Death Valley National Park 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 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 violations 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.

PLEASE GO ON TO NEXT PAGE
Visiting Death Valley National Park

1. How did this visit to Death Valley National Park fit into your travel plans? Please check (✓) only one.
   
   □ THIS WAS THE PRIMARY DESTINATION
   □ THIS WAS ONE OF SEVERAL DESTINATIONS
   □ THIS WAS NOT A PLANNED DESTINATION

2. On the way to or from Death Valley National Park on this trip, did you stop at any of the following cities/towns? Please check (✓) all that apply.
   
   □ LAS VEGAS
   □ RIDGECREST
   □ BEATTY
   □ INDEPENDENCE
   □ TRONA
   □ BIG PINE
   □ LONE PINE
   □ BISHOP
   □ SHOSHONE
   □ BAKER
   □ MAMMOTH LAKES
   □ PAHRUMP
   □ TONOPAH
   □ DEATH VALLEY JUNCTION/AMARGOSA VALLEY

3. On this visit, how much time did you and your group spend at Death Valley National Park?

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

4. a) Please write the name of the place where you first entered Death Valley National Park on this visit.

   _________________________________

   b) Please write the name of the place where you left Death Valley National Park for the last time on this visit.

   _________________________________
5. a) On the map below, please check (✓) the box beside each site which you and your group visited in Death Valley National Park on this visit. If you did not visit a site, leave the box blank.
6. On the list below, please check (√) **all** of the activities that you and your group participated in during this visit to Death Valley National Park.

- SIGHTSEE
- DRIVE UNPAVED ROAD IN 4 WHEEL DRIVE VEHICLE
- DRIVE UNPAVED ROAD IN VEHICLE OTHER THAN 4 WHEEL DRIVE
- HIKE
- PHOTOGRAPHY
- SWIM
- STAR GAZE
- HORSEBACK RIDE
- TENT CAMPING
- RV CAMPING
- BICYCLE
- PLAY GOLF
- GUIDED TOUR OF SCOTTY’S CASTLE
- ATTEND RANGER-LED PROGRAMS
- OTHER (Please describe: ________________________________)

7. On this visit, what were your reasons for visiting Death Valley National Park? Please check (√) **all** that apply.

- SEE DESERT SCENERY
- VIEW/STUDY DESERT PLANTS/ANIMALS
- LEARN DEATH VALLEY HISTORY
- ENJOY RECREATION AT THE RANCH (golf, swim, etc.)
- ENJOY RECREATION IN THE PARK (hike, drive backcountry roads, camp, etc.)
- ENJOY SOLITUDE AND QUIET
- EXPERIENCE WILDERNESS AND OPEN SPACE
- OTHER (Please describe: ________________________________)
### You and Your Opinions

8. On this visit, how many people were in your group (including yourself)?
   
   _____ NUMBER OF PEOPLE

9. a) On this visit, were you with a guided tour group (bus tour, etc.)?
   
   _____ YES    _____ NO

   b) On this visit, were you with a school/educational group?
   
   _____ YES    _____ NO

10. What kind of group were you with? Please check (✓) only one.

     _____ ALONE
     _____ FAMILY
     _____ FRIENDS
     _____ FAMILY AND FRIENDS
     _____ OTHER (Please describe: ____________________________)

11. For you and your group, please indicate:

<table>
<thead>
<tr>
<th></th>
<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>YOURSELF</td>
<td>_____</td>
<td>__________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #2</td>
<td>_____</td>
<td>___________________________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #3</td>
<td>_____</td>
<td>___________________________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #4</td>
<td>_____</td>
<td>___________________________________</td>
<td>_____</td>
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<tr>
<td>MEMBER #5</td>
<td>_____</td>
<td>___________________________________</td>
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</tr>
<tr>
<td>MEMBER #6</td>
<td>_____</td>
<td>___________________________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #7</td>
<td>_____</td>
<td>___________________________________</td>
<td>_____</td>
</tr>
</tbody>
</table>

   PLEASE GO ON TO NEXT PAGE
12. a) Please check (✓) the visitor services and facilities which you and your group used during this visit to Death Valley National Park.

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

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

<table>
<thead>
<tr>
<th>a) Use service/facility?</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARK BROCHURE/ MAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARK NEWSPAPER Visitor Guide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSEUM EXHIBITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER BOOK SALES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESTROOMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAILS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROADS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMPGROUNDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARK DIRECTIONAL SIGNS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GARBAGE COLLECTION/ RECYCLING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LODGING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESTAURANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENERAL STORES/ GIFT SHOPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAS STATIONS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. a) Please rate the importance (from 1 to 5) of the following park features/qualities to your visit to Death Valley National Park.

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

- 1  SCENIC VISTAS
- 2  DESERT EXPERIENCE
- 3  CLEAN AIR
- 4  QUIET
- 5  SOLITUDE
- 6  WILDERNESS/ OPEN SPACE
- 7  STAR GAZING/ NIGHT SKY
- 8  HISTORIC AND PREHISTORIC SITE PRESERVATION

b) Did anything detract from your enjoyment of any of the above features/qualities?

- YES
- NO - GO ON TO QUESTION 14

c) If YES, how? Please explain: ________________________________

14. a) Where did you and your group spend the night before you arrived at Death Valley National Park?

______________________________ NEAREST TOWN
______________________________ STATE

b) Where do you and your group plan to spend the night when you leave Death Valley National Park?

______________________________ NEAREST TOWN
______________________________ STATE

PLEASE GO ON TO NEXT PAGE
15. a) How many nights did you and your group stay in Death Valley National Park on this visit? Please write "0" if you did not stay overnight.

b) How many nights did you and your group stay in the Death Valley area (within a 4 hour drive of the park) on this trip? Please write "0" if you did not stay overnight.

<table>
<thead>
<tr>
<th>a) Number of nights inside park</th>
<th>b) Number of nights outside park (within 4 hr. drive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTEL</td>
<td></td>
</tr>
<tr>
<td>RV CAMPGROUND</td>
<td></td>
</tr>
<tr>
<td>TENT CAMPGROUND</td>
<td></td>
</tr>
<tr>
<td>OTHER (Please specify: __________)</td>
<td></td>
</tr>
</tbody>
</table>

16. On this visit, how much money did you and your group spend for lodging, travel, food and "other" items in Death Valley National Park and in the area (within a 4 hour drive of the park)? Please write "0" if you did not spend any money.

<table>
<thead>
<tr>
<th>Inside Death Valley NP</th>
<th>Outside the park (within 4 hrs. drive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LODGING (motel, camping, etc.)</td>
<td></td>
</tr>
<tr>
<td>TRAVEL (gas, car rental, etc.)</td>
<td></td>
</tr>
<tr>
<td>FOOD (restaurant, groceries, etc.)</td>
<td></td>
</tr>
<tr>
<td>OTHER (film, souvenirs, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

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

  VERY GOOD  GOOD  AVERAGE  POOR  VERY POOR

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

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

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

20. Is there anything else you and your group would like to tell us about your visit to Death Valley National Park?

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

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