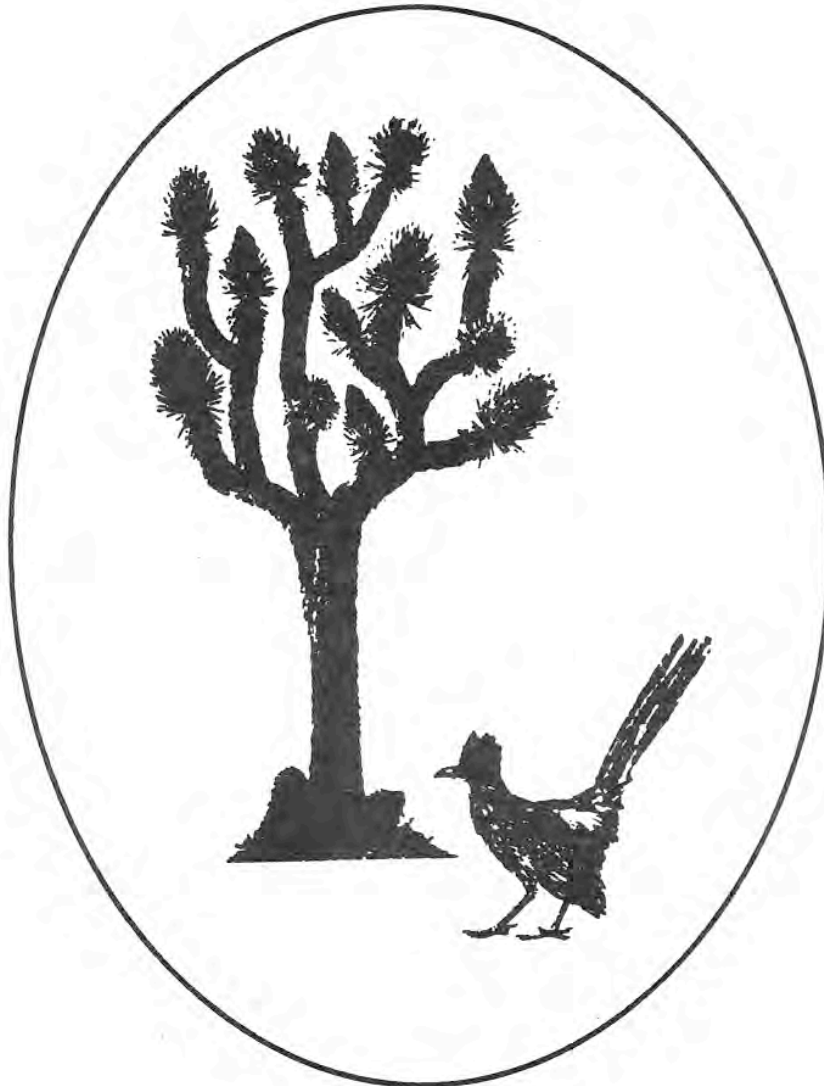


Joshua Tree Visitor Study



**The
Visitor Services
Project**

United States Department of the Interior
NATIONAL PARK SERVICE
JOSHUA TREE NATIONAL MONUMENT
74485 NATIONAL MONUMENT DRIVE
TWENTYNINE PALMS, CALIFORNIA 92277-3587

April 1991

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Joshua Tree National Monument enjoy, the places they visit within the park, and to get your opinions about your visit.

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 Joshua Tree 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,

Curt Mossestad
Acting 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 ACT and PAPERWORK REDUCTION ACT statement: 16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed. Thus the permanent data will be anonymous. Please do not put your name or that of any member of your group on the questionnaire. Data collected through visitor surveys may be disclosed to the Department of Justice when relevant to litigation or anticipated litigation, or to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law.

Burden estimate statement: Public reporting burden for this form is estimated to average 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Service Information Collection Clearance Officer, National Park Service, P.O. Box 37127, Washington, D.C. 20014-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-0069, Washington, D.C. 20503.

