Death Valley Backcountry 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 Monument 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 the Service Information Collection Clearance Officer, National Monument Service, P.O. Box 37127, Washington, D.C. 20013-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-0153, Washington, D.C. 20503.

PLEASE GO ON TO NEXT PAGE
YOUR ACTIVITIES

1. On the list below, please check all of the activities that you and your group participated in at Death Valley National Monument during this visit. Please check (√) all that apply.

_____ VISIT SCENIC AREAS

_____ VISIT MINING RUINS/HISTORIC SITES

_____ DAY HIKE ON TRAILS

_____ DAY HIKE CROSS COUNTRY

_____ OVERNIGHT HIKE ON TRAILS

_____ OVERNIGHT HIKE CROSS COUNTRY

_____ HORSEBACK RIDE

_____ DRIVE DIRT ROADS IN 4 X 4 VEHICLE

_____ DRIVE DIRT ROADS IN VEHICLE OTHER THAN 4 X 4 (passenger car, etc.)

_____ RIDE MOTORCYCLE ON DIRT ROADS

_____ BICYCLE ON DIRT ROADS

_____ PICNIC

_____ OVERNIGHT CAR CAMP ALONG BACKCOUNTRY ROAD

_____ WINTER RECREATION (skiing, ice climbing, etc.)

_____ OTHER (Please describe: ________________________________ )
2. What was the last community you went through just before entering Death Valley National Monument? Please check (✓) only one.

_____BEATTY
_____TRONA
_____LAS VEGAS
_____LONE PINE
_____SHOSHONE
_____BIG PINE
_____BAKER
_____TONOPAH

3. Please indicate the order in which you and your group visited the following backcountry areas in and around Death Valley National Monument during this visit. Simply write 1, 2, 3 and so forth on the blank beside each place you visited.

#

_____SALINE/EUREKA VALLEY
_____BUTTE VALLEY
_____GREENWATER VALLEY
_____WEST SIDE/HARRY WADE ROADS
_____MARBLE/COTTONWOOD CANYONS
_____MOSAIC/GROTTO CANYONS
_____RACETRACK/HUNTER MOUNTAIN
_____TITUS CANYON
_____TELESCOPE/WILDROSE PEAKS
_____CHLORIDE CLIFFS
_____ECHO CANYON/HOLE-IN-THE-WALL

_____OTHER (Please list:____________________________________)

PLEASE GO ON TO NEXT PAGE
4. On this visit, what were the reasons you and your group visited Death Valley National Monument? Please check (√) all that apply.

   _____ SEE DESERT SCENERY
   _____ VIEW/STUDY DESERT PLANTS/ANIMALS
   _____ LEARN ABOUT DEATH VALLEY HISTORY
   _____ ENJOY RECREATION AT THE RANCH (golf, swim, etc.)
   _____ ENJOY RECREATION IN MONUMENT (hike, drive backcountry roads, camp, etc.)
   _____ ENJOY SOLITUDE AND QUIET
   _____ EXPERIENCE WILDERNESS AND OPEN SPACE
   _____ VISIT BIOSPHERE RESERVE
   _____ OTHER (Please describe: ____________________________)

5. On this visit, how much time did you and your group spend in Death Valley National Monument?

   If less than 24 hours: _____ NUMBER OF HOURS
   If 24 hours or more: _____ NUMBER OF DAYS

6. How many people were in your group?

   _____ NUMBER OF PEOPLE
7. On this visit, what kind of group were you with? Please check (√) only one.
   _____ ALONE
   _____ FAMILY
   _____ FRIENDS
   _____ FAMILY AND FRIENDS
   _____ OTHER (Please describe: ____________________________)

8. a) Were you with a guided tour group?
   _____ YES    _____ NO
   b) Were you with a scout, community or church group?
   _____ YES    _____ NO
   c) Were you on an educational field trip?
   _____ YES    _____ NO

9. 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># TIMES VISITED (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>
</tr>
<tr>
<td>MEMBER #4</td>
<td>_____ ___________________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #5</td>
<td>_____ ___________________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #6</td>
<td>_____ ___________________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #7</td>
<td>_____ ___________________________</td>
<td>_____</td>
</tr>
</tbody>
</table>

PLEASE GO ON TO NEXT PAGE
10. How important are the following features to you and your group's backcountry experience at Death Valley National Monument? Please mark each item from 1 to 5, using the scale below.

