

# Mojave National Preserve 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 authorizes 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**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 Office of Information and Regulatory Affairs of OMB, Attention Desk Officer for the Interior Department, Office of Management and Budget, Washington, D.C. 20503; and to the Information Collection Clearance Officer, Audits and Accountability Team, National Park Service, P.O. Box 37127, Washington, D.C. 20013-7127.

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## YOUR VISIT TO MOJAVE NATIONAL PRESERVE

1. On this trip to Mojave National Preserve, what other places have you visited or do you plan to visit? Please check (✓) **all** that apply.

\_\_\_\_\_ LAS VEGAS, NV

\_\_\_\_\_ GRAND CANYON NATIONAL PARK, AZ

\_\_\_\_\_ LAKE MEAD NATIONAL RECREATION AREA, NV

\_\_\_\_\_ DEATH VALLEY NATIONAL PARK, CA

\_\_\_\_\_ JOSHUA TREE NATIONAL PARK, CA

\_\_\_\_\_ DESERT INFORMATION CENTER IN BARSTOW, CA

\_\_\_\_\_ FACTORY OUTLET MALL IN BARSTOW, CA

\_\_\_\_\_ BAKER, CA

\_\_\_\_\_ NEEDLES, CA

\_\_\_\_\_ NIPTON, CA

\_\_\_\_\_ CALICO GHOST TOWN, CA

\_\_\_\_\_ BUREAU OF LAND MANAGEMENT OFF HIGHWAY OPEN AREAS (Rasor, Dumont Dunes, Stoddard Valley, etc.)

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

2. a) Where did you and your group start your trip on the day you visited Mojave National Preserve?

\_\_\_\_\_ NEAREST TOWN

\_\_\_\_\_ STATE

- b) Where do you and your group plan to spend the night when you leave Mojave National Preserve?

\_\_\_\_\_ NEAREST TOWN

\_\_\_\_\_ STATE

## YOUR ACTIVITIES

3. On the list below, please check (✓) **all** of the activities that you and your group participated in at Mojave National Preserve during this visit.

\_\_\_\_\_ DRIVE-THROUGH - (shortcut between Southern California and Las Vegas without stopping) - **GO ON TO QUESTION 4**

\_\_\_\_\_ SIGHTSEE

\_\_\_\_\_ DAY HIKE

\_\_\_\_\_ CAMP IN DEVELOPED CAMPGROUND

\_\_\_\_\_ CAMP ALONG ROADSIDE

\_\_\_\_\_ OVERNIGHT BACKPACK

\_\_\_\_\_ BICYCLE

\_\_\_\_\_ HORSEBACK RIDE

\_\_\_\_\_ ROCK CLIMB

\_\_\_\_\_ VIEW PETROGLYPHS/ROCK ART

\_\_\_\_\_ DRIVE ON PAVED ROADS

\_\_\_\_\_ DRIVE ON UNPAVED ROADS

\_\_\_\_\_ NATURE STUDY (observe wildlife, view wildflowers, etc.)

\_\_\_\_\_ VISIT MINE RUINS/HISTORIC SITES

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

4. On this visit, how much time did you and your group spend at Mojave National Preserve?

If **less** than 24 hours: \_\_\_\_\_ NUMBER OF HOURS

If 24 hours **or more**: \_\_\_\_\_ NUMBER OF DAYS

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5. a) On the list below, please mark the sites you and your group visited at Mojave National Preserve during this trip. Simply check the line beside each place you visited. Use the map below to help you locate the sites.

- |   |                    |
|---|--------------------|
| _____ CLARK MOUNTAIN AREA                 | _____ ROCK SPRINGS |
| _____ CARUTHERS CANYON                    | _____ MOJAVE ROAD  |
| _____ WILD HORSE CANYON ROAD              | _____ ZZYZX        |
| _____ MID HILLS CAMPGROUND                | _____ FORT PIUTE   |
| _____ HOLE-IN-THE-WALL CAMPGROUND         | _____ KELSO DEPOT  |
| _____ PROVIDENCE/MITCHELL CAVERNS         | _____ KELSO DUNES  |
| _____ TEUTONIA PEAK/CIMA DOME             |                    |
| _____ MID HILLS TO HOLE-IN-THE-WALL TRAIL |                    |

- b) Where did you and your group first enter Mojave National Preserve? Using the map below, please circle the number where you first entered.

1            2            3            4            5            6

- c) Where did you and your group leave Mojave National Preserve? Using the map below, please circle the number of the site where you left the preserve.

1            2            3            4            5            6

**YOU AND YOUR OPINIONS**

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

\_\_\_\_\_ NUMBER OF PEOPLE

7. a) On this visit, were you with an organized tour group?

