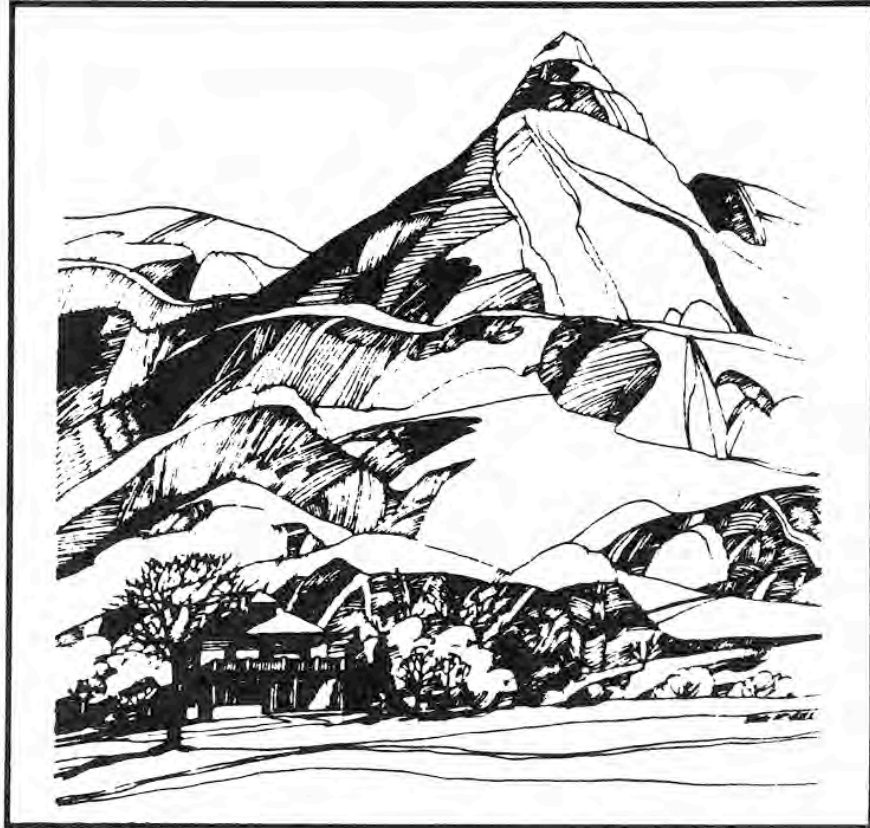


# **John Day Fossil Beds Visitor Study**



**The  
Visitor Services  
Project**

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



IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE

John Day Fossil Beds National Monument

420 West Main

John Day, Oregon 97845

August, 1990

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Sincerely,

Benjamin P. 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**



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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:

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

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).

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

**What quality?**  
(1-5)

_____	HIGHWAY DIRECTIONAL SIGNS	_____
_____	PARK BROCHURE/MAP	_____
_____	TRAIL GUIDES	_____
_____	OTHER PARK INFORMATION BROCHURES	_____
_____	VISITOR CENTER EXHIBITS	_____
_____	ROADSIDE EXHIBITS	_____
_____	TRAIL EXHIBITS	_____
_____	FOSSIL LAB DEMONSTRATIONS	_____
_____	RANGER ASSISTANCE	_____
_____	OTHER (Please specify: _____)	_____
	_____)	



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.

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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**