YELLOWSTONE
VISITOR SERVICES STUDY

Cooperative Park Studies Unit
College of Forestry, Wildlife and Range Sciences
University of Idaho
Moscow, Idaho 83843
Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that Yellowstone visitors enjoy, and the places they visit within the park. The information will be useful to managers and concessionaries in improving the visitor services at Yellowstone National Park. Your input is important!

This survey is being given to a select number of visitors. It asks about your activities for each day of your visit to Yellowstone. You might want to record each day’s activities during the evening, or as they occur. This should take only a few minutes each day. When your visit is over, be sure to complete the survey and mail it to the return address. We have attached a prepaid envelope.

Please be assured all the information is confidential, and do not write your name on the survey form or envelope. If you have any questions, feel free to write us at the address above.

We look forward to learning from you and appreciate your help in improving visitor services at Yellowstone National Park.

Sincerely,

Gary E. Mechlis
Sociology Project Leader
Cooperative Park Studies Unit

Sam H. Ham
Assistant Professor

William J. Lewis
Professor

Robert Narby
Research Assistant

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DIRECTIONS

For each day of your visit there is a separate page to record your location within the park and your activities. Each day is divided into six time periods. Please use the map and list of activities provided on the next page (and repeated throughout the survey) to answer the questions. A sample entry might look like this:

SAMPLE ENTRY

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Q1 - Zone of Park</th>
<th>Q2 - Activity</th>
<th>Q3 - Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunrise</td>
<td>E</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Morning</td>
<td>F</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Afternoon</td>
<td>B</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Dusk</td>
<td>B</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Evening</td>
<td>F</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Overnight</td>
<td>E</td>
<td>1</td>
<td>15</td>
</tr>
</tbody>
</table>

When you have finished your park visit, please complete the survey and mail it to the CPSU, using the attached, prepaid envelope.
ACTIVITIES

1. sleeping
2. eating and meal preparation
3. motorized travel on park roads
4. personal care
5. shopping
6. resting or relaxing
7. hiking or walking
8. fishing
9. swimming
10. boating and rafting
11. nature study or photography
12. bicycling
13. attending interpretive programs
   (guided walks, talks, and so forth)
14. viewing interpretive facilities
   (visitor centers, exhibits, and so forth)
15. other

DAY 1 OF YOUR VISIT

1. When did you enter the park?
   DAY OF THE WEEK
   TIME OF DAY
   [ ] a.m.  [ ] p.m. (check one)

2. Beginning with the time period that you entered the park, please answer the following questions, for each time period of the day. Please use the map and list of activities on the opposite page.

   Q-1 Which zone of the park were you in for most of each time period? (Be sure to write the letter of the correct zone.)
   [ ] Sunrise (5 am - 8 am)
   [ ] Morning (8 am - 12 pm)
   [ ] Afternoon (12 pm - 5 pm)
   [ ] Dusk (5 pm - 7 pm)
   [ ] Evening (7 pm - 11 pm)
   [ ] Overnight (11 pm - 5 am)

   Q-2 In which activity did you spend most of each time period? (Be sure to write the number of the correct activity.)

   Q-3 In which activity did you spend the second most amount of each time period? (Be sure to write the number of the correct activity.)

3. Where did you stay overnight [11 pm - 5 am] this day of your visit? (check one)
   [ ] CABIN OR HOTEL
   [ ] PARK CAMPGROUND
   [ ] BACKCOUNTRY CAMPSITE
   [ ] OTHER
   [ ] IF OTHER, PLEASE DESCRIBE

4. Was this your last day in the park? [ ] YES   [ ] NO
   [ ] YES   SKIP TO PAGE 17
   [ ] NO   GO TO NEXT PAGE
YELLOWSTONE NATIONAL PARK

ACTIVITIES
1. sleeping
2. eating and meal preparation
3. motorized travel on park roads
4. personal care
5. shopping
6. resting or relaxing
7. hiking or walking
8. fishing
9. swimming
10. boating and rafting
11. nature study or photography
12. bicycling
13. attending interpretive programs (guided walks, talks and so forth)
14. viewing interpretive facilities (visitor centers, exhibits, and so forth)
15. other

DAY 2 OF YOUR VISIT

5. Please answer the following questions for each time period of the day.

Q1 Which zone of the park were you in for most of each time period? (Be sure to write the letter of the correct zone.)

Sunrise
(5 am - 8 am)

Morning
(8 am - 12 pm)

Afternoon
(12 pm - 5 pm)

Dusk
(5 pm - 7 pm)

Evening
(7 pm - 11 pm)

Overnight
(11 pm - 5 am)

Q2 In which activity did you spend most of each time period? (Be sure to write the number of the correct activity.)


Q3 In which activity did you spend the second most amount of each time period? (Be sure to write the number of the correct activity.)

