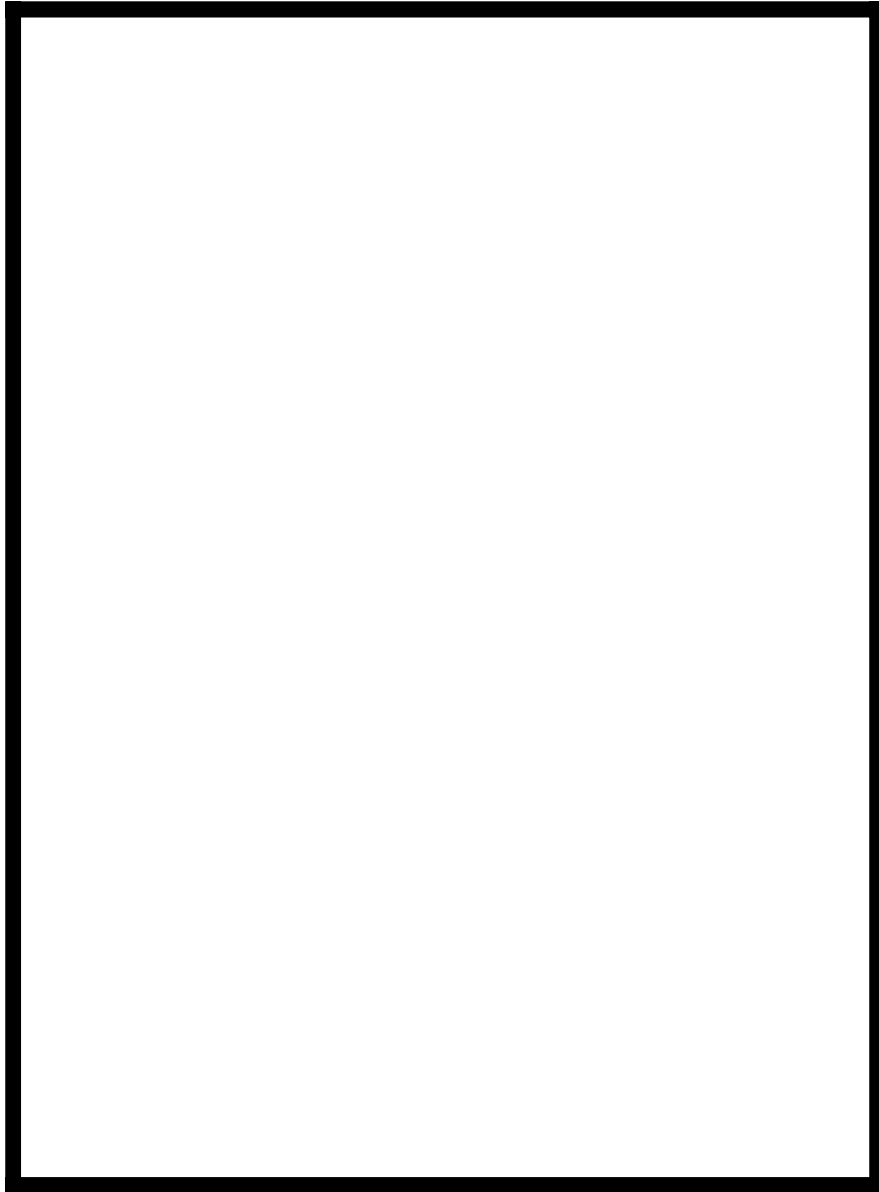


Channel Islands National Park Visitor Study



**The
Visitor Services
Project**

August, 1993

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the visitors to Channel Islands National Park, the activities or programs you enjoyed, the places you visited, and to get your opinions about your visit.

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 during your visit to Channel Islands National Park.

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

If you have any questions, about this study please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Sincerely,

Kitty Roberts
Superintendent

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.

