

# 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: \_\_\_\_\_)

## VISITING DEATH VALLEY

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**



6

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: \_\_\_\_\_)

### YOU AND YOUR OPINIONS

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:

	<b>CURRENT AGE</b>	<b>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</b>	<b># TIMES VISITED</b> (including this visit)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

**PLEASE GO ON TO NEXT PAGE**



8

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?**

Extremely                      Not  
important                      important  
1 2 3 4 5

- \_\_\_\_\_ 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.

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

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

PLEASE GO ON TO NEXT PAGE



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.



Printed on recycled paper

**OFFICIAL BUSINESS**

**Visitor Services Project  
Cooperative Monument Studies Unit  
Department of Forest Resources  
College of Forestry, Wildlife and  
Range Sciences  
University of Idaho  
Moscow, Idaho 83844-1133**