



National Park Service  
U.S. Department of the Interior

The Visitor Services Project

# Everglades National Park

## Visitor Study



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

Everglades National Park  
40001 State Road 9336  
Homestead, FL 33034-6733

IN REPLY REFER TO:

March, 2002

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Everglades National Park. This information 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 after your visit to complete.

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 Natural Resources, P.O. Box 441133, University of Idaho, Moscow, Idaho 83844-1133, phone 208-885-7863, email: [littlej@uidaho.edu](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

Maureen Finnerty  
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. 20240.

Please go on to the next page ➔

## YOUR VISIT TO EVERGLADES NATIONAL PARK

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

- RECEIVED NO INFORMATION PRIOR TO VISIT → **Go on to Question 2**  
 PREVIOUS VISIT(S)  
 FRIENDS/ RELATIVES/ WORD OF MOUTH  
 TRAVEL GUIDE/ TOUR BOOK  
 CABLE TV VISITOR CHANNEL  
 VIDEOS/ TELEVISION/ RADIO PROGRAMS  
 TELEPHONE, E-MAIL OR WRITTEN INQUIRY TO PARK  
 NEWSPAPER/ MAGAZINE ARTICLES  
 INTERNET—National Park Service or Everglades NP web site  
<[www.nps.gov/ever/](http://www.nps.gov/ever/)>  
 INTERNET—OTHER WEB SITE  
 CHAMBER OF COMMERCE  
 CONVENTION/ VISITOR'S BUREAU  
 INFORMATION AT MARINA  
 TACKLE OR BAIT SHOPS  
 OTHER (Please specify: \_\_\_\_\_)

- b) From the sources checked above, did you and your group receive the type of information about the park that you needed?

- NO                       YES                       NOT SURE  
↓                              └─→                      ▼  
**Go on to Question 2**

- c) If NO, what type of park information did you and your group need that was not available? Please be specific.
- \_\_\_\_\_

2. On this visit, from which area of Florida did you and your group first arrive at Everglades National Park? Please check (✓) only **one**.

- FLORIDA KEYS  
 MIAMI  
 NAPLES  
 OTHER (Please specify: \_\_\_\_\_)

3. On this visit, what forms of transportation did you and your group use to visit Everglades National Park? Please check (✓) **all** that apply.

BY LAND	BY WATER
<input type="checkbox"/> PRIVATE VEHICLE (car, van, RV, etc.)	<input type="checkbox"/> MOTOR BOAT
<input type="checkbox"/> BICYCLE	<input type="checkbox"/> SAILBOAT
<input type="checkbox"/> CHARTER BUS	<input type="checkbox"/> CONCESSION TOUR BOAT
<input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> OTHER GUIDE BOAT
	<input type="checkbox"/> CANOE/KAYAK
<input type="checkbox"/> OTHER (Please specify: _____)	

4. On this visit, how long did you and your group stay at Everglades National Park? (Please list partial hours or days, for example: 6-1/2 hours; 1-3/4 days).

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

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

5. a) On this trip, did you and your group stay overnight away from home within Everglades National Park and/or in the **surrounding area** (Miami, Naples, Florida Keys, Florida City and Homestead)?

\_\_\_\_\_ YES \_\_\_\_\_ NO → **Go on to Question 6**



- b) Please list the number of nights you and your group stayed in Everglades National Park and/or in the **surrounding area**.

NUMBER OF NIGHTS in Everglades National Park \_\_\_\_\_

NUMBER OF NIGHTS in the **surrounding area** outside the park \_\_\_\_\_

- c) In what type of lodging did you and your group spend the night(s)? Please check (✓) **all** that apply.

Inside park (✓)	Outside park (✓) in surrounding area
<input type="checkbox"/> LODGE, MOTEL, CABIN, RENTED CONDO/ HOME, BED & BREAKFAST	_____
<input type="checkbox"/> RV/ TRAILER CAMPING	_____
<input type="checkbox"/> TENT CAMPING	_____
<input type="checkbox"/> SEASONAL RESIDENCE	_____
<input type="checkbox"/> RESIDENCE OF FRIENDS OR RELATIVES	_____
<input type="checkbox"/> OTHER (Please specify: _____)	_____

- d) If you stayed outside the park, in what town/city did you and your group stay?

