

North Cascades Visitor Study



National Park Service
Cooperative Park Studies Unit
College of Forest Resources -- AR10
University of Washington
Seattle, Washington 98195

Please peel this sticker off and
use it to seal the questionnaire.



IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
 North Cascades National Park
 800 State Street
 Sedro Woolley, Washington 98284-1799

August, 1985

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to the North Cascades National Park Service Complex enjoy, and the places they visit within the complex.

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 each day during your visit to the North Cascades National Park Service Complex.

When your visit is over, please complete the last three pages of the questionnaire. Then, seal it with the sticker provided on the last page and simply drop it in any mailbox.

Please be assured that all of the information is confidential. Do not write your name on the questionnaire. 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,

John J. Reynolds
 Superintendent

IMPORTANT

When did you first enter the North Cascades National Park Service Complex?

_____ DAY OF THE WEEK

_____ TIME OF DAY _____ a.m. _____ p.m.

DIRECTIONS

The first part of this questionnaire is a diary of your visit to the North Cascades National Park Service Complex. The second part asks some brief questions about you, the group you are with, and your ideas about the park. **One person** should complete the questionnaire.

The diary begins on page 6. If you stay in the area three days or less, please complete the diary for the number of days of your visit. If you stay in the area more than three days, please complete the diary for only the first three days of your visit.

You may wish to complete the diary during your daily activities or in the evening--it should only take a few minutes. There are two simple steps:

First, find the appropriate day (day numbers are located at the top of each entry).

Then, for each day, please provide:

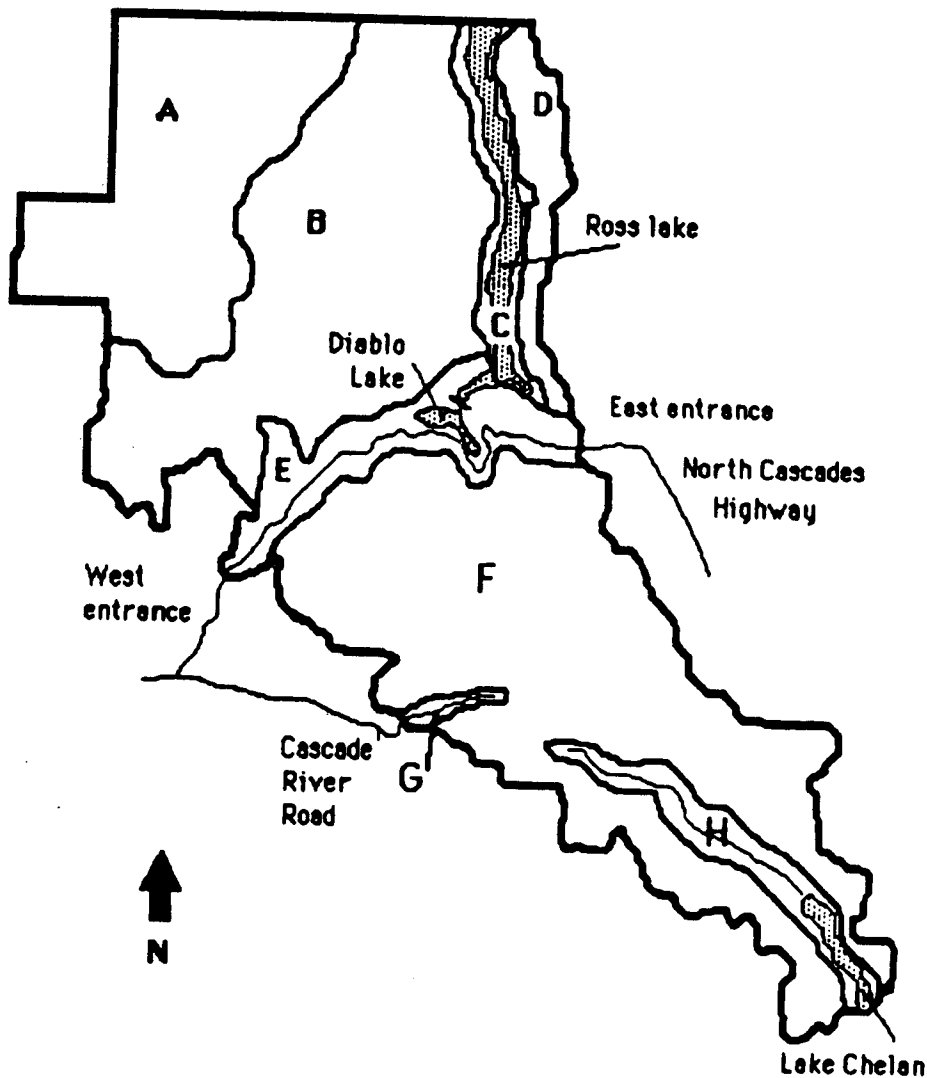
- a) the **Zone(s)** of the complex you spent time in (which you can identify from the map on page 4).
- b) your **Activities in each zone** (a list of activities is provided on page 5).

The second part of the questionnaire begins on page 9. Please answer each question.

