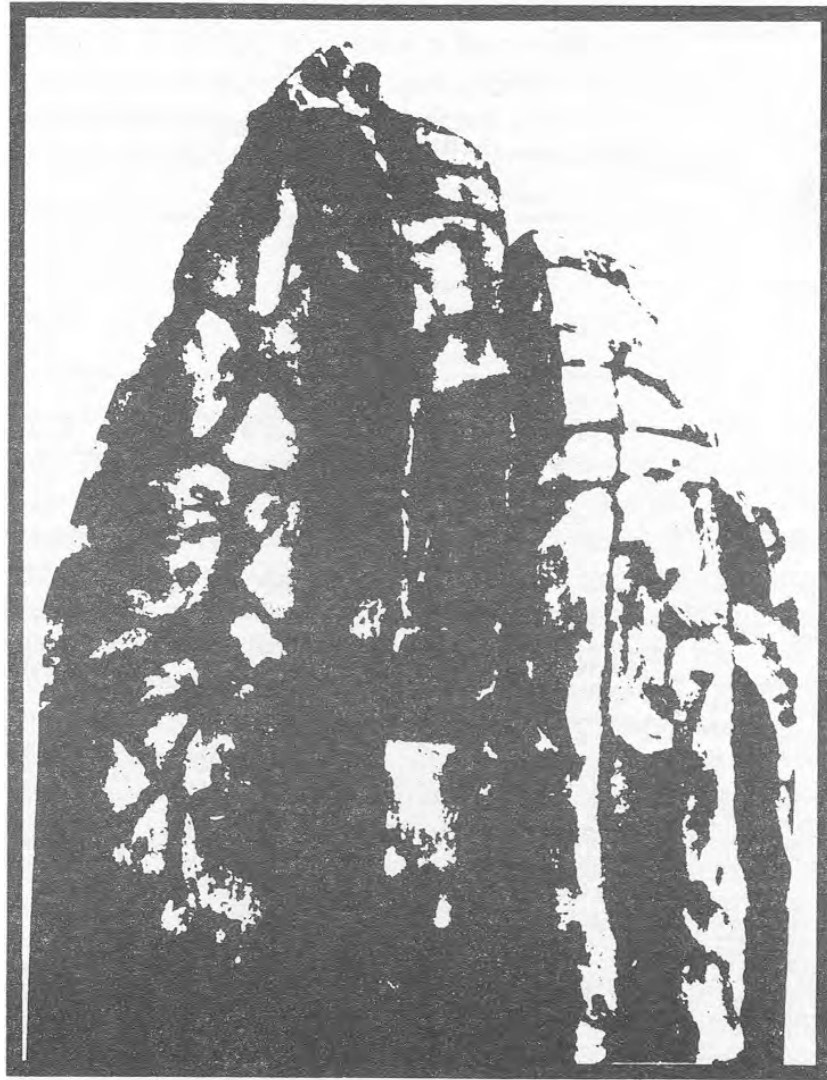


City of Rocks National Reserve Visitor Study



**The
Visitor Services
Project**



IN REPLY REFER TO

United States Department of the Interior
NATIONAL PARK SERVICEHagerman Fossil Beds National Monument
and
City of Rocks National Reserve
963 Blue Lakes Blvd. Suite 1
Twin Falls, Idaho 83401-6601

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,

A handwritten signature in black ink, appearing to read "David A. Pugh".

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.

PLEASE GO ON TO NEXT PAGE



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



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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.

| | AGE | RELATIONSHIP (immediate family, other relative, or friend) | U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY |
|-----------|------------|---|---|
| YOURSELF | _____ | _____ | _____ |
| MEMBER #1 | _____ | _____ | _____ |
| MEMBER #2 | _____ | _____ | _____ |
| MEMBER #3 | _____ | _____ | _____ |
| MEMBER #4 | _____ | _____ | _____ |
| MEMBER #5 | _____ | _____ | _____ |
| MEMBER #6 | _____ | _____ | _____ |

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.

- | | |
|--|--|
| <input type="checkbox"/> Interstate Highway 84 | <input type="checkbox"/> State Highway 77 |
| <input type="checkbox"/> Interstate Highway 86 | <input type="checkbox"/> State Highway 81 |
| <input type="checkbox"/> State Highway 27 | <input type="checkbox"/> Elba to Almo Road |

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

- | | |
|--|--|
| <input type="checkbox"/> Interstate Highway 84 | <input type="checkbox"/> State Highway 77 |
| <input type="checkbox"/> Interstate Highway 86 | <input type="checkbox"/> State Highway 81 |
| <input type="checkbox"/> State Highway 27 | <input type="checkbox"/> Elba to Almo Road |