Please go on to the next page →

6. On this trip, what was the **primary** reason that you and your group visited **south Florida**? Please check (✓) only **one**.

- \_\_\_\_\_ RESIDENT OF SOUTH FLORIDA  
 \_\_\_\_\_ VISIT EVERGLADES NATIONAL PARK  
 \_\_\_\_\_ VISIT THE FLORIDA KEYS  
 \_\_\_\_\_ VISIT OTHER ATTRACTIONS IN THE AREA (besides Everglades or the Florida Keys)  
 \_\_\_\_\_ VISIT FRIENDS/ RELATIVES IN THE AREA  
 \_\_\_\_\_ BUSINESS OR OTHER REASONS

7. On this visit, how many times did you and your group enter the park?

- \_\_\_\_\_ NUMBER OF TIMES YOU ENTERED THE PARK  
 \_\_\_\_\_ DON'T KNOW

8. It is the National Park Service's responsibility to protect Everglades National Park's natural, scenic and cultural resources while at the same time providing for public enjoyment. How important is protection of the following resources/ qualities in the park to you? Please circle **one** response for each resource.

<b>Resource</b>	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know
NATIVE PLANTS/ ANIMALS (both land and underwater)	1	2	3	4	5	DK
ENDANGERED SPECIES	1	2	3	4	5	DK
WATER QUALITY & FLOW	1	2	3	4	5	DK
NATURAL QUIET	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
RECREATIONAL OPPORTUNITIES	1	2	3	4	5	DK
EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	DK
WILDERNESS EXPERIENCE	1	2	3	4	5	DK

9. In your opinion, is recreational fishing an appropriate activity to be allowed in Everglades National Park?

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

10. How did the following affect you or your group's experience during this visit to Everglades National Park? Please check **one** answer for each.

<b>Affect your park experience?</b>	<b>Added to</b>	<b>No effect</b>	<b>Detracted from</b>
<b>NOISE FROM:</b>			
BOATS	_____	_____	_____
OTHER VISITORS	_____	_____	_____
AIRCRAFT	_____	_____	_____
GENERATORS	_____	_____	_____
OTHER (specify: _____)	_____	_____	_____
NUMBER OF BOATS AT RAMPS/MARINAS	_____	_____	_____
MOTORIZED BOATS	_____	_____	_____
FISH TAKE LIMIT	_____	_____	_____
INTERACTIONS WITH RANGER STAFF	_____	_____	_____
NUMBER OF PEOPLE ON TRAILS	_____	_____	_____
QUALITY OF PARK RESOURCES (e.g. native plants and animals)	_____	_____	_____

11. a) Please check (✓) one answer that best describes your knowledge about plans to restore parts of the Everglades ecosystem in Florida.

\_\_\_\_\_ VERY KNOWLEDGEABLE → **Go on to part b of this question**

\_\_\_\_\_ SOMEWHAT KNOWLEDGEABLE → **Go on to part b of this question**

\_\_\_\_\_ NOT KNOWLEDGEABLE → **Go on to Question 12**

b) In your opinion, what are the greatest challenges in restoring the Everglades ecosystem?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please go on to the next page ➡**

12. For this visit, please check (✓) the places you and your group visited in Everglades National Park. If you did not visit a place, please leave that line blank. Use the map on the next page to help you locate the places you visited.

- |   |  |
|---|--|
| <input type="checkbox"/> CHEKIKA                        | <input type="checkbox"/> WEST LAKE BOARDWALK       |
| <input type="checkbox"/> ERNEST F. COE VISITOR CENTER   | <input type="checkbox"/> FLAMINGO                  |
| <input type="checkbox"/> ROYAL PALM/ANHINGA TRAIL       | <input type="checkbox"/> SHARK VALLEY              |
| <input type="checkbox"/> PINELANDS                      | <input type="checkbox"/> GULF COAST VISITOR CENTER |
| <input type="checkbox"/> LONG PINE KEY                  | <input type="checkbox"/> WHITEWATER BAY            |
| <input type="checkbox"/> PA-HAY-OKEE OVERLOOK           | <input type="checkbox"/> FLORIDA BAY               |
| <input type="checkbox"/> NINE MILE POND                 | <input type="checkbox"/> 10,000 ISLANDS            |
| <input type="checkbox"/> OTHER (Please describe: _____) |  |

13. a) On this visit to Everglades National Park, what activities did you and your group participate in? Please check (✓) **all** that apply.

b) Where did you and your group do those activities? Please list location using the map on next page.

