

Virgin Islands 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, 1024-019, Washington, D.C. 20503.

PLEASE GO ON TO NEXT PAGE



4

YOUR VISIT TO VIRGIN ISLANDS NATIONAL PARK

1. Prior to your visit to Virgin Islands National Park, how did you and your group get information about the park? Please check (✓) **all** that apply.

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

_____ TRAVEL GUIDE/TOUR BOOK

_____ MAP/BROCHURE

_____ FRIENDS/RELATIVES

_____ PREVIOUS VISIT(S)

_____ NEWSPAPER/MAGAZINE

_____ TV/RADIO

_____ TOURIST INFORMATION AT HOTEL/MOTEL

_____ INTERNET

_____ TELEPHONE OR WRITTEN INQUIRY TO THE PARK

_____ TOURIST INFORMATION AT ST. THOMAS AIRPORT

_____ TOUR DIRECTOR (cruise ship, bus or other organized group)

_____ ISLAND RESIDENTS

_____ OTHER (Please specify: _____)

2. a) On this visit, how much time did you and your group spend on St. John?

If **less** than 24 hours: _____ NUMBER OF HOURS

If 24 hours **or more**: _____ NUMBER OF DAYS

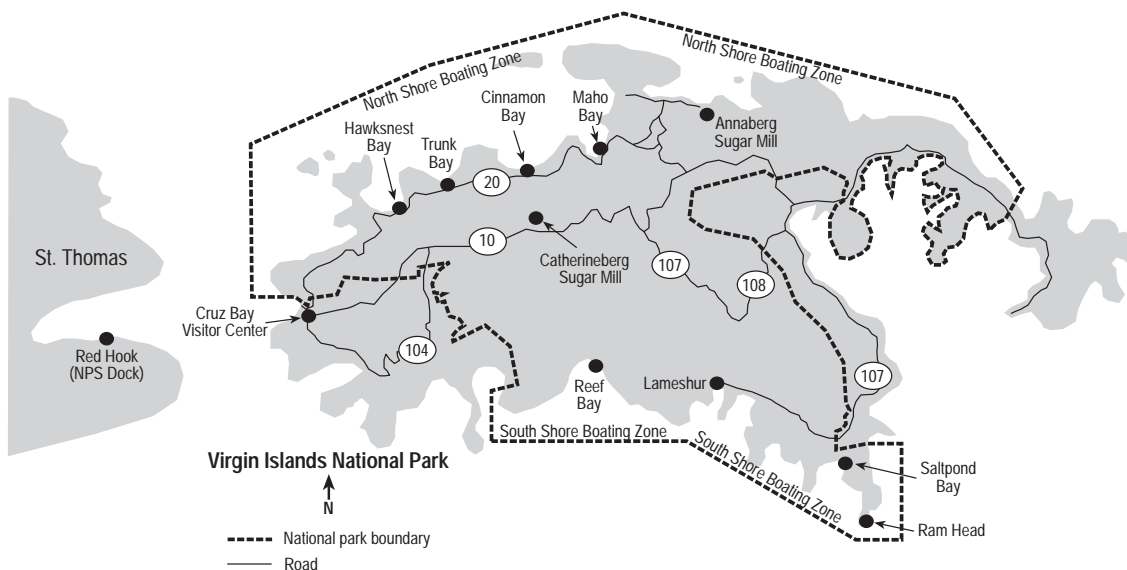
- b) On this visit, how much time did you and your group spend in Virgin Islands National Park?

If **less** than 24 hours: _____ NUMBER OF HOURS

If 24 hours **or more**: _____ NUMBER OF DAYS

3. On the list below, please mark all of the sites you and your group visited in Virgin Islands National Park on this visit. Please check (✓) the line beside each place you visited. Use the map below to help you locate the sites.

- | | |
|--------------------------------|---------------------------|
| _____ CRUZ BAY VISITOR CENTER | _____ RED HOOK (NPS dock) |
| _____ TRUNK BAY | _____ HAWKSNEST BAY |
| _____ ANNABERG SUGAR MILL | _____ CINNAMON BAY |
| _____ CATHERINEBERG SUGAR MILL | _____ MAHO BAY |
| _____ SALTPOND BAY | _____ LAMESHUR |
| _____ NORTH SHORE BOATING ZONE | _____ RAM HEAD |
| _____ SOUTH SHORE BOATING ZONE | _____ REEF BAY |



PLEASE GO ON TO NEXT PAGE



6

4. On this visit, which of the following was your primary destination? Please check (√) only **one**.

_____ ST. JOHN
_____ VIRGIN ISLANDS NATIONAL PARK
_____ NEITHER

YOUR ACTIVITIES

5. On the list below, please check (√) **all** of the activities that you and your group participated in at Virgin Islands National Park during this visit.

_____ SAILING	_____ POWER BOATING
_____ SNORKELING	_____ SCUBA DIVING
_____ SUNBATHING	_____ SWIMMING
_____ FISHING	_____ VISITING VISITOR CENTER
_____ VISITING RUINS	_____ PICNICKING
_____ PHOTOGRAPHY	_____ CAMPING
_____ HIKING/WALKING	_____ ATTENDING RANGER-LED WALK/TALK
_____ OTHER (Please describe:_____)	

6. On this visit, what forms of transportation did you and your group use to get around in Virgin Islands National Park? Please check (√) **all** that apply.

