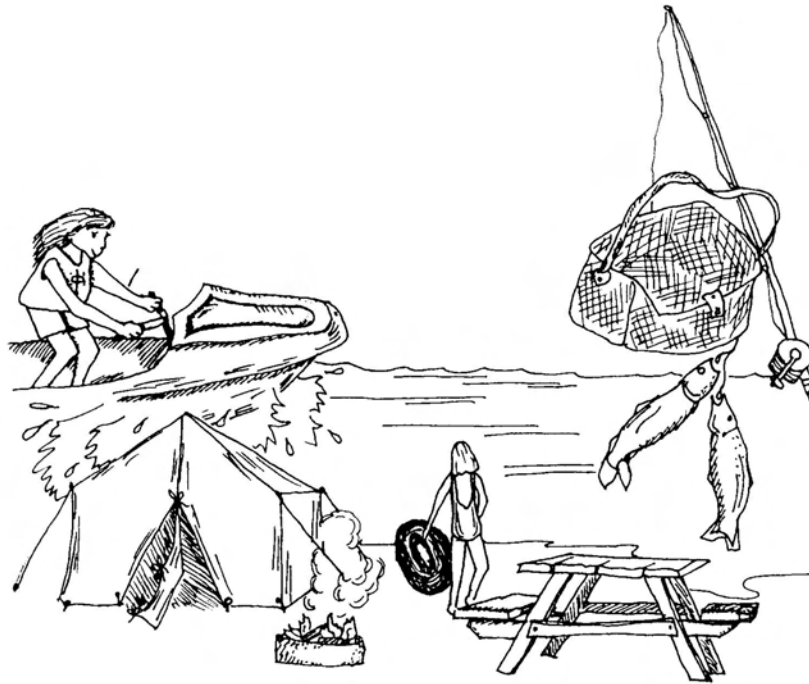


# Whiskeytown National Recreation Area Visitor Study



**The  
Visitor Services  
Project**

Superintendent letter to go here

**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, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

PLEASE GO ON TO NEXT PAGE



4

### VISITING WHISKEYTOWN NATIONAL RECREATION AREA

1. Prior to your visit, were you aware that Whiskeytown National Recreation Area is administered by the National Park Service?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      \_\_\_\_\_ NOT SURE

2. On this trip, how much time did you and your group spend in Whiskeytown National Recreation Area?

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

If 24 hours or **more**:                      \_\_\_\_\_ NUMBER OF DAYS  
(Please list partial days as 1/4, 1/2, etc.)

3. Please circle all of the seasons during which you have visited Whiskeytown National Recreation Area in the past.

SPRING                      SUMMER                      FALL                      WINTER  
(April-May)                      (June-August)                      (September-November)                      (December-March)

4. a) On this visit to Whiskeytown National Recreation Area, did you go to the visitor center?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      - **GO ON TO QUESTION 5**

[

- b) If YES, what were your reasons for visiting the visitor center? Please check (✓) **all** that apply.

\_\_\_\_\_ OBTAIN INFORMATION FROM PARK STAFF

\_\_\_\_\_ VIEW THE EXHIBITS

\_\_\_\_\_ OBTAIN A MAP

\_\_\_\_\_ USE THE RESTROOMS

\_\_\_\_\_ USE THE TELEPHONE

\_\_\_\_\_ PURCHASE BOOKS AND SALES ITEMS

\_\_\_\_\_ PAY USER FEE / PURCHASE PARK PASS

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

5. a) On the list below, please check (✓) **all** of the activities that you and your group participated in **during this visit** to Whiskeytown.
- b) On the list below, please check (✓) **all** of the activities that you and your group have participated in **during previous visits** to Whiskeytown.

**a) This visit (✓)** \_\_\_\_\_ **b) Previous visits (✓)** \_\_\_\_\_

\_\_\_\_\_ ATTEND RANGER-LED ACTIVITY \_\_\_\_\_  
(Interpretive talks, guided walks, etc.)

\_\_\_\_\_ VISIT HISTORIC SITES \_\_\_\_\_

\_\_\_\_\_ SWIM / SUNBATHE \_\_\_\_\_

\_\_\_\_\_ FISH \_\_\_\_\_

\_\_\_\_\_ SAIL \_\_\_\_\_

\_\_\_\_\_ JET SKI \_\_\_\_\_

\_\_\_\_\_ MOTORBOAT \_\_\_\_\_

\_\_\_\_\_ WATER SKI \_\_\_\_\_

\_\_\_\_\_ HIKE \_\_\_\_\_

\_\_\_\_\_ CAMP \_\_\_\_\_

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

\_\_\_\_\_ MOUNTAIN BIKE \_\_\_\_\_

\_\_\_\_\_ EXERCISE (run, walk, etc.) \_\_\_\_\_

\_\_\_\_\_ PICNIC \_\_\_\_\_

\_\_\_\_\_ OTHER - Please describe below: \_\_\_\_\_

( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
this visit previous visits

**PLEASE GO ON TO NEXT PAGE**



6

6. a) On the list below, please check (✓) **all** of the places that you and your group visited **during this visit** to Whiskeytown. Use the map to help you locate where you traveled.
- b) On the list below, please check (✓) **all** of the places that you and your group have visited **during previous visits** to Whiskeytown. Use the map to help you locate where you traveled.