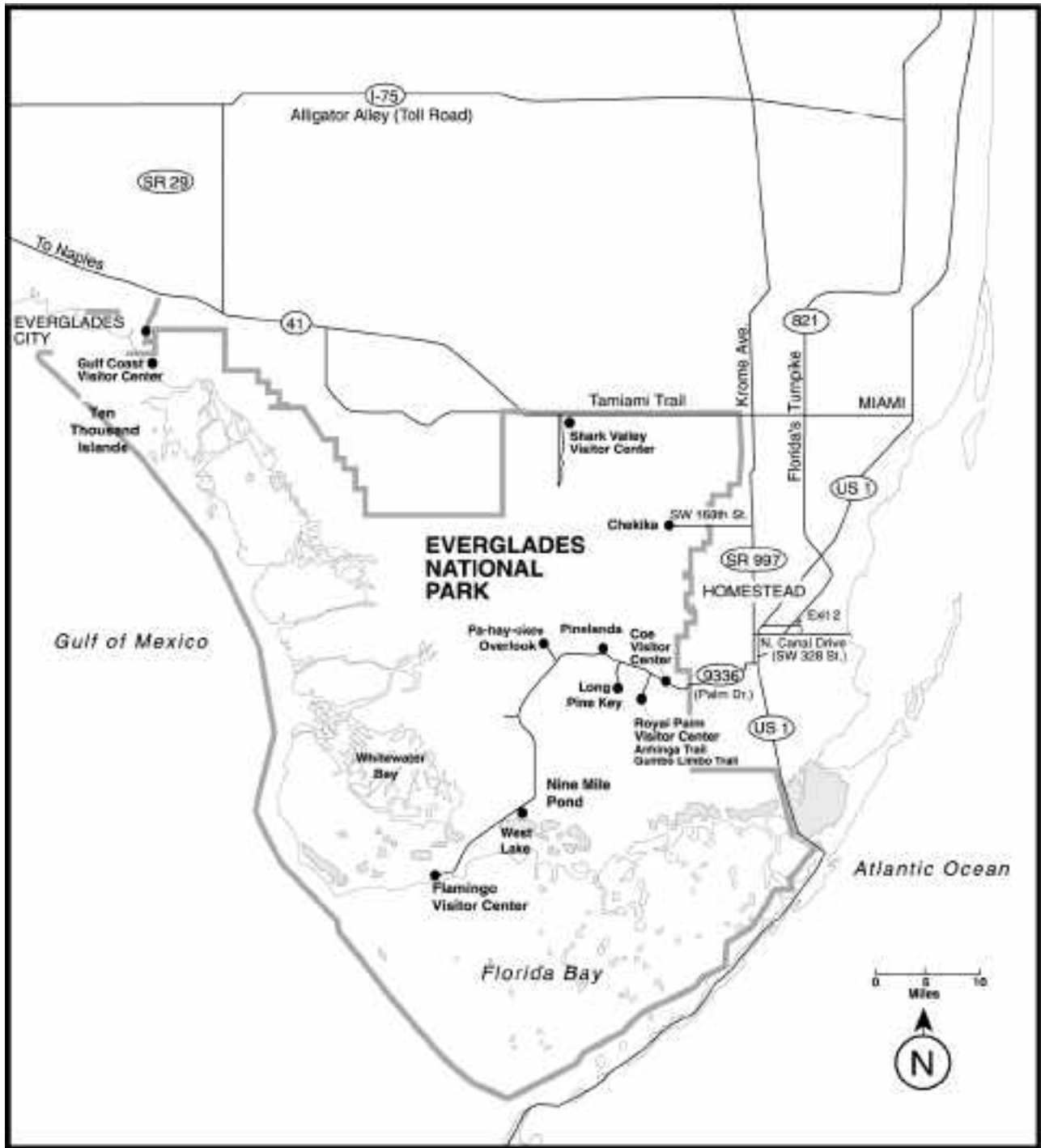
<u>ACTIVITY</u>	<u>LOCATION</u>
<input type="checkbox"/> WALKING/ HIKING	_____
<input type="checkbox"/> NATURE VIEWING/BIRDWATCHING	_____
<input type="checkbox"/> CAMPING	_____
<input type="checkbox"/> BACKCOUNTRY/WILDERNESS CAMPING	_____
<input type="checkbox"/> CANOEING/KAYAKING	_____
<input type="checkbox"/> FISHING IN FRESHWATER	_____
<input type="checkbox"/> FISHING IN SALT WATER	_____
<input type="checkbox"/> POWER BOATING	_____
<input type="checkbox"/> PICNICKING	_____
<input type="checkbox"/> NATURE STUDY	_____
<input type="checkbox"/> ATTENDING RANGER-LED PROGRAMS	_____
<input type="checkbox"/> BICYCLING	_____
<input type="checkbox"/> PHOTOGRAPHY/PAINTING/DRAWING	_____
<input type="checkbox"/> OTHER (Please describe: _____)	_____
_____	_____



