United States Department of the Interior  
NATIONAL PARK SERVICE  
John Day Fossil Beds National Monument  
420 West Main  
John Day, Oregon 97845

August, 1990

Dear Visitor:

Thank you for taking your time to participate in this study. Our objective is to learn about the expectations, opinions, and interests of visitors to John Day Fossil Beds National Monument. This will assist us in our efforts to better manage the monument, and to serve you, the visitor.

This questionnaire is only being given to a select number of visitors. Your participation is very important and should only take a few minutes of your time.

After completing the questionnaire please 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,

Benjamin F. Ladd  
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
VISITING JOHN DAY FOSSIL BEDS

1. On the map below, please indicate the order in which you and your group visited the sites at John Day Fossil Beds National Monument. Simply write 1, 2, 3, and so forth, in the box beside each place you visited. If you did not visit a site, leave the box blank.

John Day Fossil Beds National Monument

United States Department of the Interior
NATIONAL PARK SERVICE
John Day Fossil Beds National Monument
420 West Main
John Day, Oregon 97845

August, 1990

Dear Visitor:

Thank you for taking your time to participate in this study. Our objective is to learn about the expectations, opinions, and interests of visitors to John Day Fossil Beds National Monument. This will assist us in our efforts to better manage the monument, and to serve you, the visitor.

This questionnaire is only being given to a select number of visitors. Your participation is very important and should take only a few minutes of your time.

After completing the questionnaire, please 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]

Benjamin F. Ladd
Superintendent
YOUR ACTIVITIES

2. On the list below, please check all of the activities that you and your group did at John Day Fossil Beds National Monument during this visit. Please check (√) all that apply.

- [ ] VISIT VISITOR CENTER
- [ ] VISIT ROADSIDE EXHIBITS
- [ ] VIEW/STUDY FOSSILS
- [ ] VIEW/STUDY GEOLOGY
- [ ] VIEW WILDLIFE/BIRDS
- [ ] VIEW WILDFLOWERS
- [ ] WALK TRAILS
- [ ] TAKE PHOTOGRAPHS
- [ ] PICNIC
- [ ] FISH

- [ ] OTHER (Please describe:______________________)

PLEASE GO ON TO NEXT PAGE
3. a) On this trip, did you visit John Day Fossil Beds National Monument on more than one day?
   _____ YES  _____ NO

   b) On this visit, how much time did you and your group spend in John Day Fossil Beds National Monument?
   _____ NUMBER OF HOURS

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</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>

   (including this visit)
7. Where did you start your trip on the day you and your group arrived at John Day Fossil Beds National Monument? 

___________________________________________________________NEAREST TOWN
___________________________________________________________STATE

8. What is your planned destination tonight? 

___________________________________________________________NEAREST TOWN 
___________________________________________________________STATE

9. What highways did you and your group use to get to John Day Fossil Beds National Monument? Please check (√) all that apply.

_____ HIGHWAY 26       _____ HIGHWAY 395
_____ HIGHWAY 19       _____ HIGHWAY 84
_____ HIGHWAY 97       _____ DON'T KNOW

10. a) Would you and your group likely have stayed longer in the John Day Fossil Beds National Monument area if more lodging and campgrounds were available?

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

   GO ON TO QUESTION 11

b) Which would you likely have used? Check (√) all that apply.

_____ LODGING
_____ CAMPGROUNDS
_____ DON'T KNOW

PLEASE GO ON TO NEXT PAGE
11. a) Please rate the importance of the interpretive or visitor services which you and your group used during this visit to John Day Fossil Beds National Monument. Please mark each service used from 1 to 5 (1= EXTREMELY IMPORTANT, 2= VERY IMPORTANT, 3= MODERATELY IMPORTANT, 4= SOMEWHAT IMPORTANT, 5= NOT IMPORTANT).

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

<table>
<thead>
<tr>
<th>How important? (1-5)</th>
<th>What quality? (1-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGHWAY DIRECTIONAL SIGNS</td>
<td></td>
</tr>
<tr>
<td>PARK BROCHURE/MAP</td>
<td></td>
</tr>
<tr>
<td>TRAIL GUIDES</td>
<td></td>
</tr>
<tr>
<td>OTHER PARK INFORMATION BROCHURES</td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER EXHIBITS</td>
<td></td>
</tr>
<tr>
<td>ROADSIDE EXHIBITS</td>
<td></td>
</tr>
<tr>
<td>TRAIL EXHIBITS</td>
<td></td>
</tr>
<tr>
<td>FOSSIL LAB DEMONSTRATIONS</td>
<td></td>
</tr>
<tr>
<td>RANGER ASSISTANCE</td>
<td></td>
</tr>
<tr>
<td>OTHER (Please specify:_________________)</td>
<td>______</td>
</tr>
</tbody>
</table>
12. On this visit, what was your primary reason for visiting this part of northeastern Oregon? Please check (✓) only one.

_____ VISIT JOHN DAY FOSSIL BEDS NM

_____ VISIT OTHER AREA ATTRACTIONS

_____ VISIT FRIENDS/RELATIVES

_____ BUSINESS TRIP

_____ TRAVELING THROUGH (no planned destination in area)

_____ RECREATION (camping, fishing, hunting, etc.)

_____ OTHER (Please specify:__________________________

_______________________________________________)

13. On this visit, what was your primary reason for visiting John Day Fossil Beds National Monument? Please check (✓) only one.

_____ VIEW SCENERY

_____ SEE FOSSILS

_____ SEE HISTORIC RESOURCES

_____ VISIT THE VISITOR CENTER

_____ ENJOY RECREATION (camping, fishing, hiking, etc.)

_____ VISIT A NATIONAL PARK SERVICE AREA

_____ OTHER (Please specify:__________________________

_______________________________________________)

PLEASE GO ON TO NEXT PAGE
14. What forms of transportation did you and your group use to get to John Day Fossil Beds National Monument? Please check (✓) all that apply.

_____ PRIVATE VEHICLE

_____ RV (including towed trailers)

_____ TOUR BUS

_____ MOTORCYCLE

_____ BICYCLE

_____ OTHER (Please specify:____________________________)

15. John Day Fossil Beds National Monument is a relatively new area of the National Park system. If you were planning for the future of the monument, what would you propose? Please be specific.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
16. Is there anything else you and your group would like to tell us about your visit to John Day Fossil Beds National Monument and the surrounding area?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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