Scotts Bluff
National Monument
Visitor Study

The
Visitor Services
Project
Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Scotts Bluff 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 Scotts Bluff 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,

JoAnn M. Kyral
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, 1024-0061, Washington D.C. 20503.

PLEASE GO ON TO NEXT PAGE
PLACES YOU VISITED

1. On the map below, please indicate the places you and your group visited at Scotts Bluff National Monument 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 5.
YOU AND YOUR OPINIONS

2. How much time did you and your group spend at Scotts Bluff National Monument 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
______ OTHER (Please describe: ____________________)

5. Are you on a bus tour?

______ NO  ______ YES

If yes, are you a convention member?

______ NO  ______ YES

PLEASE GO ON TO NEXT PAGE
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>
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<td>MEMBER #4</td>
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<td>______</td>
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<td>MEMBER #5</td>
<td>______</td>
<td>______</td>
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<tr>
<td>MEMBER #6</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>MEMBER #7</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

7. The city of Scotts Bluff and the National Park Service is considering a three mile river nature trail connecting Scotts Bluff National Monument and the River Side Park Zoo. Would you use it on a future visit? Please check (✓) one.

_____ YES, LIKELY

_____ NO, UNLIKELY

_____ DON'T KNOW
8. The National Park Service is considering the development of a shuttle system from the visitor center to the summit of Scotts Bluff and back, available to visitors at a modest fee. If this system was available, would you use it on a future visit? Please check (✓) one.

   ______ YES, LIKELY
   ______ NO, UNLIKELY
   ______ DON'T KNOW

9. Prior to this visit how did you and your group get information about Scotts Bluff National Monument? Please check (✓) all that apply.

   ______ TRAVEL GUIDE/TOUR BOOK
   ______ NEWSPAPER/MAGAZINE ARTICLES
   ______ MAPS
   ______ ADVICE FROM FRIENDS OR RELATIVES
   ______ PREVIOUS VISIT(S)
   ______ WRITTEN INQUIRY TO PARK
   ______ WRITTEN INQUIRY TO CHAMBER OF COMMERCE
   ______ NO INFORMATION PRIOR TO VISIT
   ______ OTHER (Please describe:_____________________
                              ____________________________)

PLEASE GO ON TO NEXT PAGE
10. a) During this visit did you and your group use any of the following information or interpretive services at Scotts Bluff National Monument? 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).

<table>
<thead>
<tr>
<th>Use service? (✓)</th>
<th>How useful? (1-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSEUM EXHIBITS</td>
<td></td>
</tr>
<tr>
<td>SLIDE PROGRAM</td>
<td></td>
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<tr>
<td>SUMMIT TRAIL GUIDE</td>
<td></td>
</tr>
<tr>
<td>LIVING HISTORY DEMONSTRATION</td>
<td></td>
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<tr>
<td>PARK BROCHURE</td>
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</tr>
<tr>
<td>WAYSIDE EXHIBITS</td>
<td></td>
</tr>
<tr>
<td>ACCESSIBILITY HANDOUT</td>
<td></td>
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<tr>
<td>SURROUNDING AREA INFORMATION</td>
<td></td>
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<tr>
<td>ANIMAL INFORMATION HANDOUTS</td>
<td></td>
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<tr>
<td>OTHER (Please describe: )</td>
<td></td>
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</tbody>
</table>
11. a) During this visit did you and your group use any of the following facilities at Scotts Bluff National Monument? Please check (√) all that apply.

b) Next, rate the quality of each facility you and your group used. Please mark each facility used from 1 to 5 (1= VERY GOOD, 2= GOOD, 3= AVERAGE, 4= POOR, 5= VERY POOR).

<table>
<thead>
<tr>
<th>Use facility?</th>
<th>What Quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ✓ )</td>
<td>( 1-5 )</td>
</tr>
<tr>
<td>RESTROOMS</td>
<td></td>
</tr>
<tr>
<td>TRAILS</td>
<td></td>
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<tr>
<td>SUMMIT ROAD</td>
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<tr>
<td>PARKING LOT</td>
<td></td>
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<tr>
<td>SALES PUBLICATION AREA</td>
<td></td>
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<tr>
<td>PICNIC TABLES</td>
<td></td>
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</tbody>
</table>

12. If you were planning for the future management of Scotts Bluff National Monument, what would you propose? Please be as specific as possible.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
13. What did you and your group like most about this visit to Scotts Bluff National Monument?


14. What did you and your group like least about this visit to Scotts Bluff National Monument?
15. Is there anything else you would like to tell us about your visit to Scotts Bluff National Monument?

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

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Cooperative Park Studies Unit
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College of Forestry, Wildlife and
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Moscow, Idaho 83843