\_\_\_\_\_ YES \_\_\_\_\_ NO

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

\_\_\_\_\_ YES \_\_\_\_\_ NO

8. On this visit, what kind of group were you with? Please check (✓) only **one**.

\_\_\_\_\_ ALONE

\_\_\_\_\_ FAMILY

\_\_\_\_\_ FRIENDS

\_\_\_\_\_ FAMILY AND FRIENDS

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

9. For you and your group, please indicate:

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

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10. a) Please check (√) the visitor services and facilities which you and your group **used** during this visit to Mojave National Preserve.
- 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/<br>facility?<br><br>Check (√) | If used,<br>how important? |   |                  |   |   | If used,<br>what quality? |   |              |   |   |
|--|----------------------------|---|------------------|---|---|---------------------------|---|--------------|---|---|
|  | Very<br>important          |   | Not<br>important |   |   | Very<br>good              |   | Very<br>poor |   |   |
|  | 1                          | 2 | 3                | 4 | 5 | 1                         | 2 | 3            | 4 | 5 |
| _____ PARK BROCHURE/MAP                    | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ HOLE-IN-THE-WALL VISITOR CENTER      | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ BAKER VISITOR CENTER                 | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ ASSISTANCE FROM PARK EMPLOYEES       | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ RANGER-LED PROGRAMS                  | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ WEATHER INFORMATION                  | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ SAFETY INFORMATION BROCHURES         | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ ROADSIDE EXHIBITS                    | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ DIRECTIONAL SIGNS                    | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ TRAILS                               | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ ROADS                                | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ RESTROOMS                            | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ PICNIC AREA                          | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ TENT CAMPING                         | _____                      |   |                  |   |   | _____                     |   |              |   |   |
| _____ RV CAMPING                           | _____                      |   |                  |   |   | _____                     |   |              |   |   |



11. During this visit to Mojave National Preserve, approximately how much money did you and your group spend for lodging, travel, food, and other items within a one hour drive of Mojave National Preserve? The area within a one hour drive includes Shoshone, Primm (State Line), Needles, Laughlin, Barstow, and Twentynine Palms, but not Las Vegas. Please write "0" if you and your group did not spend any money.

|   | Money spent<br>within 1 hr. drive of preserve |
|---|---|
| LODGING (hotel, motel, camping, etc.)             | \$ _____                                      |
| TRAVEL (gas, car rental, etc.)                    | \$ _____                                      |
| FOOD (restaurant, groceries, etc.)                | \$ _____                                      |
| OTHER (souvenirs, books, maps, film, gifts, etc.) | \$ _____                                      |

### Issues

12. If it would increase funds to operate Mojave National Preserve, would you be willing to pay an entrance fee of \$5 to \$10 per vehicle on a future visit?

YES                     
  NO                     
  NOT SURE

13. Please use the scale below to rate from 1 to 4 whether you and your group felt that the park was crowded in the number of people or vehicles present during your trip. Circle the appropriate answer.

|                    | How crowded?          |   |   |                      |               |
|--------------------|-----------------------|---|---|----------------------|---------------|
|                    | Not at all<br>crowded |   |   | Extremely<br>crowded | Don't<br>know |
| NUMBER OF PEOPLE   | 1                     | 2 | 3 | 4                    | DK            |
| NUMBER OF VEHICLES | 1                     | 2 | 3 | 4                    | DK            |

14. a) Please rate (from 1 to 5) how safe you and your group felt while visiting Mojave National Preserve, by circling the number on the scale below.

Very safe                      Very unsafe  
 1                      2                      3                      4                      5

b) If you felt unsafe, why? Please explain: \_\_\_\_\_

\_\_\_\_\_

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15. Please rate the importance (from 1 to 5) of the following park features or qualities to you and your group during this visit to Mojave National Preserve.

| <b>How important?</b>                  | <b>Not important</b> | <b>2</b> | <b>Important</b> | <b>4</b> | <b>Extremely important</b> |
|--|----------------------|----------|------------------|----------|----------------------------|
| SCENIC VISTAS                          | 1                    | 2        | 3                | 4        | 5                          |
| DESERT EXPERIENCE                      | 1                    | 2        | 3                | 4        | 5                          |
| VIEWING WILDLIFE                       | 1                    | 2        | 3                | 4        | 5                          |
| VIEWING WILDFLOWERS                    | 1                    | 2        | 3                | 4        | 5                          |
| CLEAN AIR                              | 1                    | 2        | 3                | 4        | 5                          |
| SOLITUDE/QUIET                         | 1                    | 2        | 3                | 4        | 5                          |
| WILDERNESS/OPEN SPACE                  | 1                    | 2        | 3                | 4        | 5                          |
| STARGAZING/NIGHT SKY                   | 1                    | 2        | 3                | 4        | 5                          |
| HISTORIC/PREHISTORIC SITE PRESERVATION | 1                    | 2        | 3                | 4        | 5                          |
| TOURING 4X4 BACKCOUNTRY UNPAVED ROADS  | 1                    | 2        | 3                | 4        | 5                          |
| HUNTING                                | 1                    | 2        | 3                | 4        | 5                          |

16. Mojave National Preserve is a new preserve with limited facilities. Please check (√) whether you would like to see more, less, or the present number of the following facilities on a future visit.

| <b>Facility</b>   | <b>More</b> | <b>Present ok</b> | <b>Less</b> | <b>Don't know</b> |
|-------------------|-------------|-------------------|-------------|-------------------|
| VISITOR CENTERS   | _____       | _____             | _____       | _____             |
| RESTROOMS         | _____       | _____             | _____       | _____             |
| CAMPGROUNDS       | _____       | _____             | _____       | _____             |
| PICNIC AREAS      | _____       | _____             | _____       | _____             |
| ROADS             | _____       | _____             | _____       | _____             |
| PULLOUTS          | _____       | _____             | _____       | _____             |
| DIRECTIONAL SIGNS | _____       | _____             | _____       | _____             |
| ROADSIDE EXHIBITS | _____       | _____             | _____       | _____             |
| TRAILS            | _____       | _____             | _____       | _____             |

17. If you were a manager planning for the future of Mojave National Preserve what would you propose? Please be specific.

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18. Is there anything else you and your group would like to tell us about your visit to Mojave National Preserve?

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

VERY GOOD      GOOD      AVERAGE      POOR      VERY  
POOR

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**

**Visitor Services Project  
Cooperative Park Studies Unit  
Department of Forest Resources  
College of Forestry, Wildlife and  
Range Sciences  
University of Idaho  
Moscow, Idaho 83844-1133**