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 authorize 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, 1024-0090, Washington, D.C. 20503.
YOU AND YOUR OPINIONS

1. Prior to your visit, how did you and your group get information about Zion National Park? Please check ( /) all that apply.

   _____ RECEIVED NO INFORMATION PRIOR TO VISIT - GO ON TO QUESTION 2
   _____ TRAVEL GUIDE/TOUR BOOK
   _____ NEWSPAPER/MAGAZINE
   _____ MAPS
   _____ ADVICE FROM FRIENDS OR RELATIVES
   _____ PREVIOUS VISITS
   _____ TELEPHONE INQUIRY TO PARK
   _____ WRITTEN INQUIRY TO THE PARK
   _____ OTHER (Please specify: ____________________________)

2. On this visit, how much time did you and your group spend in Zion National Park?

   If less than 24 hours: _____ NUMBER OF HOURS
   If 24 hours or more: _____ NUMBER OF DAYS (Please list the nearest 1/4 day, e.g. 2-1/4, 2-1/2, etc.)

3. What kind of group were you with? Please check ( /) only one.

   _____ ALONE
   _____ FAMILY
   _____ FRIENDS
   _____ FAMILY AND FRIENDS
   _____ GUIDED TOUR GROUP
   _____ OTHER (Please describe: ____________________________ )
VISITING ZION

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

<table>
<thead>
<tr>
<th>#</th>
<th>ZION CANYON VISITOR CENTER</th>
<th>#</th>
<th>ZION LODGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CANYON OVERLOOK TRAIL</td>
<td></td>
<td>TEMPLE OF</td>
</tr>
<tr>
<td></td>
<td>SINAWAVA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WEST RIM TRAILS (Angels</td>
<td></td>
<td>GATEWAY TO</td>
</tr>
<tr>
<td></td>
<td>Landing, Emerald Pools)</td>
<td></td>
<td>THE NARROWS</td>
</tr>
<tr>
<td></td>
<td>(paved)</td>
<td></td>
<td>TRAIL</td>
</tr>
<tr>
<td></td>
<td>EAST RIM TRAILS (Weeping</td>
<td></td>
<td>THE NARROWS</td>
</tr>
<tr>
<td></td>
<td>Rock, Echo &amp; Hidden</td>
<td></td>
<td>(beyond</td>
</tr>
<tr>
<td></td>
<td>Canyons)</td>
<td></td>
<td>paved trail)</td>
</tr>
<tr>
<td></td>
<td>SPRINGDALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHECKERBOARD MESA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LAVA POINT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KOLOB CANYONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OTHER (please specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Zion National Park

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 Zion National Park during this visit. Please check (/) all that apply.

_____ STOP AT SCENIC PULLOUTS

_____ TAKE PHOTOGRAPHS AND/OR PAINT/DRAW

_____ HIKE UNDER 2 HOURS

_____ HIKE OVER 2 HOURS

_____ ATTEND RANGER-LED WALK

_____ ATTEND RANGER-LED TALK

_____ HORSEBACK RIDE

_____ TUBE/WADE IN RIVER

_____ BICYCLE

_____ CAMP IN DEVELOPED CAMPGROUND

_____ CAMP AT BACKCOUNTRY CAMPsite

_____ PICNIC

_____ SHOP AT VISITOR CENTER BOOKSTORE

_____ SHOP AT THE ZION LODGE

_____ OTHER (Please describe:______________________)

YOU AND YOUR OPINIONS

6. How many people were in your group?

_____ NUMBER OF PEOPLE
7. For you and your group, please indicate:

<table>
<thead>
<tr>
<th>CURRENT AGE</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
<th># TIMES VISITED (INCLUDING THIS VISIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td>____________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #2</td>
<td>____________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #3</td>
<td>____________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #4</td>
<td>____________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #5</td>
<td>____________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #6</td>
<td>____________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #7</td>
<td>____________________</td>
<td>_____</td>
</tr>
</tbody>
</table>

8. a) During this trip did you and your group visit Kolob Canyons?  
   _____ YES   _____ NO  - PLEASE GO ON TO QUESTION 9

   b) At Kolob Canyons, which of these activities did you and your group do? Please check ( /) all that apply.

