

Kenai Fjords National Park

Exit Glacier Area Visitor Study



The
Visitor Services
Project

United States Department of the Interior**NATIONAL PARK SERVICE**

Kenai Fjords National Park
P.O. Box 1727
Seward, AK 99664-1727

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Kenai Fjords National Park. This will assist us in our efforts to better manage this site and to serve you, the visitor.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take a few minutes to complete during or after your visit.

When your visit is over, please complete the questionnaire. Seal it with the sticker provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, VSP Coordinator, Cooperative Park Studies Unit, College of Forestry, Wildlife and Range Sciences, University of Idaho, Moscow, Idaho 83844-1133. We appreciate your help.

Sincerely,

Anne Castellina
Superintendent

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. 20013-7127.

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VISITING EXIT GLACIER AREA OF KENAI FJORDS NP

1. **Prior to this trip**, how did you and your group obtain information about Kenai Fjords National Park? Please check (✓) **all** that apply.

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

_____ LOCAL BUSINESSES

_____ PREVIOUS VISIT(S)

_____ FRIENDS/ RELATIVES

_____ TRAVEL GUIDE/ TOUR BOOK

_____ *MILEPOST*

_____ TELEVISION/ RADIO PROGRAMS

_____ TELEPHONE INQUIRY TO PARK

_____ WRITTEN INQUIRY TO PARK

_____ NEWSPAPER/ MAGAZINE ARTICLES

_____ INTERNET/ KENAI FJORDS NP HOME PAGE (www.nps.gov/kefj/)

_____ INTERNET/ OTHER WEB SITE

_____ CHAMBER OF COMMERCE OR STATE VISITORS BUREAU

_____ OTHER (Please specify: _____)

2. On this visit, how much time did you and your group spend at the Exit Glacier area of Kenai Fjords National Park?

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. During this trip, how many times did you and your group visit the Exit Glacier area?

_____ NUMBER OF TIMES

4. a) In the left column below, please check (√) **all** of the activities that you and your group **planned to do** while visiting the Exit Glacier area at Kenai Fjords National Park on this trip.

b) In the right column below, please check (√) **all** of the activities that you and your group **actually did** while visiting the Exit Glacier area at Kenai Fjords National Park on this trip.

a) Planned to do (√) _____ **b) Actually did (√)**

_____ VISIT EXIT GLACIER RANGER STATION _____

_____ VIEW WILDLIFE _____

_____ CAMP IN DEVELOPED CAMPGROUND _____

_____ CAMP IN BACKCOUNTRY _____

_____ MOUNTAINEER/ MOUNTAIN CLIMB _____

_____ TAKE PHOTOGRAPHS _____

_____ PICNIC _____

_____ ATTEND RANGER-LED PROGRAM _____

_____ TOUCH THE GLACIER _____

_____ HIKE HARDING ICEFIELD TRAIL _____

_____ HIKE OTHER TRAILS NEAR GLACIER
(other than Harding Icefield Trail) _____

_____ OTHER _____
(Please describe: _____)

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

_____ NUMBER OF PEOPLE

6. On this visit, were you with a guided tour group?

_____ YES _____ NO

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

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

8. For you and your group on this visit, please indicate:

	Current Age	US Zipcode or Country (if Foreign)	Number of Visits To This Park Site (Including this Visit)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

9. a) Please rate the importance (from 1 to 5) of the following park features or qualities to Kenai Fjords National Park.

How important?	Not important	Moderately important	Extremely important	Don't know		
SCENIC VIEWS	1	2	3	4	5	0
RECREATIONAL OPPORTUNITIES (hiking, camping, etc.)	1	2	3	4	5	0
EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	0
SOLITUDE	1	2	3	4	5	0
QUIET	1	2	3	4	5	0
WILDLIFE	1	2	3	4	5	0
ACCESS TO GLACIER	1	2	3	4	5	0

- b) Did anything detract from your enjoyment of any of the above features or qualities?

_____ YES _____ NO - **GO ON TO QUESTION 10**

[
c) If YES, what was it? Please explain: _____

10. a) During this visit, did other visitors and their activities interfere with your visit or cause you to feel unsafe during your visit to Kenai Fjords National Park?