**a) This visit (✓)** \_\_\_\_\_ **b) Previous visits (✓)** \_\_\_\_\_

\_\_\_\_\_ VISITOR CENTER \_\_\_\_\_

\_\_\_\_\_ TOWER HOUSE HISTORIC DISTRICT \_\_\_\_\_  
(Camden House, El Dorado Mine)

\_\_\_\_\_ CARR POWERHOUSE \_\_\_\_\_

\_\_\_\_\_ DRY CREEK GROUP CAMPING AREA \_\_\_\_\_

\_\_\_\_\_ BRANDY CREEK MARINA \_\_\_\_\_

\_\_\_\_\_ BRANDY CREEK BEACH \_\_\_\_\_

\_\_\_\_\_ EAST BEACH \_\_\_\_\_

\_\_\_\_\_ WHISKEY CREEK GROUP PICNIC AREA \_\_\_\_\_

\_\_\_\_\_ WHISKEY CREEK BOAT LAUNCH \_\_\_\_\_

\_\_\_\_\_ OAK BOTTOM BEACH \_\_\_\_\_

\_\_\_\_\_ OAK BOTTOM MARINA \_\_\_\_\_

\_\_\_\_\_ OTHER LAKESHORE AREAS \_\_\_\_\_  
(Third Pond, Spring Creek, the dam area, etc.)

\_\_\_\_\_ N.E.E.D. CAMP \_\_\_\_\_

\_\_\_\_\_ BACKCOUNTRY ZONE A \_\_\_\_\_

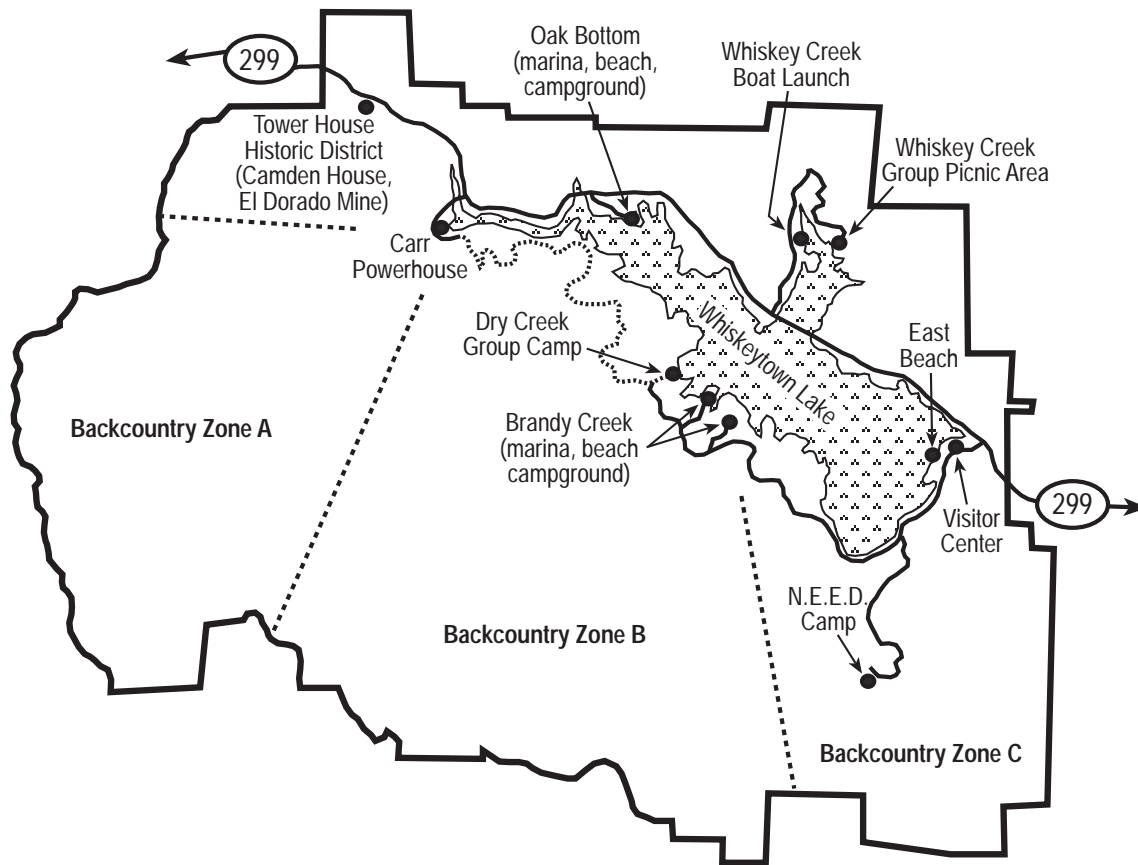
\_\_\_\_\_ BACKCOUNTRY ZONE B \_\_\_\_\_