PLEASE GO ON TO NEXT PAGE

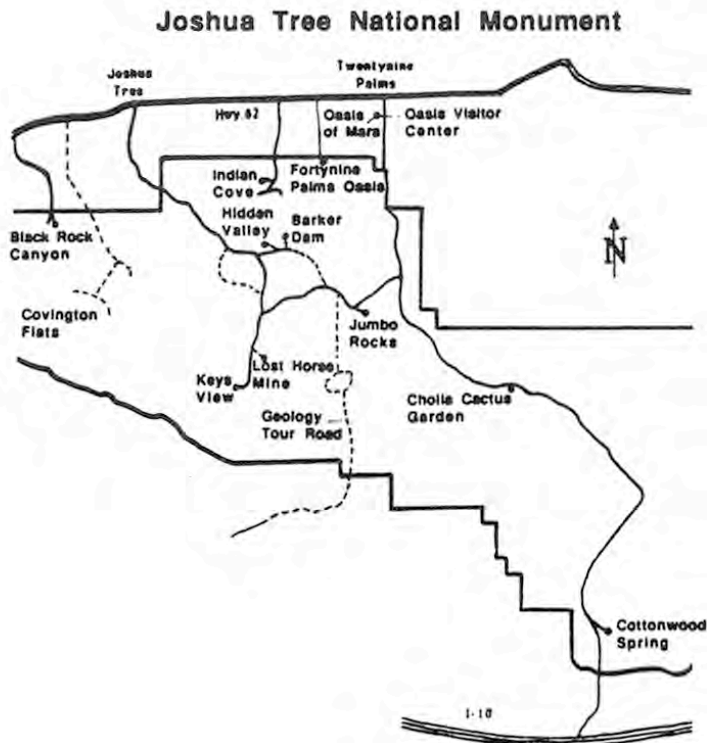


VISITING JOSHUA TREE

1. On the list below, please indicate the order in which you and your group visited these sites at Joshua Tree National Monument during this trip. Simply write 1, 2, 3, and so forth, on the line beside each place you visited. Do not mark any sites that you did not visit. The map below is to aid you in locating the sites.

Order of sites visited (write 1, 2, 3, and so forth)

#	#
_____ Oasis Visitor Center	_____ Fortynine Palms Oasis
_____ Oasis of Mara	_____ Indian Cove
_____ Barker Dam	_____ Black Rock Canyon
_____ Hidden Valley	_____ Lost Horse Mine
_____ Jumbo Rocks	_____ Covington Flats
_____ Keys View	_____ Geology Tour Road
_____ Cholla Cactus Garden	_____ Cottonwood Spring



2. Prior to this visit, how did you and your group get information about Joshua Tree National Monument? Please check (√) **all** that apply.

_____ DID NOT GET INFORMATION PRIOR TO VISIT

_____ TRAVEL GUIDE/TOUR BOOK

_____ NEWSPAPER/MAGAZINE ARTICLES

_____ MAPS

_____ ADVICE FROM FRIENDS OR RELATIVES

_____ PREVIOUS VISIT(S)

_____ TELEPHONE INQUIRY TO MONUMENT

_____ WRITTEN INQUIRY TO MONUMENT

_____ OTHER (Please describe:_____)

3. a) Where did you and your group first **enter** Joshua Tree National Monument? Please check (√) **only one**.

_____ Joshua Tree entrance _____ Twentynine Palms entrance

_____ Indian Cove _____ Cottonwood Spring entrance

_____ Black Rock Canyon _____ Other (please specify:_____)

- b) Where did you and your group last **exit** Joshua Tree National Monument? Please check (√) **only one**.

_____ Joshua Tree entrance _____ Twentynine Palms entrance

_____ Indian Cove _____ Cottonwood Spring entrance

_____ Black Rock Canyon _____ Other (please specify:_____)

4. On this visit, how much time did you and your group spend in Joshua Tree National Monument?

If **less** than 24 hours: _____ NUMBER OF HOURS

If 24 hours **or more**: _____ NUMBER OF DAYS

PLEASE GO ON TO NEXT PAGE



YOUR ACTIVITIES

5. On the list below, please check all of the activities that you and your group did at Joshua Tree National Monument during this visit. Please check (✓) **all** that apply.

- _____ SIGHTSEEING
- _____ VISIT VISITOR CENTER
- _____ VISIT HISTORICAL OR ARCHEOLOGICAL SITES
- _____ ATTEND RANGER-LED PROGRAMS
- _____ WALK SELF-GUIDED NATURE TRAILS (with brochures or signs)
- _____ DAY HIKE ON TRAILS
- _____ DAY HIKE CROSSCOUNTRY (not on established trails)
- _____ BACKPACK OVERNIGHT
- _____ BOULDER SCRAMBLING (without specialized gear or skills)
- _____ TECHNICAL CLIMBING (with specialized gear and skills)
- _____ PICNIC
- _____ CAMP
- _____ BIKE
- _____ HORSEBACK RIDE
- _____ OTHER (Please describe:_____)

YOU AND YOUR OPINIONS

6. Including this visit, how many times have you visited the Oasis Visitor Center? Please write "0" if you have not visited the Oasis Visitor Center.

_____ NUMBER OF TIMES

7. How many people were in your group?

_____ NUMBER OF PEOPLE

8. What kind of group were you with?

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ GUIDED TOUR GROUP

_____ OTHER (Please describe: _____)

9. For you and your group, please indicate:

	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	# TIMES VISITED (INCLUDING THIS VISIT)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

10. On this visit, what were you and your group's reasons for visiting Joshua Tree National Monument? Please check (✓) **all** that apply.