   _____ HIKE TRAILS  _____ OBTAIN INFORMATION OR BROCHURES
   _____ USE RESTROOMS  _____ VISIT KOLOB VISITOR CENTER
   _____ DRIVE SCENIC ROAD  _____ PURCHASE VISITOR CENTER SALES ITEMS
   _____ OTHER (Please specify: _________________________________)

c) Did you and your group visit Zion Canyon?  
   _____ YES   _____ NO  - PLEASE GO ON TO QUESTION 9

d) Did you and your group decide to visit Zion Canyon because you learned about it during your visit to Kolob Canyons?  
   _____ YES   _____ NO   _____ DON'T KNOW

   PLEASE GO ON TO NEXT PAGE
9. During this visit, how much money did you and your group spend inside Zion National Park and outside the park (within a 1 hour drive of Zion National Park) on lodging, travel, food, and other items? Please write "0" if you did not spend any money.

<table>
<thead>
<tr>
<th>INSIDE PARK</th>
<th>OUTSIDE PARK</th>
</tr>
</thead>
<tbody>
<tr>
<td>(WITHIN A 1 HR. DRIVE OF ZION NP)</td>
<td></td>
</tr>
<tr>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>LODGING (motel, camping, etc.)</td>
<td>TRAVEL (gas, bus fare, etc.)</td>
</tr>
<tr>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>FOOD (restaurant, groceries, etc.)</td>
<td></td>
</tr>
<tr>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>OTHER (recreation, film, gifts, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

10. a) Please check ( / ) the commercial visitor services which you and your group used during this visit to Zion National Park.
   
   b) Next, for only those services which you and your group used, please rate their importance from 1-5 using the list below.
   
   c) Finally, for only those 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

<table>
<thead>
<tr>
<th>Use service? Check ( / )</th>
<th>Importance? (1-5)</th>
<th>Quality? (1-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD SERVICE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LODGING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GIFT SHOP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HORSEBACK RIDES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAM TOUR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. a) Please check (/) the interpretive services which you and your group **used** during this visit to Zion National Park.

   b) Next, for only those services which you and your group **used**, please rate their importance from 1-5 using the list below.

   c) Finally, for only those 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=SOMEWHA T IMPORTANT   4=POOR
   5=NOT IMPORTANT         5=VERY POOR

<table>
<thead>
<tr>
<th>Use service?</th>
<th>Importance?</th>
<th>Quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(/)</td>
<td>(1-5)</td>
<td>(1-5)</td>
</tr>
<tr>
<td>PARK MAP/BROCHURE</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>PARK NEWSPAPER <em>(The Sentinel)</em></td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>VISITOR CENTER EXHIBITS</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>VISITOR CENTER SALES PUBLICATIONS</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>VISITOR CENTER PERSONNEL</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>JUNIOR RANGER PROGRAM</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>RANGER-LED PROGRAMS <em>(OTHER THAN JUNIOR RANGER)</em></td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>BULLETIN BOARDS</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>ROADSIDE EXHIBITS</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>PARK RADIO INFORMATION STATION</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>HIGHWAY DIRECTIONAL SIGNS</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>SAFETY INFORMATION</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

**PLEASE GO ON TO NEXT PAGE**
12. On this visit, what was your primary reason for visiting southern Utah? Please check ( /) only one.

_____ VISIT ZION NP
_____ VISIT OTHER AREA ATTRACTIONS
_____ VISIT FRIENDS/RELATIVES
_____ BUSINESS TRIP
_____ TRAVELING THROUGH (no planned destination in area)
_____ RECREATION (camping, hiking, etc.)
_____ OTHER (Please specify:__________________________
____________________________________________________)

13. a) During this visit to Zion National Park, did you and your group feel crowded? Please check ( /) only one.

_____ YES  _____ NO  _____ DON'T KNOW -GO ON TO QUESTION 14

b) Please use the scale below to rate (from 1-4) whether you and your group felt that the park was crowded in the number of people and vehicles present during your visit.

Crowded?
(1-4) 1=NOT AT ALL CROWDED
_____ PEOPLE 2=SLIGHTLY CROWDED
_____ VEHICLES 3=MODERATELY CROWDED
4=EXTREMELY CROWDED

14. a) What did you and your group like most about your visit to Zion National Park?
____________________________________________________
____________________________________________________
____________________________________________________

b) What did you and your group like least about your visit to Zion National Park?
____________________________________________________
____________________________________________________
____________________________________________________
15. In the future, an additional visitor information station is being considered for Zion National Park. Which of these alternatives would you and your group prefer? Please check ( ) only one.

_____ INFORMATION STATION NOT NEEDED

_____ INFORMATION STATION AT ZION’S EAST ENTRANCE

_____ INFORMATION STATION AT THE JUNCTION OF U.S. 9 AND U.S. 89 (MT. CARMEL JCT.)

_____ OTHER (Please specify: ___________________________)

16. If you were a manager planning for the future of Zion National Park, what would you propose? Please be specific.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

17. Is there anything else you and your group would like to tell us about your visit to Zion National Park and the surrounding area?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.
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