**Importance?**

<table>
<thead>
<tr>
<th>Extremely important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] HIKING ON TRAILS
- [ ] HIKING CROSS COUNTRY
- [ ] USING HORSES, PACK ANIMALS, ETC.
- [ ] DIRT ROADS PASSABLE ONLY BY 4 X 4 VEHICLES
- [ ] DIRT ROADS PASSABLE BY VEHICLES OTHER THAN 4 X 4 (passenger cars, etc.)
- [ ] ROADS OR TRAILS DESIGNATED FOR MOUNTAIN BIKING
- [ ] MOTORCYCLE RIDING
- [ ] OPEN CAMPING (no designated sites)
- [ ] DEVELOPED CAMPSITES OR CAMPGROUNDS
- [ ] RESTROOM AND GARBAGE DISPOSAL FACILITIES
- [ ] BACKCOUNTRY CABINS
- [ ] BACKCOUNTRY PICNIC AREAS
- [ ] HANDICAPPED ACCESSIBILITY
- [ ] PETS PERMITTED IN BACKCOUNTRY
- [ ] OTHER (Please describe:_____________________________)
11. a) Please check (√) the information services which you and your group **used** during this visit to Death Valley National Monument in the left column.

b) Next, for only those services which you and your group **used**, please rate their **importance** from 1-5.

<table>
<thead>
<tr>
<th>Use service?</th>
<th>If used, How Important?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Extremely important</td>
</tr>
<tr>
<td></td>
<td>Not important</td>
</tr>
<tr>
<td>Check (✓)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ PARK BROCHURE/MAP</td>
<td></td>
</tr>
<tr>
<td>_____ PARK NEWSPAPER</td>
<td></td>
</tr>
<tr>
<td>_____ SELF-GUIDED TRAIL GUIDES</td>
<td></td>
</tr>
<tr>
<td>_____ INFORMATIONAL HANDOUTS/BROCHURES</td>
<td></td>
</tr>
<tr>
<td>_____ VISITOR CENTER BOOKSTORE</td>
<td></td>
</tr>
<tr>
<td>_____ TOPOGRAPHIC MAPS</td>
<td></td>
</tr>
<tr>
<td>_____ RANGER PERSONNEL</td>
<td></td>
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<tr>
<td>_____ CONCESSION PERSONNEL</td>
<td></td>
</tr>
<tr>
<td>_____ ROADSIDE EXHIBITS</td>
<td></td>
</tr>
<tr>
<td>_____ ROAD DIRECTIONAL SIGNS</td>
<td></td>
</tr>
</tbody>
</table>

12. How did the number of people you saw in the park's backcountry compare with what you expected to see? Please check (√) only **one**.

|                                                  |                         |
| _____ A LOT LESS CROWDED THAN I EXPECTED         |                         |
| _____ A LITTLE LESS CROWDED THAN I EXPECTED      |                         |
| _____ ABOUT AS CROWDED AS I EXPECTED             |                         |
| _____ A LITTLE MORE CROWDED THAN I EXPECTED      |                         |
| _____ A LOT MORE CROWDED THAN I EXPECTED         |                         |
| _____ I DIDN'T REALLY HAVE ANY EXPECTATIONS      |                         |
13. a) During this visit to Death Valley National Monument, was there anything specific which your group wanted to see or do but were not able to?

[ ] _____ YES  _____ NO - GO ON TO QUESTION 14

b) What was it?________________________________________________________

c) What prevented you from being able to see that feature or do that activity?

________________________________________________________

________________________________________________________

14. a) What did you and your group like most about your visit to Death Valley National Monument?

________________________________________________________

________________________________________________________

________________________________________________________

b) What did you and your group like least about your visit to Death Valley National Monument?

________________________________________________________

________________________________________________________

________________________________________________________

15. On future visits, which of the following informational items would be the most useful to you and your group? Please check (✓) only one.

[ ] _____ VIDEOS/AUDIO CASSETTES

[ ] _____ MAPS

[ ] _____ PUBLICATIONS OR BROCHURES ON SPECIFIC ACTIVITIES

[ ] _____ OTHER (Please describe:______________________________ )
16. Death Valley National Monument educational programs address topics such as biology, geology, history, environmental concerns, etc. What topics would be most important to you and your group during a future visit?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

17. If you were a manager planning for the future of Death Valley National Monument, what would you propose? Please be specific.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

18. Is there anything else you and your group would like to tell us about your visit to Death Valley National Monument and the surrounding area?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.

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OFFICIAL BUSINESS

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