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.
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
- ✓ TRUNK BAY
- ✓ ANNABERG SUGAR MILL
- ✓ CATHERINEBERG SUGAR MILL
- ✓ SALTPOND BAY
- ✓ NORTH SHORE BOATING ZONE
- ✓ SOUTH SHORE BOATING ZONE
- ✓ RED HOOK (NPS dock)
- ✓ HAWKSNEST BAY
- ✓ CINNAMON BAY
- ✓ MAHO BAY
- ✓ LAMESHUR
- ✓ RAM HEAD
- ✓ REEF BAY

PLEASE GO ON TO NEXT PAGE
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 cruise ship, 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
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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>LODGING (motel, camping, etc.)</td>
<td>$_________</td>
</tr>
<tr>
<td>TRAVEL (gas, bus fare, etc.)</td>
<td>$_________</td>
</tr>
<tr>
<td>FOOD (restaurant, groceries, etc.)</td>
<td>$_________</td>
</tr>
<tr>
<td>OTHER (recreation, film, gifts, etc.)</td>
<td>$_________</td>
</tr>
</tbody>
</table>
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.

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

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?

<table>
<thead>
<tr>
<th>Fee you would be willing to pay</th>
<th>What is appropriate fee?</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| ✓ NONE | ---

- 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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