

# **Santa Monica Mountains National Recreation Area Visitor Study**

The Visitor Services Project

VISITOR STUDY

**The  
Visitor Services  
Project**



**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 parsubic. 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 Recreation Area Service, P.O. Box 37127, Washington, D.C. 20013-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-0123, Washington, D.C. 20503.

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### VISITING SANTA MONICA MTS.

1. Prior to your visit, were you aware that Santa Monica Mountains National Recreation Area existed?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

2. How knowledgeable do you consider yourself about Santa Monica Mountains National Recreation Area (sites in park, locations, park rules, etc.)? Please circle **one** number.

Very knowledgeable

Somewhat knowledgeable

Not knowledgeable

1

2

3

4

5

3. Prior to your visit, how did you and your group get information about Santa Monica Mountains National Recreation Area? Please check (✓) **all** that apply.

\_\_\_\_\_ RECEIVED NO INFORMATION PRIOR TO VISIT - **GO ON TO QUESTION 4**

\_\_\_\_\_ PREVIOUS VISIT(S)

\_\_\_\_\_ TRAVEL GUIDE BOOK

\_\_\_\_\_ NEWSPAPER/MAGAZINE

\_\_\_\_\_ MAPS/BROCHURES

\_\_\_\_\_ FRIENDS OR RELATIVES

\_\_\_\_\_ TELEPHONE INQUIRY TO PARK

\_\_\_\_\_ WRITTEN INQUIRY TO PARK

\_\_\_\_\_ SPECIAL EVENT ADVERTISING

\_\_\_\_\_ ENTRANCE SIGNS

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

4. What forms of transportation did you and your group use to get to Santa Monica Mountains National Recreation Area on this visit? Please check (✓) **all** that apply.

- CAR
- WALK
- BICYCLE
- HORSE
- PUBLIC TRANSPORT
- OTHER (Please specify: \_\_\_\_\_)

5. What were your reasons for visiting Santa Monica Mountains National Recreation Area on this visit? Please check (✓) **all** that apply.

- ENJOY SCENIC VIEWS
- PARTICIPATE IN RECREATIONAL ACTIVITIES (hiking, jogging, horseback riding, etc.)
- ESCAPE FROM CITY
- ENJOY SPECIAL EVENTS
- PARTICIPATE IN EDUCATIONAL/SCHOOL ACTIVITIES
- OTHER (Please specify: \_\_\_\_\_)

**PLEASE GO ON TO NEXT PAGE** 

**YOUR ACTIVITIES**

6. On the list below, please check all of the activities that you and your group did at Santa Monica Mountains National Recreation Area during this visit. Please check (✓) **all** that apply.

\_\_\_\_\_ SIGHTSEE

\_\_\_\_\_ JOG

\_\_\_\_\_ HIKE

\_\_\_\_\_ HORSEBACK RIDE

\_\_\_\_\_ MOUNTAIN BIKE

\_\_\_\_\_ BICYCLE ON ROADS

\_\_\_\_\_ ATTEND VOLUNTEER/RANGER-LED PROGRAMS

\_\_\_\_\_ ATTEND SPECIAL EVENT

\_\_\_\_\_ FISH

\_\_\_\_\_ GO TO BEACH

\_\_\_\_\_ BIRDWATCH

\_\_\_\_\_ NATURE STUDY

\_\_\_\_\_ PICNIC

\_\_\_\_\_ CAMP

\_\_\_\_\_ WALK DOG

\_\_\_\_\_ HANG GLIDE

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

7. Including this visit, how often have you and your group visited the site where you received this questionnaire? Please check (✓) **only one**.

\_\_\_\_\_ ONCE - **GO ON TO QUESTION 8**

\_\_\_\_\_ EVERY DAY - **GO ON TO QUESTION 8**

\_\_\_\_\_ 1-6 TIMES A WEEK

\_\_\_\_\_ 2-3 TIMES A MONTH

\_\_\_\_\_ ONCE A MONTH

\_\_\_\_\_ LESS THAN ONCE A MONTH

8. On which of the following days do you and your group usually visit the site where you received this questionnaire? Please check (✓) **only one**.

\_\_\_\_\_ WEEKDAYS

\_\_\_\_\_ WEEKENDS

\_\_\_\_\_ BOTH WEEKDAYS AND WEEKENDS

\_\_\_\_\_ CAN'T REMEMBER

9. Do you and your group usually visit the site where you received this questionnaire at a particular time of day?

\_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ DON'T KNOW

If so, what time of day do you usually arrive?

TIME: \_\_\_\_\_ A.M.      OR      \_\_\_\_\_ P.M.