\_\_\_\_\_ BACKCOUNTRY ZONE C \_\_\_\_\_

\_\_\_\_\_ OTHER - Please describe below: \_\_\_\_\_

( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
this visit previous visits

**Whiskeytown Unit**  
Whiskeytown-Shasta-Trinity National Recreation Area



7. a) At any time during your visit, did you and your group need or want additional information about the park but were unable to obtain it?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO      - **GO ON TO QUESTION 8**

b) If YES, what was the information you needed?  
 \_\_\_\_\_

c) By what method would you have liked to receive the information?

\_\_\_\_\_ PARK STAFF PERSON

\_\_\_\_\_ EXHIBIT PANEL

\_\_\_\_\_ BROCHURE OR OTHER TYPE OF PUBLICATION

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

**PLEASE GO ON TO NEXT PAGE** 

8

### YOU AND YOUR OPINIONS

8. On this visit, how many people were in your **immediate** group, including yourself?

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

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

\_\_\_\_\_ ALONE

\_\_\_\_\_ FAMILY

\_\_\_\_\_ FRIENDS

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

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

10. For you and each member of your group on this visit, please indicate:

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



11. a) Please check (✓) the visitor services and facilities which you or your group **used** at Whiskeytown National Recreation Area during this visit.
- b) Next, for only those services and facilities which you or 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) Used facility/service in Whiskeytown NRA? Check (✓)	b) If used, how important?					c) If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
	1	2	3	4	5	1	2	3	4	5
_____ RESTROOMS										
_____ TRAILS										
_____ PICNIC AREAS										
_____ PARKING AREAS										
_____ HANDICAPPED ACCESSIBILITY										
_____ ROADS										
_____ BOAT RENTALS										
_____ CAMPGROUNDS										
_____ FOOD SERVICES										
_____ LIFEGUARDS										
_____ LAW ENFORCEMENT PATROLS										
_____ BOAT LAUNCHES / DOCKS										
_____ GARBAGE / LITTER COLLECTION										
_____ NAVIGATIONAL AIDS (buoys, etc.)										
_____ EMERGENCY SERVICES										

PLEASE GO ON TO NEXT PAGE 

10

12. a) Please check (✓) the information services which you or your group **used** at Whiskeytown National Recreation Area during this visit.
- b) Next, for only those information services which you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those information services which you or your group used, please rate their **quality** from 1-5.

a) Used information service in Whiskeytown NRA?	b) If used, how important?					c) If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
Check (✓)	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE / MAP										
_____ OTHER INFORMATIONAL BROCHURES										
_____ INFORMATION FROM PARK STAFF										
_____ VISITOR CENTER SALES PUBLICATIONS										
_____ VISITOR CENTER EXHIBITS										
_____ RANGER-LED PROGRAMS										
_____ BULLETIN BOARDS										
_____ TRAIL SIGNS										
_____ ROADSIDE EXHIBITS										
_____ ROAD SIGNS										

13. a) Were the facilities at Whiskeytown National Recreation Area (restrooms, beaches, campgrounds, boat launches, etc.) adequate for the purposes of your visit to the park?

\_\_\_\_\_ NO      \_\_\_\_\_ YES      - **GO ON TO QUESTION 14**

- b) If NO, please explain why the facilities were not adequate.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. For each of the following features or qualities of Whiskeytown National Recreation Area, please rate its importance (from 1 to 5) to you and your group during this visit. Please circle **one** answer for each feature or quality.

How important?	Not important		Extremely important			Don't know
PLANTS AND ANIMALS	1	2	3	4	5	0
HISTORIC SITES	1	2	3	4	5	0
MOTORIZED WATER RECREATION (motorboating, jet skiing, waterskiing, etc.)	1	2	3	4	5	0
NON-MOTORIZED WATER RECREATION (swimming, sailing, canoeing, SCUBA, etc.)	1	2	3	4	5	0
FRONTCOUNTRY RECREATION (picnicking, camping at campground, etc.)	1	2	3	4	5	0
BACKCOUNTRY RECREATION (hiking, backpacking, horseback riding, etc.)	1	2	3	4	5	0
SCENIC VIEWS	1	2	3	4	5	0
SOLITUDE AND QUIET	1	2	3	4	5	0

15. During this trip, how much money (for lodging, travel, food, and other items) did you and your group spend in the **area** around Whiskeytown National Recreation Area (within 50 miles of the park including Weaverville, Red Bluff, and Redding)? Please write "0" if you and your group did not spend any money.

