

Everglades National Park Visitor Study

Spring, 1996



**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 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 the 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, 1024-0000, Washington, D.C. 20503.

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YOUR VISIT TO EVERGLADES NATIONAL PARK

1. Prior to your visit, how did you and your group learn about Everglades National Park? Please check (✓) **all** that apply.

_____ RECEIVED NO INFORMATION PRIOR TO VISIT - **GO ON TO QUESTION 2**

_____ TRAVEL GUIDE/TOUR BOOK

_____ MAP/BROCHURE

_____ FRIENDS OR RELATIVES

_____ PREVIOUS VISIT(S)

_____ NEWSPAPER/MAGAZINE

_____ TV/RADIO

_____ AREA SIGNS

_____ TOURIST INFORMATION AT HOTEL/MOTEL

_____ TELEPHONE OR WRITTEN INQUIRY TO THE PARK

_____ OTHER (Please specify: _____)

2. On this visit, from which direction did you and your group travel to **first** reach Everglades National Park? Please check (✓) **only one**.

_____ NORTHEAST SIDE OF FLORIDA (Highway 1 from north or Highway 9336)

_____ NORTHWEST SIDE OF FLORIDA (Highway 41 or Interstate 75)

_____ SOUTH OF EVERGLADES (Highway 1 from south)

3. During this visit, how much time did you and your group spend at Everglades National Park ?

If less than 24 hours: _____ NUMBER OF HOURS

If 24 hours or more: _____ NUMBER OF DAYS

YOUR ACTIVITIES

4. On the list below, please check (✓) **all** of the activities that you and your group participated in at Everglades National Park during this visit.

_____ BIRDWATCHING

_____ FRESH-WATER FISHING

_____ SALT-WATER FISHING

_____ BICYCLING

_____ POWER BOATING

_____ HIKING/ WALKING

_____ PICNICKING

_____ ATTENDING RANGER-LED PROGRAMS

_____ CAMPING IN FRONT COUNTRY

_____ CAMPING IN BACKCOUNTRY

_____ CANOEING / KAYAKING

_____ OTHER (Please describe:_____)

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YOU AND YOUR OPINIONS

5. On this visit, how many people were in your group, including yourself?

_____ NUMBER OF PEOPLE

6. a) On this visit, were you with a guided tour group?

_____ YES _____ NO

b) On this visit, were you on a school/college trip?

_____ YES _____ NO

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. For you and your group on this visit, please indicate:

	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	NUMBER OF VISITS TO THIS PARK (INCLUDING THIS VISIT)	
			PAST YEAR	PAST 5 YEARS
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

9. What languages do you or members of your group understand and speak fluently? Please check (✓) **all** that apply.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> SPANISH | <input type="checkbox"/> ENGLISH |
| <input type="checkbox"/> FRENCH | <input type="checkbox"/> GERMAN |
| <input type="checkbox"/> CREOLE | <input type="checkbox"/> ITALIAN |
| <input type="checkbox"/> JAPANESE | <input type="checkbox"/> DUTCH |
| <input type="checkbox"/> PORTUGUESE | <input type="checkbox"/> OTHER (Please specify: _____) |
| _____) | |

10. On this visit, what were your reasons for visiting Everglades National Park? Please check (✓) **all** that apply.

- BIRDWATCH
- VIEW WILDLIFE
- FISH / POWER BOAT
- CANOE / KAYAK
- OUTDOOR RECREATION (other than birdwatching, fishing, canoeing, kayaking, power boating)
- EXPERIENCE SOLITUDE
- EXPERIENCE WILDERNESS
- VISIT AN INTERNATIONAL BIOSPHERE RESERVE
- VISIT A WORLD HERITAGE SITE
- VISIT A WETLAND OF INTERNATIONAL SIGNIFICANCE
- OTHER (Please specify: _____)

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11. On the list below, please indicate the places you and your group visited in Everglades National Park during this visit. Simply check (✓) the line beside each place you visited. Use the map to help you locate the sites.

_____ CHEKIKI

_____ MAIN VISITOR CENTER

_____ ROYAL PALM

_____ PINELANDS

_____ LONG PINE KEY

_____ PA-HAY-OKEE OVERLOOK

_____ MAHOGANY HAMMOCK

_____ NINE MILE POND

_____ WEST LAKE

_____ FLAMINGO

_____ SHARK VALLEY

_____ GULF COAST/ EVERGLADES CITY

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13. a) Please check (✓) the visitor services within Everglades National Park which you and your group **used** during this visit.

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

c) Finally, for only those services which you or your group used, please rate their **quality** from 1-5.

a) Use service within Everglades?	b) If used, how important?					c) If used, what quality?				
	Not important					Very important		Very poor		Very good
Check (✓)	1	2	3	4	5	1	2	3	4	5
_____ LODGE OR COTTAGES										
_____ RESTAURANT										
_____ GIFT SHOPS										
_____ BOAT RENTALS										
_____ BOAT TOURS										
_____ BICYCLE RENTALS										
_____ RESTROOMS										
_____ TRAM TOURS										
_____ MARINA FACILITIES										
_____ PICNIC AREAS										
_____ CAMPGROUNDS										

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14. During this trip to Everglades National Park, did you and your group use a boat of some kind?

_____ YES _____ NO - **GO ON TO QUESTION 15**

[

If yes, please check (✓) **all** that apply.

_____ CANOE

_____ MOTORBOAT

_____ KAYAK

_____ HOUSEBOAT

_____ SAILBOAT

_____ OTHER (Please specify:

_____)

15. On the day you received this questionnaire, how much money did you and your group spend inside and outside (within 50 miles of the park) Everglades National Park? Please write "0" if you and your group did not spend any money.

INSIDE
EVERGLADES NP

OUTSIDE
EVERGLADES NP
(within 50 miles)

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

\$_____

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

\$_____

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

\$_____

\$_____ OTHER (film, gifts, etc.)

\$_____

16. Overall, how would you rate the quality of the visitor services provided to you and your group at Everglades National Park during this visit? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY
POOR

17. On a future visit to Everglades National Park, what types of interpretive services would you most like to have available? Please check **all** that apply.

_____ INFORMATIONAL BROCHURES

_____ ROAD OR TRAILSIDE EXHIBITS

_____ RANGER-LED CANOE TRIPS

_____ RANGER-LED WET HIKES (wading in water)

_____ RANGER-LED WALKS/TALKS (other than canoe trips or wet hikes)

_____ OTHER (Please specify: _____)

18. Everglades National Park programs and exhibits address a variety of topics such as botany, zoology, history, environmental concerns, etc. What subjects would you most like to learn about on a future visit to Everglades National Park?

19. a) What did you like **most** about your visit to Everglades National Park?

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OFFICIAL BUSINESS

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