c) From the list of activities on the previous page, what were the **primary** reasons you and your group visited Everglades National Park on this visit?

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Please go on to the next page ➡

14. a) Please check (✓) the information services and facilities that you or your group used during this visit to Everglades National Park.
- 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.

Use facility/ service? Check (✓)	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor			Very good	
	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/ MAP						_____				_____
_____ PARK NEWSPAPER - <i>A Visitor's Guide to the National Parks and Preserves of South Florida</i>						_____				_____
_____ VISITOR CENTERS						_____				_____
_____ VISITOR CENTER EXHIBITS						_____				_____
_____ VISITOR CENTER VIDEO/MOVIE						_____				_____
_____ VISITOR CENTER BOOKSTORE SALES ITEMS						_____				_____
_____ ASSISTANCE FROM VISITOR CENTER STAFF						_____				_____
_____ ASSISTANCE FROM STAFF (other than visitor center)						_____				_____
_____ RANGER-LED WALKS/TALKS						_____				_____
_____ EVENING CAMPGROUND PROGRAMS						_____				_____
_____ TRAM TOUR RANGER/GUIDE						_____				_____
_____ BOAT TOUR RANGER/GUIDE						_____				_____
_____ TRAILSIDE EXHIBITS						_____				_____
_____ ACCESS FOR PEOPLE WITH DISABILITIES						_____				_____



17. On this visit, were you and your personal group with the following types of groups:

Guided tour group                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

School/ educational group?                      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

18. On this visit, how many people were in your personal group, including yourself?

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

19. For you and your personal group, please indicate:

	Gender M=male F=female	Current age	U.S. Zip Code or name of foreign country	Number of visits made to this park (including this visit)	
				past 12 months	2 to 5 years ago
YOURSELF	_____	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____	_____

20. What is the **primary** language you and/or members of your group prefer to speak and write?

\_\_\_\_\_

21. a) Does anyone in your group have any disabilities/impairments that affected their visit to Everglades National Park?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      → **Go on to Question 22**



b) If yes, what kind of disability? Please check (✓) **all** that apply.

\_\_\_\_\_ HEARING                      \_\_\_\_\_ VISUAL

\_\_\_\_\_ MOBILITY                      \_\_\_\_\_ LEARNING

\_\_\_\_\_ MENTAL                      \_\_\_\_\_ OTHER (specify \_\_\_\_\_)

c) Because of the disability/impairment, did you and your group encounter any access and/or service problems during this visit to Everglades National Park?

YES       NO      ➔ **Go on to Question 22**



d) If YES, what were the problems? \_\_\_\_\_

\_\_\_\_\_

22. a) Are you Spanish, Hispanic or Latino?