PLEASE GO TO PAGE 6

PART I

YOU WILL NEED TO USE THIS MAP TO COMPLETE
EACH DAY'S DIARY



North Cascades
National Park Service Complex

YOU WILL NEED TO USE THIS LIST TO COMPLETE
EACH DAY'S DIARY

ACTIVITIES

1. Sleeping
2. Eating and meal preparation
3. Motorized travel on park roads
4. Shopping
5. Resting or relaxing
6. Hiking or walking
7. Technical climbing
8. Fishing
9. Viewing scenery
10. Boating or rafting
11. Nature study or photography
12. Bicycling
13. Attending interpretive programs (walks, etc)
14. Viewing interpretive facilities (exhibits, etc)
15. Other

In this questionnaire, the term "North Cascades National Park Service Complex" is used. The complex includes: Ross Lake National Recreation Area, Lake Chelan National Recreation Area, and the North and South units of North Cascades National Park

DAY 1 OF YOUR VISIT

1. Please record the **zone** in which you spent the most time each time period and the **activity** you did for the most time in that zone.

*Zones are shown on the map on page 4; Activities are listed on page 5. Please indicate **only one zone and one activity** in which you spent the **most time**.*

TIME PERIODS	ZONE (Letter)	ACTIVITY (Number)
Sunrise (5a.m. - 8a.m.)	_____	_____
Morning (8a.m. - 12p.m.)	_____	_____
Afternoon (12p.m. - 5p.m.)	_____	_____
Dusk (5p.m. - 7p.m.)	_____	_____
Evening (7p.m. - 11p.m.)	_____	_____
Overnight (11p.m. - 5a.m.)	_____	_____

2. Was this your last day in the North Cascades National Park Service Complex? (Check one)

_____ YES →

PLEASE SKIP TO PAGE 9

_____ NO →

PLEASE GO TO NEXT PAGE

DAY 2 OF YOUR VISIT

1. Please record the **zone** in which you spent the most time each time period and the **activity** you did for the most time in that zone.

*Zones are shown on the map on page 4; Activities are listed on page 5. Please indicate **only one zone and one activity** in which you spent the **most time**.*

TIME PERIODS	ZONE (Letter)	ACTIVITY (Number)
Sunrise (5a.m. - 8a.m.)	_____	_____
Morning (8a.m. - 12p.m.)	_____	_____
Afternoon (12p.m. - 5p.m.)	_____	_____
Dusk (5p.m. - 7p.m.)	_____	_____
Evening (7p.m. - 11p.m.)	_____	_____
Overnight (11p.m. - 5a.m.)	_____	_____

2. Was this your last day in the North Cascades National Park Service Complex? (Check one)

_____ YES →

PLEASE SKIP TO PAGE 9

_____ NO →

PLEASE GO TO NEXT PAGE

DAY 3 OF YOUR VISIT

1. Please record the zone in which you spent the most time each time period and the activity you did for the most time in that zone.

Zones are shown on the map on page 4; Activities are listed on page 5. Please indicate only one zone and one activity in which you spent the most time.

TIME PERIODS	ZONE (Letter)	ACTIVITY (Number)
Sunrise (5a.m. - 8a.m.)	_____	_____
Morning (8a.m. - 12p.m.)	_____	_____
Afternoon (12p.m. - 5p.m.)	_____	_____
Dusk (5p.m. - 7p.m.)	_____	_____
Evening (7p.m. - 11p.m.)	_____	_____
Overnight (11p.m. - 5a.m.)	_____	_____

**EVEN IF YOU STAY IN THE
NORTH CASCADES NATIONAL PARK SERVICE
COMPLEX MORE THAN 3 DAYS,
PLEASE GO TO PAGE 9.**

PART 2

We hope you enjoyed your visit to the North Cascades National Park Service Complex. Below are several questions that will help us learn about the people who participated in the study and their thoughts about the complex. Please complete the questions before mailing the questionnaire.

1. How many people were in your group?

_____ NUMBER OF PEOPLE

2. How many days did you spend in the North Cascades National Park Service Complex this visit?

_____ NUMBER OF DAYS

3. What kind of group were you with?

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ GUIDED TOUR GROUP

_____ OTHER (please describe _____)

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4. For yourself and the other members of your group, please indicate:

- 1) your age on your last birthday
- 2) the zip code of your permanent address (if you are from a country other than the United States, please give the name of the country), and
- 3) the number of times you have visited the North Cascades National Park Service Complex **before this trip.**

	AGE	ZIP CODE (country)	*TIMES VISITED
YOURSELF	_____	_____	_____
MEMBER #1	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____

additional members: _____

5. If you plan to return to the North Cascades National Park Service Complex in the future, which zones would you visit?

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6. If you were planning for the future of the North Cascades National Park Service Complex, what would you propose? (For example, would you plan for more care of the natural resources; for changes that would serve the visitors more?) Please be specific.

7. Is there anything else you would like to tell us about your trip to the North Cascades National Park Service Complex?

When you have finished your visit to the North Cascades National Park Service Complex, please complete the questionnaire, seal it with the sticker provided, and drop it in any mailbox. Thank you for your help!