

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 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.

PLEASE GO ON TO NEXT PAGE



4

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 to 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.

PLEASE GO ON TO NEXT PAGE



6

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:

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

PLEASE GO ON TO NEXT PAGE



8

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.

a) Use service/facility?

**b) If used,
how important?**

**c) If used,
what quality?**

Check (✓)

Not Extremely
important important
1 2 3 4 5

Very Very
poor good
1 2 3 4 5

_____ PARK BROCHURE/ MAP	_____	_____
_____ PARK NEWSPAPER <i>Visitor Guide</i>	_____	_____
_____ MUSEUM EXHIBITS	_____	_____
_____ VISITOR CENTER	_____	_____
_____ VISITOR CENTER BOOK SALES	_____	_____
_____ RESTROOMS	_____	_____
_____ TRAILS	_____	_____
_____ ROADS	_____	_____
_____ CAMPGROUNDS	_____	_____
_____ PARK DIRECTIONAL SIGNS	_____	_____
_____ GARBAGE COLLECTION/ RECYCLING	_____	_____
_____ LODGING	_____	_____
_____ RESTAURANTS	_____	_____
_____ GENERAL STORES/ GIFT SHOPS	_____	_____
_____ GAS STATIONS	_____	_____

13. a) Please rate the importance (from 1 to 5) of the following park features/ qualities to your visit to Death Valley National Park.

How important?

Not				Extremely
important				important
1	2	3	4	5

- _____ SCENIC VISTAS
- _____ DESERT EXPERIENCE
- _____ CLEAN AIR
- _____ QUIET
- _____ SOLITUDE
- _____ WILDERNESS/ OPEN SPACE
- _____ STAR GAZING/ NIGHT SKY
- _____ 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 

10

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.

a) Number of nights
inside park

b) Number of nights
outside park
(within 4 hr. drive)

_____	MOTEL	_____
_____	RV CAMPGROUND	_____
_____	TENT CAMPGROUND	_____
_____	OTHER (Please specify: _____)	_____

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.

**Inside
Death Valley NP**

**Outside the park
(within 4 hrs. drive)**

_____	LODGING (motel, camping, etc.)	_____
_____	TRAVEL (gas, car rental, etc.)	_____
_____	FOOD (restaurant, groceries, etc.)	_____
_____	OTHER (film, souvenirs, etc.)	_____

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.



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