10. How long do you usually stay at the site where you received this questionnaire?

\_\_\_\_\_ NUMBER OF HOURS

**PLEASE GO ON TO NEXT PAGE**



11. On the list below, please check (✓) the sites you and your group have visited at Santa Monica during the past 12 months. Do not mark any sites you did not visit. The map is to help you lo

<input type="checkbox"/> CHEESEBORO CANYON	<input type="checkbox"/> PARAMOUNT RANCH
<input type="checkbox"/> ROCKY OAKS	<input type="checkbox"/> PETER STRAUSS RANCH
<input type="checkbox"/> RANCHO SIERRA VISTA/ SATWIWA	<input type="checkbox"/> POINT MUGU STATE PARK
<input type="checkbox"/> CIRCLE X RANCH	<input type="checkbox"/> LEO CARRILLO STATE PARK
<input type="checkbox"/> SOLSTICE CANYON	<input type="checkbox"/> MALIBU CREEK STATE PARK
<input type="checkbox"/> MALIBU PIER	<input type="checkbox"/> TOPANGA STATE PARK
<input type="checkbox"/> WILL ROGERS STATE HISTORIC PARK	<input type="checkbox"/> FRANKLIN CANYON RANCH/ FRYMAN CANYON
<input type="checkbox"/> OTHER (Please specify:_____)	



## YOU AND YOUR OPINIONS

12. How many people were in your group?

\_\_\_\_\_ NUMBER OF PEOPLE

13. What kind of group were you with? Please check (√) only **one**.

\_\_\_\_\_ ALONE

\_\_\_\_\_ FAMILY

\_\_\_\_\_ FRIENDS

\_\_\_\_\_ FAMILY AND FRIENDS

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

14. Were you with a guided tour group?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

15. For you and your group, please indicate:

	<b>CURRENT AGE</b>	<b>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</b>	<b># VISITS TO THIS SITE (INCLUDING THIS VISIT)</b>
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____



16. What languages do you or members of your group regularly speak at home?  
Please check (✓) **all** that apply.

SPANISH                       ENGLISH  
 JAPANESE                       KOREAN  
 CHINESE                       TAGALOG  
 ARMENIAN                       OTHER (Please specify: \_\_\_\_\_  
\_\_\_\_\_ )

17. Please list the ethnic backgrounds represented by the individuals in your group. Please check (✓) **all** that apply.

DO NOT WISH TO ANSWER - **GO ON TO QUESTION 18**  
 AMERICAN INDIAN OR ALASKA NATIVE  
 ASIAN OR PACIFIC ISLANDER  
 HISPANIC  
 BLACK, NOT OF HISPANIC ORIGIN  
 WHITE, NOT OF HISPANIC ORIGIN

**PLEASE GO ON TO NEXT PAGE**



**12**

18. a) Please check (√) the visitor services and facilities which you and your group **used** during this visit to Santa Monica Mountains National Recreation Area in the column on the left.
- b) Next, for only those services which you and your group used, please rate their **importance** from 1-5.
- c) Finally, for only those services which you or your group used, please rate their **quality** from 1-5.

Use service? Check (√)	Importance?					Quality?				
	Very important		Not important			Very good		Very poor		
	1	2	3	4	5	1	2	3	4	5
___ PARK MAPS/BROCHURES										
___ BULLETIN BOARDS										
___ RANGER/VOLUNTEER-LED PROGRAMS										
___ CONTACT WITH PARK PERSONNEL (other than during programs)										
___ PARK RADIO INFORMATION STATION										
___ HIGHWAY DIRECTIONAL SIGNS										
___ HANDICAPPED ACCESS										
___ CAMPGROUNDS										
___ TRAILS										
___ PICNIC AREAS										
___ PARKING AREAS										

19. a) **On this visit**, did you and your group stay overnight at a motel, campground or other accommodation in the Santa Monica Mountains area?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO    - **GO ON TO QUESTION 20**

- b) If so, how many nights did you spend at a motel, campground or other accommodation in the Santa Monica Mountains area on this visit?

\_\_\_\_\_ NUMBER OF NIGHTS

- c) What is the approximate total amount you and your group spent for overnight accommodations **during this visit** to the Santa Monica Mountains area?

\$ \_\_\_\_\_

20. On the day that you received this questionnaire, how much money did you and your group spend on travel, food, and other items? Please write "0" if you did not spend any money.

**ON DAY OF VISIT**

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

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

OTHER (souvenirs, film, tours, etc.)                      \$ \_\_\_\_\_

21. a) Did you and your group listen to the Travelers Information Radio station (1610 AM) on **this** visit?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

- b) Did you and your group listen to the Travelers Information Radio station (1610 AM) on **past** visits?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**PLEASE GO ON TO NEXT PAGE**







STAMP

**OFFICIAL BUSINESS**

**Visitor Services Project  
CPSU, Department of Forest Resources  
College of Forestry, Wildlife and Range Sciences  
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Moscow, Idaho 83844-1133**