Local residents should only include expenditures that were **directly related** to this visit to the park.

	Money spent within 50 miles of Whiskeytown
LODGING (hotel, motel, campsite, etc.)	\$ _____
TRAVEL (gas, bus fare, etc.)	\$ _____
FOOD (restaurant, groceries, etc.)	\$ _____
OTHER (recreation, film, gifts, etc.)	\$ _____

PLEASE GO ON TO NEXT PAGE



12

16. On a future visit to Whiskeytown National Recreation Area, what subjects would you be most interested in learning about? Please check (✓) **all** that apply.

\_\_\_\_\_ NOT INTERESTED IN LEARNING ABOUT PARK – **GO ON TO QUESTION 17**

\_\_\_\_\_ GOLD RUSH HISTORY

\_\_\_\_\_ NATIVE AMERICAN CULTURE

\_\_\_\_\_ ECOSYSTEMS (plants, animals, etc.)

\_\_\_\_\_ RESEARCH STUDIES IN PARK

\_\_\_\_\_ WATERSHED RESTORATION / WATER QUALITY

\_\_\_\_\_ FIRE MANAGEMENT / PRESCRIBED BURNING

\_\_\_\_\_ AIR QUALITY

\_\_\_\_\_ WILDLIFE MANAGEMENT

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

17. On a future visit to Whiskeytown National Recreation Area, how would you and your group prefer to learn about the park's natural and cultural resources? 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

\_\_\_\_\_ ROADSIDE / TRAILSIDE EXHIBITS

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

18. Whiskeytown National Recreation Area managers are planning visitor services and facilities for the future. Please check (✓) whether you would like to see more, less, or the present number of the following services and facilities on a future visit.

<b>Facility</b>	<b>More</b>	<b>Present OK</b>	<b>Less</b>	<b>Don't know</b>
RESTROOMS	_____	_____	_____	_____
CAMPING OPPORTUNITIES	_____	_____	_____	_____
SWIM BEACHES	_____	_____	_____	_____
PICNIC AREAS	_____	_____	_____	_____
TRAILS	_____	_____	_____	_____
SIGNS (road and trail)	_____	_____	_____	_____
PARKING AREAS	_____	_____	_____	_____
BOAT LAUNCHES / RAMPS	_____	_____	_____	_____
LAW ENFORCEMENT PATROLS	_____	_____	_____	_____
RANGER-LED PROGRAMS	_____	_____	_____	_____
EXHIBITS	_____	_____	_____	_____
INFORMATION SERVICES (brochures, visitor center hours, etc.)	_____	_____	_____	_____

19. Whiskeytown National Recreation Area managers are considering a proposal to reserve certain parts of the park for certain uses. For example, some areas would be reserved for non-motorized water recreation while other areas would be reserved for motorized water recreation. This proposal would restrict activities to certain areas, but would reduce conflicts between incompatible uses. Would you support this proposal?

\_\_\_\_\_ YES    \_\_\_\_\_ NO    \_\_\_\_\_ NOT SURE    \_\_\_\_\_ NEED MORE INFORMATION

PLEASE GO ON TO NEXT PAGE



14

20. The park has recently begun charging a fee for use of the park's facilities such as beaches, boat ramps, trails, and picnic areas. For what projects would you like to see these funds utilized?

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21. a) During this visit, did other visitors and their activities interfere with, or cause you to feel unsafe during, your visit to Whiskeytown National Recreation Area?

\_\_\_\_\_ YES      \_\_\_\_\_ NO      - **GO ON TO QUESTION 22**

- b) If YES, how? \_\_\_\_\_

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22. a) Do you understand why this park was established as a unit of the National Park System?

\_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ NOT SURE

[  **GO ON TO QUESTION 23**

- b) If YES, why was the park created? \_\_\_\_\_

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23. What did you like **most** about your visit to Whiskeytown National Recreation Area?

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24. What did you like **least** about your visit to Whiskeytown National Recreation Area?

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25. Overall, how would you rate the quality of the visitor services and facilities provided to you and your group at Whiskeytown National Recreation Area during this visit? Please circle only **one**.

VERY GOOD      GOOD      AVERAGE      POOR      VERY  
POOR

26. If you were a manager planning for the future of Whiskeytown National Recreation Area, what would you propose? Please be specific.

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27. Is there anything else you and your group would like to tell us about your visit to Whiskeytown National Recreation Area?

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



Printed on recycled paper

**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**