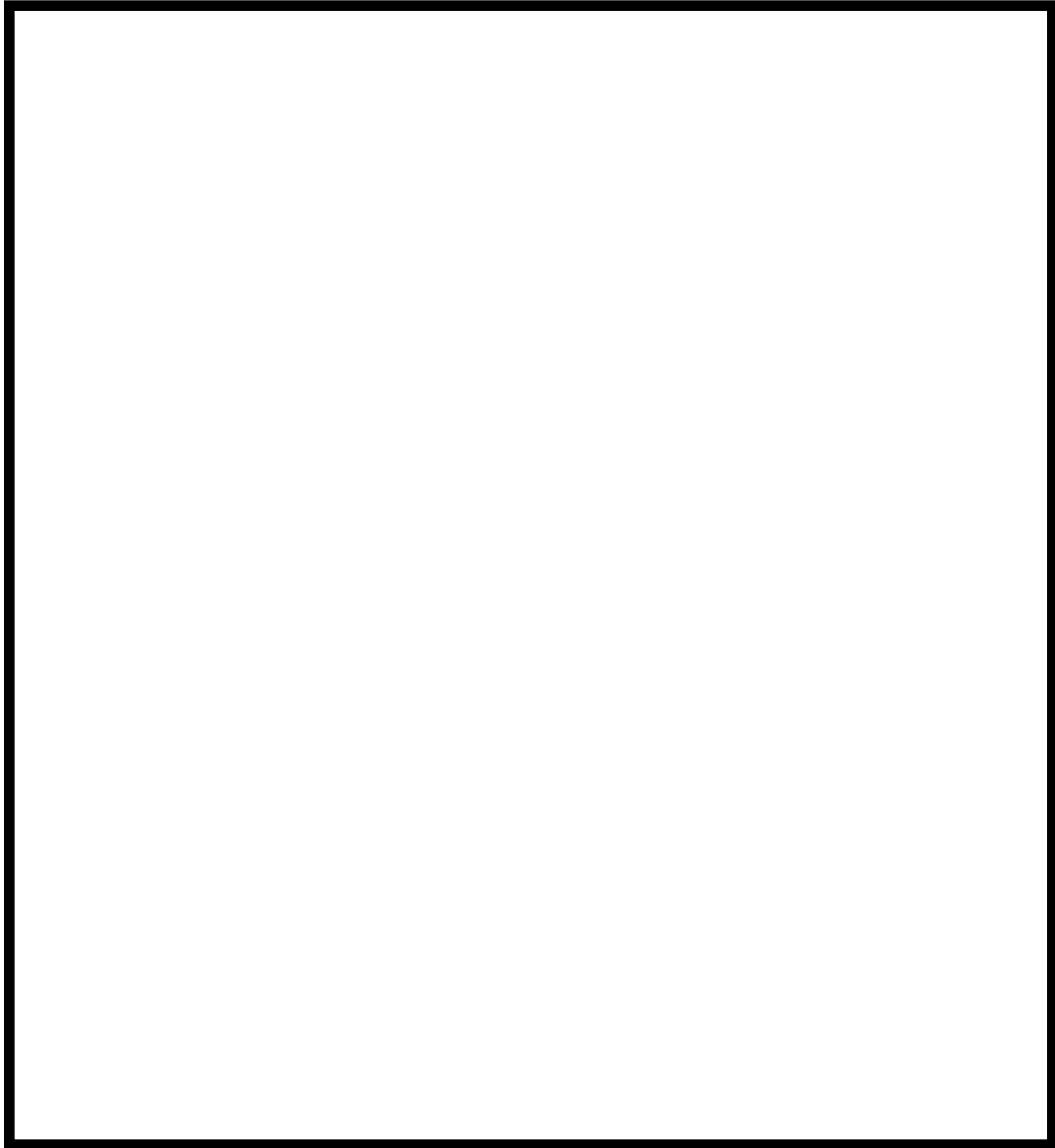
PRIVACY ACT AND PAPERWORK REDUCTION ACT statement: 16 U.S.C 1a-7 authorizes the collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. 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 Service Information Collection Clearance Officer, National Park Service, P.O. Box 37127, Washington D.C. 20013-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-0142, Washington D.C. 20503.

PLEASE GO ON TO NEXT PAGE



1. On the map below, please indicate the places you and your group visited in the Channel Islands National Park area this trip. Simply check () the circle beside each island you visited, and the box near each site you visited. If you did not visit any of these places please go on to page 5.



2. On the list below, please check on the left the activities that you and your group did at Channel Islands National Park this visit. Please check () all that apply.

Also check on the right the activities that you and your group have done in past visits at Channel Islands National Park. Please check () all that apply.