_____ VIEW/STUDY SCENERY, PLANTS, WILDLIFE

_____ VIEW/STUDY CULTURAL/HISTORICAL SITES

_____ PARTICIPATE IN RECREATION (hiking, camping, climbing, etc.)

_____ OTHER (Please specify: _____)

PLEASE GO ON TO NEXT PAGE



11. a) Please check (√) the interpretive or visitor services you and your group **used** during this visit to Joshua Tree National Monument.
- b) Next, for the services which you and your group **used**, please rate their **importance** from 1-5 using the list below.
- c) Finally, for the services which you or your group **used**, please rate their **quality** from 1-5 using the list below.

1=EXTREMELY IMPORTANT	1=VERY GOOD
2=VERY IMPORTANT	2=GOOD
3=MODERATELY IMPORTANT	3=AVERAGE
4=SOMEWHAT IMPORTANT	4=POOR
5=NOT IMPORTANT	5=VERY POOR

Use service? (√)	Importance? (1-5)	Quality? (1-5)
_____ PARK BROCHURE/MAP	_____	_____
_____ PARK NEWSPAPER (<i>Joshua Tree Journal</i>)	_____	_____
_____ VISITOR CENTER SALES PUBLICATIONS	_____	_____
_____ VISITOR CENTER EXHIBITS/SLIDE SHOW	_____	_____
_____ VISITOR CENTER PERSONNEL	_____	_____
_____ VOLUNTEER/RANGER-LED PROGRAMS	_____	_____
_____ KEYS RANCH TOUR	_____	_____
_____ RANGER ASSISTANCE	_____	_____
_____ SELF-GUIDED NATURE TRAILS	_____	_____
_____ GEOLOGY TOUR ROAD	_____	_____
_____ ROADSIDE EXHIBITS	_____	_____
_____ BACKCOUNTRY REGISTRATION BOARDS	_____	_____
_____ OTHER INFORMATIONAL BROCHURES	_____	_____
_____ PARK ENTRANCE STATION PERSONNEL	_____	_____

12. a) Please check (√) the maintenance services or facilities you and your group **used** during this visit to Joshua Tree National Monument.
- b) Next, for the services or facilities which you and your group **used**, please rate their **importance** from 1-5 using the list below.
- c) Finally, for the services or facilities which you or your group **used**, please rate their **quality** from 1-5 using the list below.

1=EXTREMELY IMPORTANT	1=VERY GOOD
2=VERY IMPORTANT	2=GOOD
3=MODERATELY IMPORTANT	3=AVERAGE
4=SOMEWHAT IMPORTANT	4=POOR
5=NOT IMPORTANT	5=VERY POOR

Use service/facility? (√)	Importance? (1-5)	Quality? (1-5)
_____ PICNIC AREAS	_____	_____
_____ RESTROOMS	_____	_____
_____ CAMPGROUNDS	_____	_____
_____ PAVED ROADS	_____	_____
_____ UNPAVED ROADS	_____	_____
_____ TRAILS	_____	_____
_____ HIGHWAY DIRECTIONAL SIGNS	_____	_____
_____ VISITOR CENTER BUILDINGS	_____	_____
_____ PARKING AREAS	_____	_____
_____ HANDICAPPED ACCESSIBILITY	_____	_____
_____ GARBAGE DISPOSAL	_____	_____

PLEASE GO ON TO NEXT PAGE



10

13. Did you observe any rock climbing activities during this visit?

YES NO **-GO ON TO QUESTION 14**



Did you enjoy observing this activity?

YES NO NO OPINION



If no, why not? _____

14. The National Park Service is evaluating the campgrounds at Joshua Tree National Monument. Please answer the following questions.

a) Would you like to have more tent campsites available?

YES NO NO OPINION

b) Would you like to have more RV campsites available?

YES NO NO OPINION

c) If a walk-in (less than one-fourth mile) campground were available, would you use it?

YES, LIKELY NO, UNLIKELY DON'T KNOW

d) At Joshua Tree National Monument, some campgrounds currently require reservations and charge a fee. Would you like to have more monument campgrounds on a reservation system?

YES NO NO OPINION

15. During your visit to Joshua Tree National Monument, how much did you and your group spend for lodging, travel, food and other items in the Joshua Tree area? For each, please write "0" if you did not spend any money.

JOSHUA TREE AREA

LODGING (motel, camping, etc.) \$ _____

TRAVEL (gas, bus fare, etc.) \$ _____

FOOD (restaurant, groceries, etc.) \$ _____

OTHER (recreation, tours, film, gifts, etc.) \$ _____

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**