_____ BOAT	_____ TAXI
_____ RENTAL VEHICLE	_____ PERSONAL VEHICLE
_____ OPEN AIR SAFARI BUS TOUR	
_____ OTHER (Please specify:_____)	

YOU AND YOUR OPINIONS

7. On this visit, how many people were in your group?

_____ NUMBER OF PEOPLE

8. a) On this visit, did you arrive on a cruise ship?

_____ YES _____ NO

b) On this visit, were you with an organized tour group?

_____ YES _____ NO

9. On this visit, what kind of group were you with? If you were on a cruiseship, please list your immediate group, not all the ship's passengers. Please check (✓) only **one**.

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

10. 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

11. Please list the place of birth for the individuals in your group. Please check (√) **all** that apply.

_____ DO NOT WISH TO ANSWER
_____ U.S. VIRGIN ISLANDS
_____ BRITISH VIRGIN ISLANDS
_____ OTHER CARRIBEAN ISLAND
_____ CONTINENTAL UNITED STATES
_____ OTHER (Please specify:_____)

12. On this visit, what were you and your group's reasons for visiting Virgin Islands National Park? Please check (√) **all** that apply.

_____ PART OF PACKAGE TOUR
_____ LEARN ABOUT HISTORY
_____ VISIT A NATIONAL PARK AREA
_____ ATTEND INTERPRETIVE/RANGER PROGRAMS
_____ PURCHASE SOUVENIRS/GIFTS
_____ ENJOY RECREATION (sunbathe, swim, snorkel, fish, boat, etc.)
_____ VISIT AN INTERNATIONAL BIOSPHERE RESERVE
_____ SEEK QUIET/SOLITUDE
_____ VIEW SCENERY
_____ OTHER (Please specify:_____)

13. During this trip, how much money did you and your group spend for lodging, travel, food and other items while on St. John? Please write "0" if you and your group did not spend any money.

Money spent while on St. John

LODGING (motel, camping, etc.)	\$_____
TRAVEL (gas, bus fare, etc.)	\$_____
FOOD (restaurant, groceries, etc.)	\$_____
OTHER (recreation, film, gifts, etc.)	\$_____

14. a) Please check (✓) the visitor services and facilities which you and your group **used** during this visit to Virgin Islands 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.

Use service/ facility? quality? Check (✓)	If used, how important?					If used, what				
	Not important			Extremely important		Very poor			Very good	
	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/MAP						_____				
_____ PARK NEWSPAPER (Virgin Island NP News)						_____				
_____ VISITOR CENTER INFORMATION DESK						_____				
_____ VISITOR CENTER BOOK SALES AREA						_____				
_____ VISITOR CENTER EXHIBITS						_____				
_____ BULLETIN BOARDS						_____				
_____ RANGER-LED PROGRAMS						_____				
_____ UNIFORMED PARK STAFF						_____				
_____ MOORING BUOYS						_____				
_____ CINNAMON BAY CAMPGROUND						_____				
_____ TRUNK BAY CONCESSION AREA (snack bar, snorkel gear rental, gift shop)						_____				
_____ TRUNK BAY RESTROOM/CHANGE AREA						_____				
_____ TRAILS						_____				

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

VERY GOOD GOOD AVERAGE POOR VERY POOR

PLEASE GO ON TO NEXT PAGE



Issues

16. If it would increase funds to operate Virgin Islands National Park, would you be willing to pay modest fees for the following services? Please check (√) **all** of the fees that you would be willing to pay. For each fee you are willing to pay, what price is appropriate?

√ **Fee you would be willing to pay** _____ **What is appropriate fee?**

_____ NONE - - - **GO ON TO QUESTION 17**

_____ PARK ENTRANCE FEE \$ _____

_____ PARKING LOT FEE \$ _____

_____ BOAT MOORING FEE \$ _____

_____ INTERPRETIVE RANGER PROGRAM FEE \$ _____

_____ BEACH USER FEE \$ _____

_____ BEACH PAVILION USE FEE (Hawksnest, Trunk or Maho) \$ _____

_____ HISTORICAL SITE ENTRANCE FEE \$ _____

_____ CRUISE SHIP PASSENGER USER FEE \$ _____

_____ FEE FOR CONDUCTING IN-PARK RESEARCH
(historical, cultural, natural resources) \$ _____

_____ OTHER (Please specify: _____) \$ _____

17. On a future visit to St. John, how would you and your group prefer to learn about the cultural and natural history of Virgin Islands National Park? Please check (√) **all** that apply.

_____ PRINTED MATERIALS (books, brochures, maps, etc.)

_____ AUDIO-VISUAL PROGRAMS (videos, movies, slide shows, etc.)

_____ RANGER-GUIDED WALKS/TOURS

_____ RANGER-LED EVENING PROGRAMS AT CAMPGROUND

_____ ROVING RANGERS AVAILABLE TO ANSWER QUESTIONS

_____ VISITOR CENTER PERSONNEL

_____ VISITOR CENTER EXHIBITS

_____ TRAILSIDE EXHIBITS

_____ OTHER (Please specify: _____)

18. On a future visit to Virgin Islands National Park, what subjects would you be most interested in learning about? Please check (✓) **all** that apply.

- ISLAND HISTORY
- ISLAND CULTURE (foods, crafts, stories, music, etc.)
- MARINE ECOLOGY (reefs, seagrass beds, fish, etc.)
- TERRESTRIAL ECOLOGY (plants, animals, birds, etc.)
- ISLAND GEOLOGY
- RESEARCH STUDIES IN THE PARK
- FISHING
- OTHER (Please specify: _____)

19. If you were a manager planning for the future of Virgin Islands 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 Virgin Islands 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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OFFICIAL BUSINESS

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