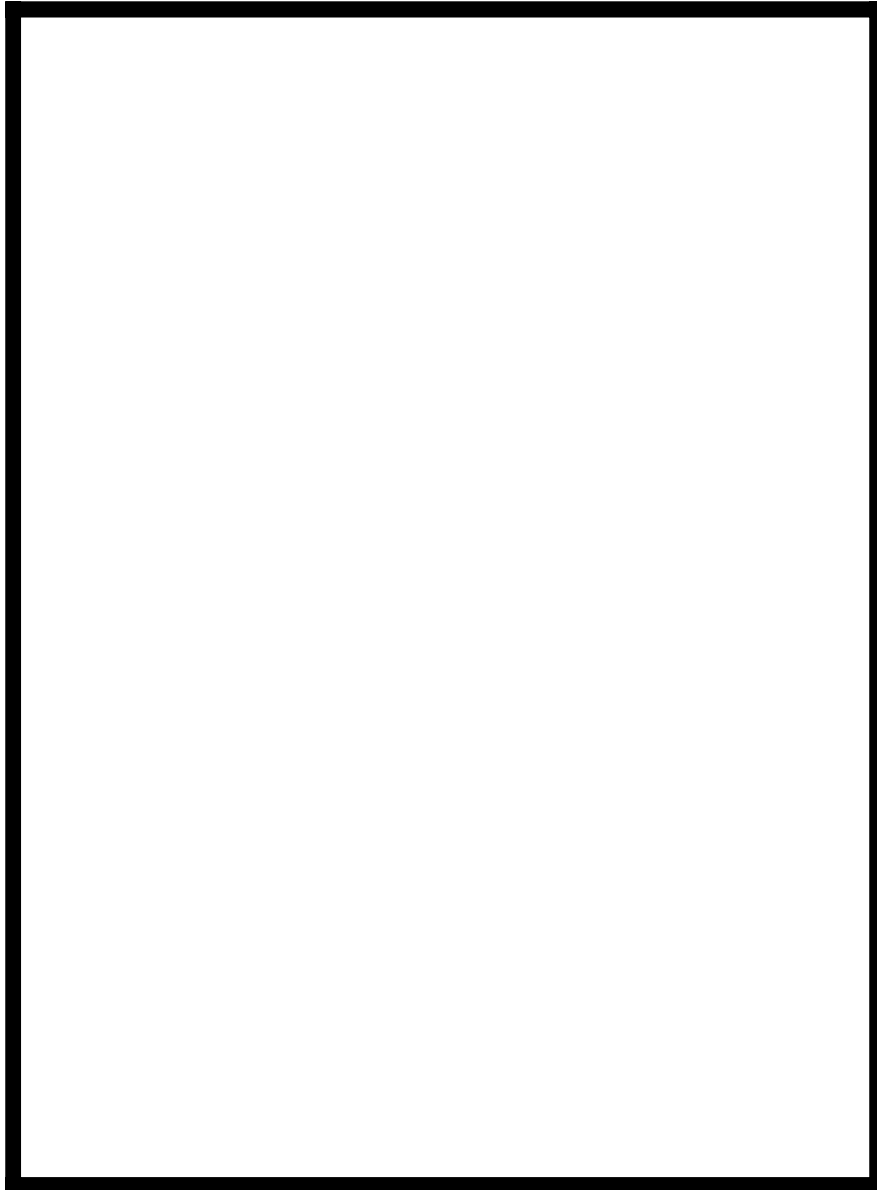


Bryce Canyon National Park Visitor Study



**The
Visitor Services
Project**

October, 1993

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the visitors to Bryce Canyon 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 83844-1133.

We appreciate your help.

Sincerely,

Fred Fagergren
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.

1. Did you and your group stay overnight in, or in the vicinity of Bryce Canyon National Park this visit?

_____ YES 

If so how many nights did you spend in the area?

_____ NUMBER OF NIGHTS

_____ NO 

If not, how many hours did you spend in Bryce Canyon National Park this visit?