This visit
()

Past visits
()

_____	BIRD WATCHING	_____
_____	MARINE MAMMAL WATCHING (WHALES, DOLPHINS, SEA LIONS ETC.)	_____
_____	COMMERCIAL FISHING	_____
_____	RECREATIONAL FISHING	_____
_____	SAILING	_____
_____	POWER BOATING	_____
_____	KAYAKING	_____
_____	HIKING	_____
_____	CAMPING	_____
_____	ATTENDING INTERPRETIVE PROGRAMS	_____
_____	DIVING	_____
_____	PHOTOGRAPHING	_____
_____	NATURE STUDY	_____
_____	OTHER Please describe:	_____

PLEASE GO ON TO NEXT PAGE



6

3. How much time did you and your group spend at Channel Islands National Park this visit?

If less than 24 hours:

NUMBER OF HOURS _____ AND _____ MINUTES

If 24 hours or more:

_____ NUMBER OF DAYS

4. How many people were in your group?

_____ NUMBER OF PEOPLE

5. What kind of group were you with? Please check () **one**.

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

6. Were you with a guided tour group?

_____ YES _____ NO

7. Were you with a school group?

_____ YES _____ NO

8. For you and your group, please indicate:

	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	# TIMES VISITED (INCLUDING THIS VISIT)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

9. During this visit to Channel Islands National Park did you spend the night in the Ventura/Santa Barbara area? Please check () **one**.

_____ NO  GO ON TO QUESTION 10

_____ YES



What type of overnight accommodations did you use?

_____ MOTEL/HOTEL

_____ TENT

_____ RECREATIONAL VEHICLE

_____ OTHER (Please describe: _____)

10. a) Please check () the services which you and your group **used** during this visit to Channel Islands National Park in the column on the left.
- b) Next, for only those services which you and your group **used**, please rate their **quality** from 1-5.

Use service?

Check ()

Quality?

Very good			Very poor
1	2	3	4 5

_____ ISLAND PACKERS CORP.
BOAT TOURS _____

_____ OTHER BOAT TOURS _____

_____ CHANNEL ISLANDS AVIATION _____

_____ NATIONAL PARK CAMPGROUND _____

_____ RESTROOMS _____

_____ OTHER (Please describe: _____)

PLEASE GO ON TO NEXT PAGE



11. Prior to this visit how did you and your group get information about Channel Islands National Park? Please check () all that apply.

- TRAVEL GUIDE/TOUR BOOK
- NEWSPAPER/MAGAZINE ARTICLES
- MAPS
- ADVICE FROM FRIENDS OR RELATIVES
- PREVIOUS VISIT(S)
- TELEPHONE INQUIRY TO THE PARK
- WRITTEN INQUIRY TO THE PARK
- TELEPHONE INQUIRY TO ISLAND PACKERS CORPORATION
- WRITTEN INQUIRY TO ISLAND PACKERS CORPORATION
- TELEPHONE INQUIRY TO CHANNEL ISLANDS AVIATION
- WRITTEN INQUIRY TO CHANNEL ISLANDS AVIATION
- HIGHWAY SIGNS
- OTHER (Please describe: _____)

12 Did you visit the Channel Islands National Park visitor center?

- NO → GO ON TO QUESTION 13
- YES



If YES, did you and your group find it difficult to locate the Channel Islands National Park visitor center?

- NO → GO ON TO QUESTION 13
- YES



If YES, why was it difficult to locate the visitor center?

13. a) Please check () the interpretive services which you and your group **used** during this visit to Channel Islands National Park in the column on the left.
- b) Next, for only those interpretive services which you and your group **used**, please rate their **quality** from 1-5.

Use service?		Quality?				
Check ()		Very good		Very poor		
		1	2	3	4	5
_____	PARK FOLDER/MAP					_____
_____	PARK NEWSPAPER					_____
_____	SALES PUBLICATION					_____
_____	VISITOR CENTER EXHIBITS					_____
_____	VISITOR CENTER MOVIE					_____
_____	SELF GUIDED TRAIL					_____
_____	RANGER-LED WALKS/TALKS					_____
_____	INFORMATION FLYERS					_____
_____	CONTACT WITH PARK STAFF					_____
_____	BULLETIN BOARDS					_____
_____	ISLAND PACKERS NARRATED BOAT TOUR					_____
_____	OTHER (Please describe: _____)					_____

14. During this visit did you tour within one mile or visit one of the five islands that make up Channel Islands National Park? Please check () **one**.

_____ NO ➔ GO ON TO QUESTION 15

_____ YES



If YES, how did you get there?

_____ ISLAND PACKERS CORPORATION

_____ CHANNEL ISLANDS AVIATION

_____ PRIVATE BOAT

_____ COMMERCIAL BOAT

15. In your own words what are the main ideas (messages) that you have learned from the exhibits and ranger programs offered at Channel Islands National Park.

16. What did you like most about your visit to Channel Islands National Park?

STAMP

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 83844-1133**