Everglades National Park
Visitor Study

Spring, 1996
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.
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: __________________________)
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:

<table>
<thead>
<tr>
<th>CURRENT AGE</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
<th>NUMBER OF VISITS TO THIS PARK (INCLUDING THIS VISIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PAST YEAR</td>
</tr>
<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>
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<tr>
<td>MEMBER #4</td>
<td></td>
<td></td>
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<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>
9. What languages do you or members of your group understand and speak fluently? Please check (√) all that apply.

   _____ SPANISH       _____ ENGLISH
   _____ FRENCH        _____ GERMAN
   _____ CREOLE        _____ ITALIAN
   _____ JAPANESE      _____ DUTCH
   _____ PORTUGUESE    _____ 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: ______________________)

PLEASE GO ON TO NEXT PAGE  ↘
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.

_____ CHEKIKKA
_____ 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
12. a) Please check (✓) the information or interpretive services which you and your group **used** at Everglades National Park 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.

<table>
<thead>
<tr>
<th>a) Use service at Everglades?</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (✓)</td>
<td>Not important</td>
<td>Extremely important</td>
</tr>
<tr>
<td>_____ PARK BROCHURE / MAP</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ PARK NEWSPAPER</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ SALES PUBLICATIONS</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ VISITOR CENTER EXHIBITS</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ VISITOR CENTER MOVIE</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ SELF-GUIDED TRAILS</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ ROADSIDE EXHIBITS</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ RANGER-LED WALKS / TALKS</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ EVENING CAMPFIRE PROGRAMS</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ TRAM TOUR INTERPRETER</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ BOAT TOURS</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>_____ VISITOR CENTER STAFF</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>a) Use service within Everglades?</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (✓)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>LODGE OR COTTAGES</td>
<td></td>
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<tr>
<td>RESTAURANT</td>
<td></td>
<td></td>
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<tr>
<td>GIFT SHOPS</td>
<td></td>
<td></td>
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<tr>
<td>BOAT RENTALS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOAT TOURS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BICYCLE RENTALS</td>
<td></td>
<td></td>
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<tr>
<td>RESTROOMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAM TOURS</td>
<td></td>
<td></td>
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<tr>
<td>MARINA FACILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PICNIC AREAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMPGROUNDS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE GO ON TO NEXT PAGE →
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?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PLEASE GO ON TO NEXT PAGE
b) What did you like least about your visit to Everglades National Park?

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20. If you were a manager planning for the future of Everglades National Park, what would you propose? Please be specific.

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21. Is there anything else you and your group would like to tell us about your visit to Everglades National Park?

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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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