City of Rocks
National Reserve
Visitor Study

The
Visitor Services
Project
September 1991

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to City of Rocks National Reserve 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 City of Rocks National Reserve.

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,

David A. Pugh
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 the 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 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, 1024-00 _,_, Washington D.C. 20503.
1. On the list below, please check all the activities that you and your group did at City of Rocks National Reserve. Please check (✓) all that apply.

_____ AUTO CAMPING

_____ TENT CAMPING

_____ PICNICKING

_____ SIGHTSEEING

_____ VISIT HISTORIC LANDMARKS

_____ HIKING

_____ HORSEBACK RIDING

_____ ROCK CLIMBING

_____ MOUNTAIN BIKING

_____ PHOTOGRAPHY

_____ OUTDOOR CLASSES

_____ ATTEND INTERPRETIVE PROGRAMS

_____ VISIT RANGER/INFORMATION STATION IN ALMO

_____ OTHER (Please describe: ___________________________________________)}
2. On the day of your visit to City of Rocks National Reserve how much did you and your group spend for lodging, travel, food and other items? For each, please write "0" if you did not spend any money.

LODGING (motel, camping, etc.) $______________

TRAVEL (gas, bus fare, etc.) $______________

FOOD (restaurant, groceries, etc.) $______________

OTHER (recreation, tours, film, gifts, etc.) $______________

3. How much time did you and your group spend at City of Rocks National Reserve this visit?

If less than 24 hours:

_____ NUMBER OF HOURS

If 24 hours or more:

_____ NUMBER OF DAYS

PLEASE GO ON TO NEXT PAGE
4. How many people are you traveling with on this trip?

______ NUMBER OF PEOPLE

5. Please answer the following questions about yourself and the other people in your group.

<table>
<thead>
<tr>
<th>AGE</th>
<th>RELATIONSHIP (immediate family, other relative, or friend)</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td>______</td>
<td>__________________________</td>
</tr>
<tr>
<td>MEMBER #1</td>
<td>______</td>
<td>__________________________</td>
</tr>
<tr>
<td>MEMBER #2</td>
<td>______</td>
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<tr>
<td>MEMBER #3</td>
<td>______</td>
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<tr>
<td>MEMBER #4</td>
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<tr>
<td>MEMBER #5</td>
<td>______</td>
<td>__________________________</td>
</tr>
<tr>
<td>MEMBER #6</td>
<td>______</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

6. How often did you come to this park in last twelve months?

__________________________________________________________________________
7. On this trip, was City of Rocks National Reserve your primary destination?
   
   ____ YES   ____ NO

   b) If not, what was your primary destination?
   
   __________________________________________

8. What other attractions in the area are you planning to visit on this trip?
   
   __________________________________________
   
   __________________________________________
   
   __________________________________________

9. During your visit to City of Rocks National Reserve was there any visitor activity that impacted your visit?

   ____ YES   ____ NO—GO ON TO QUESTION 10

   If yes, please describe:
   
   __________________________________________
   
   __________________________________________
   
   __________________________________________
   
   __________________________________________

   __________________________________________

   PLEASE GO ON TO NEXT PAGE
10. What route(s) did you use coming into the park? Please check (√) all that apply.

   _____ Interstate Highway 84
   _____ Interstate Highway 86
   _____ State Highway 27

11. What exit(s) did you use when you were leaving the park? Please check (√) all that apply.

   _____ Interstate Highway 84
   _____ Interstate Highway 86
   _____ State Highway 27
12. What did you most enjoy about your visit to City of Rocks National Reserve?
13. If you were planning for the future of City of Rocks National Reserve, which type of visitor services/facilities would you propose? Please be specific.

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14. Is there anything else you would like to tell us about your visit to City of Rocks National Reserve?

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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.