_____ YES _____ NO - **GO ON TO QUESTION 11**

[
b) If YES, how _____

PLEASE GO ON TO NEXT PAGE



11. a) Please check (√) the information services which you or your group used during this trip to Kenai Fjords National Park.
- b) Next, for only those services which you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those services which you or your group used, please rate their **quality** from 1-5.

Use Service?	If used, how important?					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										
_____ ASSISTANCE FROM RANGERS										
_____ TRAILSIDE EXHIBITS										
_____ SALES PUBLICATIONS										
_____ EXIT GLACIER RANGER STATION										
_____ JUNIOR RANGER PROGRAM										
_____ RANGER-LED WALKS/ TALKS										
_____ HARDING ICEFIELD TRAIL										
_____ OTHER TRAILS (other than Harding Icefield Trail)										
_____ RESTROOMS										
_____ PARK DIRECTIONAL SIGNS										
_____ ROADS										
_____ PARKING LOT										
_____ GARBAGE DISPOSAL FACILITIES										
_____ HANDICAPPED ACCESSIBILITY										
_____ DRINKING FOUNTAINS										
_____ DEVELOPED CAMPGROUND										

12. During this trip, how much money did you and your group spend in the Kenai Fjords National Park **area** (within 50 miles of the park)? Please write "0" if your group did not spend any money.

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

\$ _____ LODGING (motel, hotel, B&B, campsite, etc.)

\$ _____ TRAVEL (gas, bus fare, train fare, etc.)

\$ _____ FOOD (restaurant, groceries, etc.)

\$ _____ TOURS/ ADMISSION FEES (tour boat, fishing charter, SeaLife Center, etc.)

\$ _____ OTHER (clothing, film, gifts, etc.)

13. Please use the scale below to rate from 1 to 4 whether you and your group felt that the Exit Glacier area was crowded in the number of people and vehicles present during your trip. Circle only **one** answer for each item.

How crowded?	Not at All Crowded	Somewhat Crowded	Very Crowded	Extremely Crowded
PEOPLE	1	2	3	4
VEHICLES	1	2	3	4

14. In the future, if visitation to the Exit Glacier area at Kenai Fjords National Park has to be limited to protect park resources and the visitor experience, how would you rate the following alternatives? Please check (✓) only **one** answer for each option.

Alternatives	Acceptable	Not Acceptable	No Opinion
FIRST COME, FIRST SERVED UNTIL A DAILY LIMIT IS REACHED	_____	_____	_____
SHUTTLE SYSTEM FROM OFF-SITE PARKING AREA	_____	_____	_____
RESERVATION SYSTEM	_____	_____	_____
OTHER (Please Specify) _____	_____	_____	_____

15. Did you or any members of your group hike the Harding Icefield Trail at Kenai Fjords National Park? Please check (✓) **only one**.

_____ YES _____ NO - **GO ON TO QUESTION 20**

16. How did you and your group feel about the number of visitors encountered on the Harding Icefield Trail? Please check (✓) **only one**.

Check only one (✓)

_____ ENCOUNTERED TOO MANY VISITORS

_____ NUMBER OF VISITORS ENCOUNTERED WAS ABOUT

RIGHT

_____ ENCOUNTERED TOO FEW VISITORS

17. If visitor use limits need to be imposed on the Harding Icefield Trail at Kenai Fjords National Park to protect park resources and the visitor experience, how would you rate the following alternatives? Please check (✓) **only one** answer for **each** option.

Alternatives	Acceptable	Not acceptable	No opinion
FIRST COME, FIRST SERVED UNTIL A DAILY LIMIT IS REACHED	_____	_____	_____
RESERVATION SYSTEM	_____	_____	_____
OTHER (Please specify: _____)			

18. What did you and your group like **most** about hiking the Harding Icefield Trail at Kenai Fjords National Park?

19. What did you and your group like **least** about hiking the Harding Icefield Trail at Kenai Fjords National Park?

20. If you were a manager planning for the future of the Exit Glacier area of Kenai Fjords National Park, what would you propose? Please be specific.

21. Is there anything else you and your group would like to tell us about your visit to the Exit Glacier area of Kenai Fjords National Park?

22. Overall, how would you rate the quality of the visitor services provided to you and your group in the Exit Glacier area at Kenai Fjords National Park during this trip? 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

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