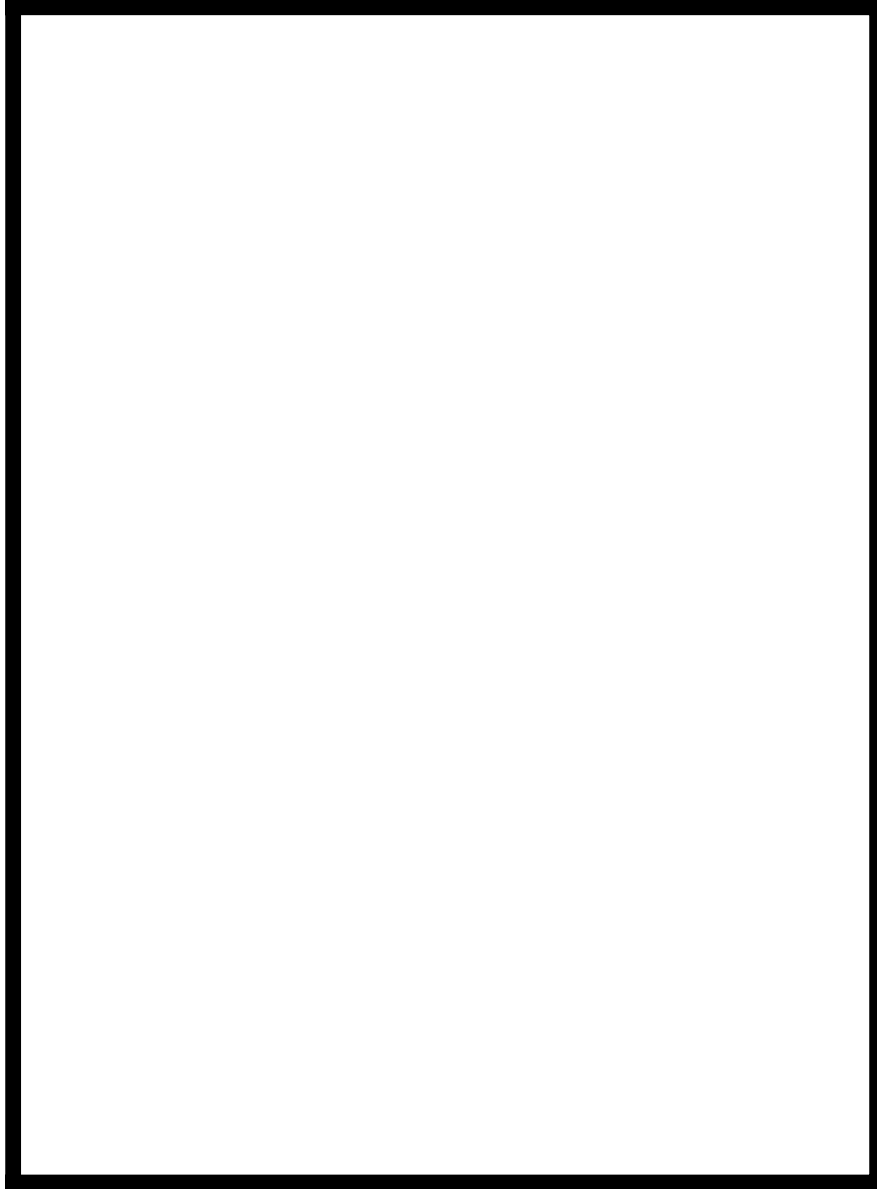


Indiana Dunes National Lakeshore Visitor Study



**The
Visitor Services
Project**

OMB Approval: 1024-0163
Expiration Date: 3-31-95

September, 1994

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the visitors to Indiana Dunes National Lakeshore, 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 Indiana Dunes National Lakeshore.

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,

Dale Engquist
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, 1037-0101, Washington D.C. 20503.

PLEASE GO ON TO NEXT PAGE



1. Prior to your visit, how did you and your group get information about Indiana Dunes National Lakeshore? Please () check **all** that apply.

____ TRAVEL GUIDE/ TOUR BOOK

____ NEWSPAPER/ MAGAZINE ARTICLES

____ MAP/BROCHURE

____ ADVICE FROM FRIENDS OR RELATIVES

____ PREVIOUS VISITS

____ TELEPHONE INQUIRY TO THE PARK

____ WRITTEN INQUIRY TO THE PARK

____ BULLETIN BOARDS

____ STATE VISITOR/INFORMATION BUREAU

____ NO INFORMATION PRIOR TO VISIT

____ OTHER (Please describe: _____)

_____)

2. On the list below, please check on the left the activities that you and your group did at Indiana Dunes National Lakeshore **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 Indiana Dunes National Lakeshore. Please () check **all** that apply.