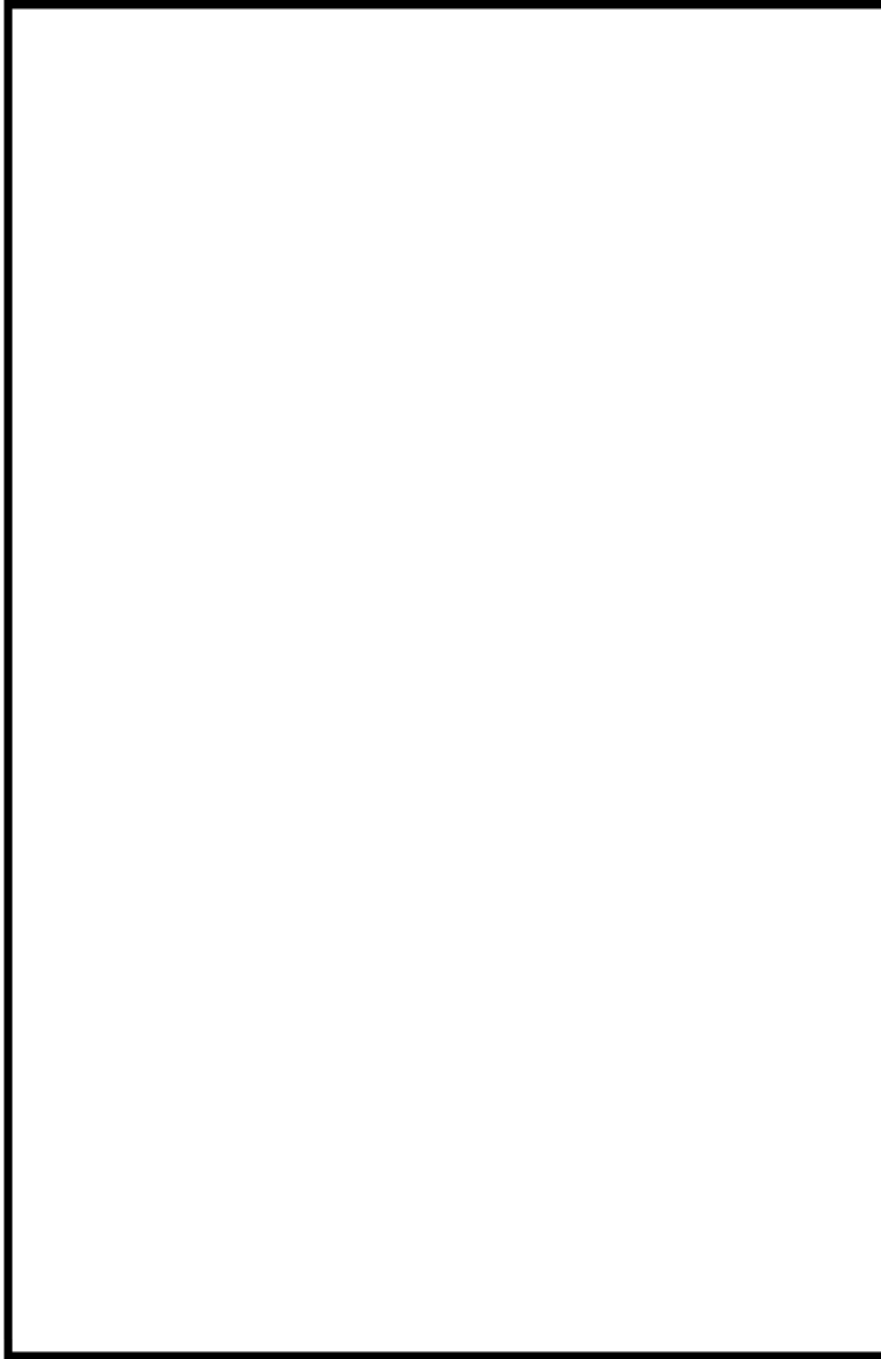
_____ NUMBER OF HOURS

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, 1024-0101, Washington D.C. 20503.

PLEASE GO ON TO NEXT PAGE 

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



3. On the list below, please check the activities that you and your group did at Bryce Canyon National Park. Please check () all that apply.

- _____ CAMPED AT DEVELOPED CAMPGROUND
 _____ CAMPED AT BACKCOUNTRY CAMPSITE
 _____ VISITED VISITOR CENTER
 _____ VISITED LODGE
 _____ HIKED UNDER 4 HOURS
 _____ HIKED OVER 4 HOURS
 _____ HIKED ABOVE CANYON RIM
 _____ HIKED BELOW CANYON RIM
 _____ ATTENDED RANGER/VOLUNTEER-LED ACTIVITY
 (INTERPRETIVE TALKS, GUIDED WALKS ETC.)
 _____ HORSEBACK RIDING
 _____ BICYCLING
 _____ SHOPPED AT VISITOR CENTER
 _____ OTHER SHOPPING
 _____ OTHER Please describe:

4. Prior to this visit how did you and your group get information about Bryce Canyon 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
 _____ HIGHWAY SIGNS
 _____ OTHER (Please describe: _____)

PLEASE GO ON TO NEXT PAGE



6

5. How many people were in your group?

_____ NUMBER OF PEOPLE

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

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

7. Were you with a guided tour?

_____ 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. Where did you start your trip on the day you arrived in Bryce Canyon National Park?