YES       NO



b) If YES, please check (✓) which of these groups are you?

MEXICAN, MEXICAN AMERICAN, CHICANO

PUERTO RICAN

CUBAN

OTHER SPANISH/HISPANIC/LATINO

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

23. Which of these categories best indicates your race? Please check (✓) **all** that apply.

AMERICAN INDIAN OR ALASKA NATIVE

ASIAN

BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

WHITE

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

24. a) Currently 80% of the funds collected as park entrance fees remain at Everglades National Park and are used to maintain/enhance visitor facilities and services. In your opinion, how appropriate is the amount of the entrance fee? Please check (✓) **one** answer.

TOO LOW       ABOUT RIGHT       TOO HIGH

b) How would you like to see these funds used at Everglades National Park? Please check (✓) **all** that apply.

PARK MANAGEMENT       VISITOR FACILITIES

PROTECTION OF PARK RESOURCES       VISITOR PROTECTION

COMMUNITY OUTREACH       VISITOR EDUCATION

IN-PARK SHUTTLE OR OTHER TRANSPORTATION SYSTEM

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

**Please go on to the next page ➔**

25. On a future visit to Everglades National Park, what types of items would you and your group like to have available for purchase in the bookstore sales areas? Please check (✓) **all** that apply.

\_\_\_\_\_ NOT INTERESTED IN SALES ITEMS → **Go on to Question 26**

\_\_\_\_\_ VIDEOS, AUDIOCASSETTES, \_\_\_\_\_ CHILDREN'S/  
 CDs, DVDs EDUCATION ITEMS

\_\_\_\_\_ GIFTS/ SOUVENIR ITEMS \_\_\_\_\_ PUBLICATIONS

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

26. For you and your group, please report all expenditures for the items listed below for this visit to Everglades National Park and the **surrounding area** (Miami, Naples, Florida Keys, Florida City or Homestead). Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures inside Everglades National Park.

b) Please list your group's total expenditures in the **surrounding area** outside the park.

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

	<b>Expenditures</b>	
	<b>In surrounding area</b>	
	<b>inside park</b>	<b>outside park</b>
HOTELS, MOTELS, CABINS, B&B, etc.	\$ _____	\$ _____
CAMPING FEES AND CHARGES	\$ _____	\$ _____
GUIDE FEES AND CHARGES	\$ _____	\$ _____
RESTAURANTS AND BARS	\$ _____	\$ _____
GROCERIES AND TAKE OUT FOOD	\$ _____	\$ _____
GAS AND OIL (auto, RV, boat, etc.)	\$ _____	\$ _____
OTHER TRANSPORTATION EXPENSES (rental cars, auto repairs, taxies, but not including airfare)	\$ _____	\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES	\$ _____	\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
DONATIONS	\$ _____	\$ _____

c) How many people do the above expenses cover?

ADULTS (18 years or over) \_\_\_\_\_ CHILDREN (under 18 years) \_\_\_\_\_

27. a) Would you and your group be willing to use a shuttle bus service (or any other transportation system) to travel to facilities and trailheads on a future visit to Everglades National Park?

\_\_\_\_\_ YES, LIKELY \_\_\_\_\_ NO, NOT LIKELY \_\_\_\_\_ NOT SURE

- b) In addition to the park entrance fee, would you be willing to pay a modest fee (\$2-4/person) to ride a shuttle bus or other transportation system?

\_\_\_\_\_ YES, LIKELY \_\_\_\_\_ NO, NOT LIKELY \_\_\_\_\_ NOT SURE

28. On a future visit to Everglades National Park, what subjects would you and your group be most interested in learning about? Please be specific.

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29. Everglades National Park is currently developing a comprehensive plan to guide management of the park for the next 15 to 20 years. If you were a park manager, what would your priorities be in managing Everglades National Park? Please be specific.

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30. Is there anything else you and your group would like to tell us about your visit to Everglades National Park?

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31. Overall, how would you rate the quality of the **visitor services** provided to you and your group at Everglades National Park 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.

**OFFICIAL BUSINESS**

**Visitor Services Project  
Cooperative Park Studies Unit  
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