Santa Monica Mountains National Recreation Area
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 parsublic. 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.
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 locate:

- CHEESEBORO CANYON
- PARAMOUNT RANCH
- ROCKY OAKS
- PETER STRAUSS RANCH
- RANCHO SIERRA VISTA/SATWIWA
- POINT MUGU STATE PARK
- CIRCLE X RANCH
- LEO CARRILLO STATE PARK
- SOLSTICE CANYON
- MALIBU CREEK STATE PARK
- MALIBU PIER
- TOPANGA STATE PARK
- WILL ROGERS STATE/HISTORIC PARK
- FRANKLIN CANYON RANCH/FRYMAN CANYON

- OTHER (Please specify: ___________________________________________)

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8


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:

<table>
<thead>
<tr>
<th>CURRENT AGE</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
<th># VISITS TO THIS SITE (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>
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<tr>
<td>MEMBER #4</td>
<td>____</td>
<td>____</td>
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<tr>
<td>MEMBER #5</td>
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<td>____</td>
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<tr>
<td>MEMBER #6</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>MEMBER #7</td>
<td>____</td>
<td>____</td>
</tr>
</tbody>
</table>
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**
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.

<table>
<thead>
<tr>
<th>Use service?</th>
<th>Importance?</th>
<th>Quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (✓)</td>
<td>Very important</td>
<td>Not important</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>___ PARK MAPS/BROCHURES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ BULLETIN BOARDS</td>
<td></td>
<td></td>
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<tr>
<td>___ RANGER/VOLUNTEER-LED PROGRAMS</td>
<td></td>
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<tr>
<td>___ CONTACT WITH PARK PERSONNEL</td>
<td></td>
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<tr>
<td>___ PARK RADIO INFORMATION STATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ HIGHWAY DIRECTIONAL SIGNS</td>
<td></td>
<td></td>
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<tr>
<td>___ HANDICAPPED ACCESS</td>
<td></td>
<td></td>
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<tr>
<td>___ CAMPGROUNDS</td>
<td></td>
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<tr>
<td>___ TRAILS</td>
<td></td>
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<tr>
<td>___ PICNIC AREAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ PARKING AREAS</td>
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<td></td>
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</tbody>
</table>
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**
22. If you were a manager planning the future of Santa Monica Mountains National Recreation Area, what would you propose? Please be specific.
23. Is there anything else you and your group would like to tell us about your visit to Santa Monica Mountains National Recreation Area and the surrounding area?

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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.
OFFICIAL BUSINESS

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