_____ NEAREST TOWN

_____ STATE

10. Where is your planned destination on the day you leave Bryce Canyon National Park?

_____ NEAREST TOWN

_____ STATE

11. a) Please check () the visitor services which you and your group **used** during this visit to Bryce Canyon National Park 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 using the list below.
- c) Finally, for only those services which you and your group **used**, please rate their **quality** from 1-5.

1=EXTREMELY IMPORTANT

2=VERY IMPORTANT

3=MODERATELY IMPORTANT

4=SOMEWHAT IMPORTANT

5=NOT IMPORTANT

1=VERY GOOD QUALITY

2=GOOD QUALITY

3=AVERAGE QUALITY

4=POOR QUALITY

5=VERY POOR QUALITY

Use service? ()	Importance?		Quality?
	(1-5)	(1-5)	
_____ PARK BROCHURE/MAP	_____	_____	_____
_____ PARK NEWSPAPER (<i>HOODOO</i>)	_____	_____	_____
_____ VISITOR CENTER PERSONNEL	_____	_____	_____
_____ VISITOR CENTER SALES PUBLICATIONS	_____	_____	_____
_____ VISITOR CENTER EXHIBITS/SLIDE SHOW	_____	_____	_____
_____ RANGER/VOLUNTEER-LED PROGRAMS	_____	_____	_____
_____ SELF-GUIDED NATURE TRAILS	_____	_____	_____
_____ ROADSIDE EXHIBITS	_____	_____	_____
_____ BULLETIN BOARDS	_____	_____	_____
_____ SAFETY INFORMATION BROCHURES	_____	_____	_____
_____ OTHER INFORMATIONAL BROCHURES	_____	_____	_____
_____ EMERGENCY SERVICES	_____	_____	_____
_____ JUNIOR RANGER PROGRAM	_____	_____	_____

PLEASE GO ON TO NEXT PAGE





12. a) Please check () the maintenance or concession services or facilities which you and your group **used** during this visit to Bryce Canyon National Park 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 using the list below.
- c) Finally, for only those services which you and your group **used**, please rate their **quality** from 1-5.

1=EXTREMELY IMPORTANT	1=VERY GOOD QUALITY
2=VERY IMPORTANT	2=GOOD QUALITY
3=MODERATELY IMPORTANT	3=AVERAGE QUALITY
4=SOMEWHAT IMPORTANT	4=POOR QUALITY
5=NOT IMPORTANT	5=VERY POOR QUALITY

Use service? ()	Importance?		Quality?
	(1-5)	(1-5)	
_____ HIGHWAY DIRECTIONAL SIGNS	_____	_____	_____
_____ DEVELOPED CAMPGROUNDS	_____	_____	_____
_____ RESTROOMS	_____	_____	_____
_____ TRAILS	_____	_____	_____
_____ PICNIC AREAS	_____	_____	_____
_____ PARKING AREAS	_____	_____	_____
_____ HANDICAPPED ACCESSIBILITY	_____	_____	_____
_____ GARBAGE DISPOSAL	_____	_____	_____
_____ CAMPER STORE	_____	_____	_____
_____ HORSEBACK RIDES	_____	_____	_____
_____ FOOD SERVICES	_____	_____	_____
_____ LODGING (other than camping)	_____	_____	_____

13. When you or your group visit national parks, do you attend ranger/volunteer-led activities (i.e. guided walks and or talks)?

_____ NO  GO ON TO QUESTION 14

_____ YES  If so, when would you or your group prefer to attend conducted activities?
Please suggest two time periods.

From _____ a.m. to _____ a.m.

AND/OR

From _____ p.m. to _____ p.m.

14. a) During this visit, did you and your group purchase anything at the visitor center?

_____ YES _____ NO

- b) Please list below the subject matter (e.g. geology, history, plants etc.) and/or media that would be the most useful to you on future visits?

15. During your visit, how much money did you and your group spend in the Bryce Canyon area? Please write "0" if you did not spend any money.

\$ _____ LODGING (motel, camping, etc.)

\$ _____ TRAVEL (gas, air/bus/train fare, etc.)

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

\$ _____ OTHER (entrance fees, film, tours, gifts, etc.)

PLEASE GO ON TO NEXT PAGE



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**