This visit ()	Past visits ()
--------------------------	---------------------------

<input type="checkbox"/> WALKING/JOGGING FOR EXERCISE	_____	
-------------------------------------------------------	-------	--

<input type="checkbox"/> ATTEND FESTIVAL (Maple Sugar Time /Duneland Harvest)	_____	
-------------------------------------------------------------------------------	-------	--

<input type="checkbox"/> SWIMMING	_____	
-----------------------------------	-------	--

<input type="checkbox"/> SUN BATHING	_____	
--------------------------------------	-------	--

<input type="checkbox"/> PICNICKING	_____	
-------------------------------------	-------	--

<input type="checkbox"/> ATTEND NATURALIST/INTERPRETIVE PROGRAM	_____	
-----------------------------------------------------------------	-------	--

<input type="checkbox"/> VISIT VISITOR CENTER	_____	
-----------------------------------------------	-------	--

<input type="checkbox"/> SIGHT SEEING	_____	
---------------------------------------	-------	--

<input type="checkbox"/> BICYCLING	_____	
------------------------------------	-------	--

<input type="checkbox"/> WALKING HIKING TRAILS	_____	
------------------------------------------------	-------	--

<input type="checkbox"/> NATURE STUDY	_____	
---------------------------------------	-------	--

<input type="checkbox"/> WALKING/STROLLING ON BEACH	_____	
-----------------------------------------------------	-------	--

<input type="checkbox"/> CAMPING	_____	
----------------------------------	-------	--

<input type="checkbox"/> OTHER	_____	
--------------------------------	-------	--

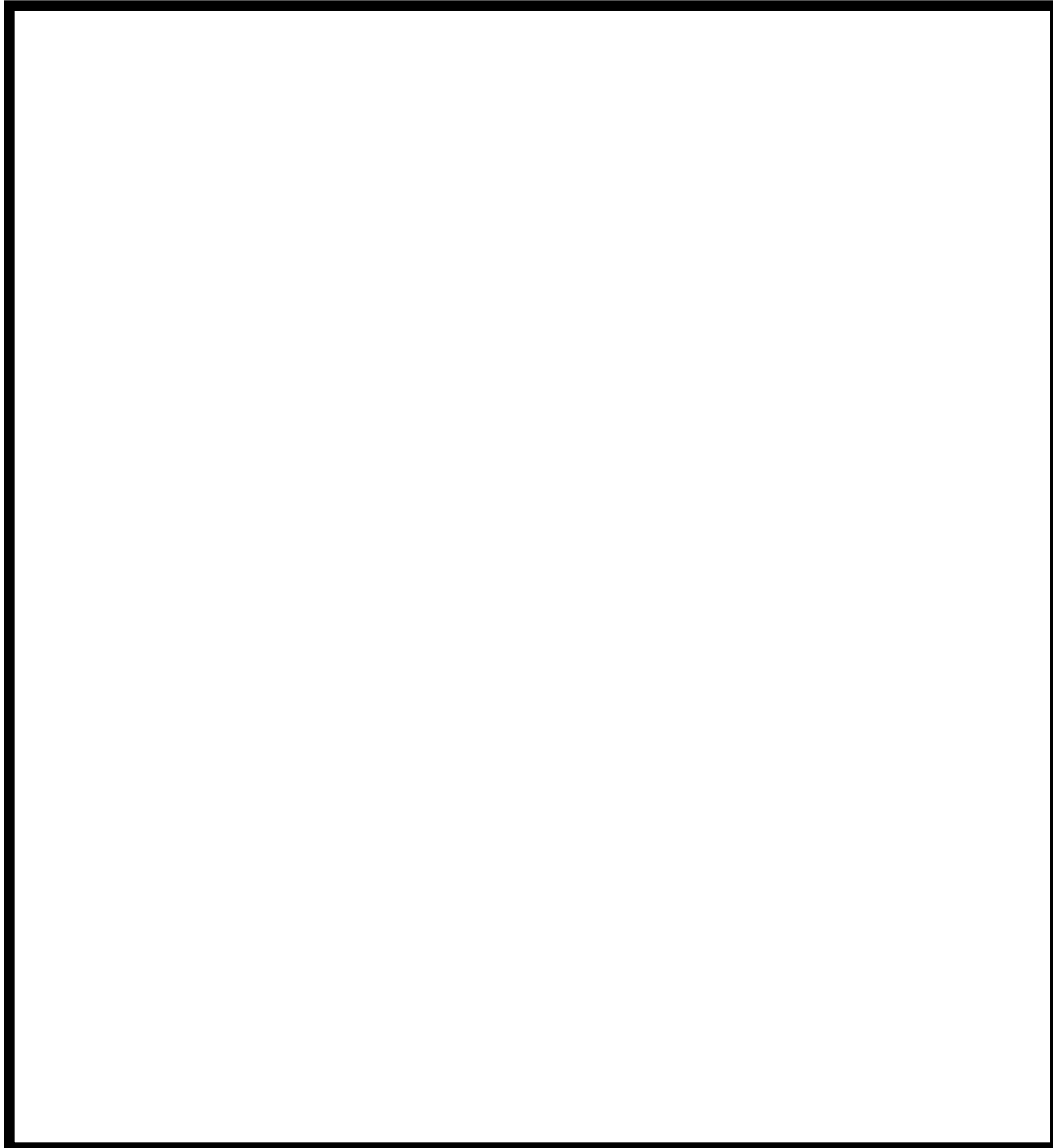
(Please describe: _____)

_____)

PLEASE GO ON TO NEXT PAGE



3. On the map below, please indicate the places you and your group have visited at Indiana Dunes National Lakeshore **prior to this trip**. Simply check () the box beside each place you have visited. If you did not visit any of these places on a prior visit please go on to page 7.