6. Where did you stay overnight (11 pm - 5 am) this day of your visit? (check one)

☐ CABIN OR HOTEL
☐ PARK CAMPGROUND
☐ BACKCOUNTRY CAMPSITE
☐ OTHER

IF OTHER, PLEASE DESCRIBE ____________________________

7. Was this your last day in the park?

☐ YES ➔ SKIP TO PAGE 17

☐ NO ➔ GO TO NEXT PAGE
8. Please answer the following questions for each time period of the day.

Q-1 Which zone of the park were you in for most of each time period? (Be sure to write the letter of the correct zone.)

- Sunrise (5 am - 8 am)

Q-2 In which activity did you spend most of each time period? (Be sure to write the number of the correct activity.)

- Sunrise (5 am - 8 am)

Q-3 In which activity did you spend the second most amount of each time period? (Be sure to write the number of the correct activity.)

- Sunrise (5 am - 8 am)

9. Where did you stay overnight (11 pm - 5 am) this day of your visit? (check one)

- CABIN OR HOTEL
- PARK CAMPGROUND
- BACKCOUNTRY CAMPSITE
- OTHER

10. Was this your last day in the park?

- YES
- NO
14. Please answer the following questions for each time period of the day.

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which zone of the park were you in for most of each time period? (Be sure to write the letter of the correct zone.)</td>
<td>In which activity did you spend most of each time period? (Be sure to write the number of the correct activity.)</td>
<td>In which activity did you spend the second most amount of each time period? (Be sure to write the number of the correct activity.)</td>
</tr>
<tr>
<td>Sunrise (5 am - 8 am)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning (8 am - 12 pm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon (12 pm - 5 pm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dusk (5 pm - 7 pm)</td>
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<td></td>
</tr>
<tr>
<td>Evening (7 pm - 11 pm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overnight (11 pm - 5 am)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Where did you stay overnight (11 pm - 5 am) this day of your visit? (Check one)
- CABIN OR HOTEL
- PARK CAMPGROUND
- BACKCOUNTRY CAMPSITE
- OTHER
  IF OTHER, PLEASE DESCRIBE __________________________

16. Was this your last day in the park?  [ ] YES  [ ] NO  
   SKIPL TO PAGE 17?
ACTIVITIES

1. sleeping
2. eating and meal preparation
3. motorized travel on park roads
4. personal care
5. shopping
6. resting or relaxing
7. hiking or walking
8. fishing
9. swimming
10. boating and rafting
11. nature study or photography
12. bicycling
13. attending interpretive programs (guided walks, talks, etc.)
14. viewing interpretive exhibits (visitor centers, exhibits, etc.)
15. other

Q-1 Which zone of the park were you in for most of each time period? (Be sure to write the letter of the correct zone.)
Sunrise (5 am - 8 am)
Morning (8 am - 12 pm)
Afternoon (12 pm - 5 pm)
Dusk (5 pm - 7 pm)
Evening (7 pm - 11 pm)
Overnight (11 pm - 5 am)

Q-2 In which activity did you spend most of each time period? (Be sure to write the number of the correct activity.)

Q-3 In which activity did you spend the second most amount of each time period? (Be sure to write the number of the correct activity.)

18. Where did you stay overnight (11 pm - 5 am) this day of your visit? (check one)

☐ CABIN OR HOTEL
☐ PARK CAMPGROUND
☐ BACKCOUNTRY CAMPSITE
☐ OTHER
IF OTHER, PLEASE DESCRIBE

19. Was this your last day in the park?
☐ YES
☐ NO

SKIP TO PAGE 17
GO TO NEXT PAGE
ACTIVITIES

1. sleeping
2. eating and meal preparation
3. motorized travel on park road
4. personal care
5. shopping
6. resting or relaxing
7. hiking or walking
8. fishing
9. swimming
10. boating and rafting
11. nature study or photography
12. bicycling
13. attending interpretive program (guided walks, talks and so forth)
14. viewing interpretive facilities (visitor centers, exhibits, and so forth)
15. other

20. Please answer the following questions for each time period of the day.

Q-1 Which zone of the park were you in for most of each time period? (Be sure to write the letter of the correct zone.)

Q-2 In which activity did you spend most of each time period? (Be sure to write the number of the correct activity.)

Q-3 In which activity did you spend the second most amount of each time period? (Be sure to write the number of the correct activity.)

21. Even if you intend to stay in the park longer than 7 days, please turn to page 17.
We hope you enjoyed your visit to Yellowstone National Park. Below are several questions that will help us learn about the people who participated in the study. Please complete these questions before mailing the survey.

22. How old were you on your last birthday?

23. What kind of group are you traveling with? (check one)
   □ ALONE
   □ FRIENDS
   □ FAMILY
   □ ORGANIZED TOUR
   □ FAMILY & FRIENDS

24. What is the Zip Code of your home address?

   If you are from a country other than the USA, what is the name of your country?

25. How many times have you visited Yellowstone National Park, not including this trip?

26. Is there anything else you would like to tell us about your trip to Yellowstone or about this survey?