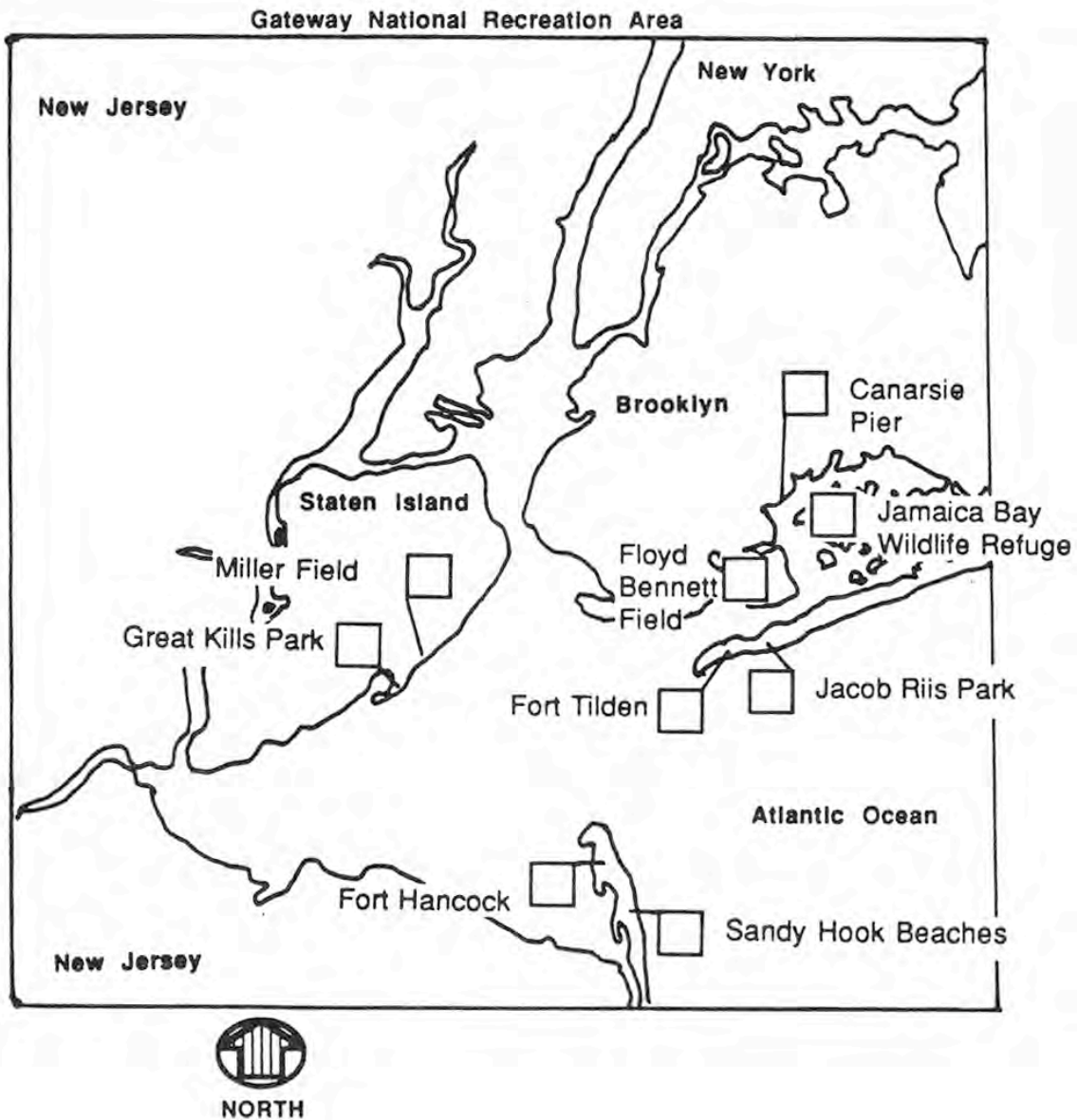


If yes, how? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



10. On the map below, please indicate the places you and your group have visited at Gateway National Recreation Area prior to this trip. Simply check (✓) the box beside each place you have visited. If you did not visit any of these places, please go on to page 10

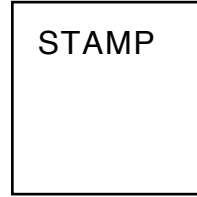


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**OFFICIAL BUSINESS**

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