A large, empty rectangular box with a thick black border, intended for a map of Indiana Dunes National Lakeshore. The box is currently blank, with no text or markings inside.

8

4. How much time did you and your group spend at Indiana Dunes National Lakeshore this visit?

NUMBER OF HOURS _____ AND _____ MINUTES

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

_____ TOUR GROUP

_____ SCHOOL GROUP

_____ OTHER (Please describe: _____)

7. 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	_____	_____	_____

PLEASE GO ON TO NEXT PAGE



8. Where did your trip begin on the day you visited Indiana Dunes National Lakeshore?

_____ TOWN

_____ STATE

9. Where is your planned destination on the day you leave Indiana Dunes National Lakeshore?

_____ TOWN

_____ STATE

10. a) Please () check the facility you and your group **used** during this visit to Indiana Dunes National Lakeshore.

b) Next, for only those facilities which you and your group **used**, please rate their **importance** from 1-5. using the list below.

c) Next, for only those facilities which you and your group **used**, please rate their **quality** from 1-5.

Use service?

Importance

Quality?

		Very	Not		Very		Very			
	important	important	important		good		poor			
Check ()	1	2	3	4	5	1	2	3	4	5

_____ GIFTSHOP/BOOKSTORE _____

_____ PICNIC AREAS/
SHELTERS _____

_____ CAMPGROUNDS _____

_____ RESTROOMS _____

_____ TRAILS _____

_____ OTHER (Please describe: _____

_____)

- 11. a) Please () check the interpretive or visitor service you and your group **used** during this visit to Indiana Dunes National Lakeshore.
- b) Next, for only those services which you and your group **used**, please rate their **importance** from 1-5. using the list below.
- c) Next, for only those services which you and your group **used**, please rate their **quality** from 1-5.

Use service? Check ()	Importance					Very good	Quality?					
	Very important	1	2	3	4		5	Very poor	1	2	3	4
_____ DIRECTIONAL SIGNS												
_____ REGULATION SIGNS												
_____ INFORMATIONAL SIGNS												
_____ UNIFORMED PARK STAFF												
_____ PARK BROCHURE												
_____ PARK MAP												
_____ TRAIL EXHIBITS												
_____ VISITOR CENTER EXHIBITS												
_____ VISITOR/NATURE CENTER												
_____ INTERPRETIVE/ NATURALIST PROGRAM												
_____ PARK NEWSPAPER												
_____ TRAIL MAPS												
_____ BULLETIN BOARDS												
_____ SLIDE PROGRAM												
_____ INFORMATIONAL HANDOUTS												
_____ OTHER (Please describe: _____)												

PLEASE GO ON TO NEXT PAGE



12. On this visit, what were you and your group's reasons for visiting Indiana Dunes National Lakeshore. Please () check **all** that apply.

SOLITUDE/QUIET
 VISIT THE DUNELAND HARVEST FESTIVAL
 VISIT OTHER LOCAL FESTIVALS IN THE AREA
 ENJOY NATURE
 VISIT THE DUNES
 VISIT THE BEACHES
 VISIT HISTORICAL AREAS
 PICNICKING
 WALKING/HIKING TRAILS
 ATTEND AN INTERPRETIVE/NATURE PROGRAM
 RECREATIONAL OPPORTUNITIES
 EDUCATIONAL OPPORTUNITIES
 VISIT FRIENDS/RELATIVES
 OTHER (Please describe: _____
 _____)

13. During this visit to the Indiana Dunes National Lakeshore area what other attractions did you and your group visit? Please () check **all** that apply.

STORES
 RESTAURANTS
 HOTELS/MOTELS
 MARINAS
 OUTLET MALL
 GOLF COURSE
 ANTIQUE SHOPS
 ATTEND LOCAL FESTIVALS OUTSIDE NATIONAL LAKESHORE
 OTHER (Please describe: _____)

14. If you were planning for the future of Indiana Dunes National Lakeshore what would you propose? Please be specific.

15. Is there anything else you would like to tell us about your visit to Indiana Dunes National Lakeshore?

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

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**

Mount Baldy



Lake View



Indiana Dunes State Park



Kemil Beach



Central Beach



Marquette Park



Washington Park



Porter Beach



West Beach

