



**National Park Service
U.S. Department of the Interior**

Visitor Services Project

Mojave National Preserve Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE
Mojave National Preserve
222 E. Main Street, Suite 202
Barstow, California 92311

IN REPLY REFER TO:

October, 2003

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Mojave National Preserve. 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 stickers provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, National Park Service VSP Coordinator, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

Mary Martin
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 stickers 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 20 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form 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 ➡

2. Prior to your visit, were you aware that two different government agencies—the National Park Service and the Bureau of Land Management—each with different land management goals, manage land in the Mojave Desert?

_____ YES _____ NO _____ NOT SURE

3. Prior to your visit, were you aware of the difference between a national preserve and a national park?

_____ YES _____ NO _____ NOT SURE

4. a) Prior to your visit, were you aware that there is Congressionally designated wilderness within Mojave National Preserve?

_____ YES _____ NO _____ NOT SURE

- b) Prior to your visit, were you aware that designated wilderness preserves land by limiting use to non-motorized means of travel such as hiking and horseback?

_____ YES _____ NO _____ NOT SURE

5. On this trip, what was the primary reason that you and your group visited the Mojave National Preserve **area** including Shoshone, Primm (State Line), Needles, Laughlin, Barstow, and Twentynine Palms, but not Las Vegas? Please check (√) only **one**.

_____ VISIT MOJAVE NATIONAL PRESERVE

_____ VISIT A SPECIFIC SITE WITHIN MOJAVE NATIONAL PRESERVE (such as Kelso Dunes, Kelso Depot, Mitchell Caverns, etc.)

_____ VISIT OTHER ATTRACTIONS IN THE AREA

_____ VISIT FRIENDS/RELATIVES IN THE AREA

_____ BUSINESS OR OTHER REASONS

6. On this visit, how long did you and your group stay at Mojave National Preserve? Please list partial hours or days as 1/4, 1/2, 3/4.

If **less** than 24 hours: _____ NUMBER OF HOURS

If 24 hours **or more**: _____ NUMBER OF DAYS

7. Please list the number of times you and your group entered Mojave National Preserve on this trip? Write a number or check "don't know."

NUMBER OF TIMES YOU ENTERED the preserve on this visit _____

DON'T KNOW _____

Please go on to the next page ➡

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

- _____ DRIVING-THROUGH—shortcut between Southern California and Las Vegas without stopping → **Go on to Question 9**
- _____ SIGHTSEEING
- _____ DAY HIKING
- _____ CAMPING IN DEVELOPED CAMPGROUND
- _____ CAMPING ALONG ROADSIDE
- _____ OVERNIGHT BACKPACKING
- _____ BICYCLING
- _____ HORSEBACK RIDING
- _____ VIEWING PETROGLYPHS/ROCK ART
- _____ DRIVING ON PAVED ROADS
- _____ DRIVING ON UNPAVED ROADS
- _____ NATURE STUDY (observing wildlife, viewing wildflowers, etc.)
- _____ VISITING MINE RUINS/HISTORIC SITES
- _____ HUNTING
- _____ TECHNICAL ROCK CLIMBING
- _____ ROCK SCRAMBLING
- _____ OTHER (Please describe: _____)

9. a) On this trip, did you and your group stay overnight away from home in the Mojave National Preserve **area**?

_____ YES _____ NO → **Go on to Question 10**



- b) Please list the number of nights you and your group stayed in the Mojave National Preserve area.

NUMBER OF NIGHTS IN MOJAVE NATIONAL PRESERVE _____

NUMBER OF NIGHTS IN THE AREA _____

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

<u>INSIDE PRESERVE</u>	<u>OUTSIDE PRESERVE (√)</u>
_____ LODGE, MOTEL, CABIN, RENTED CONDO/HOME, B&B	_____
_____ CAMPGROUND/TRAILER PARK	_____
_____ BACKCOUNTRY CAMPSITE	_____
_____ PERSONAL SEASONAL RESIDENCE	_____
_____ RESIDENCE OF FRIENDS OR RELATIVES	_____
_____ OTHER (Please specify: _____)	_____

d) Where did you and your group stay on the night after leaving Mojave National Preserve?

CITY/TOWN _____ STATE _____

10. 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

_____ CALIFORNIA WELCOME CENTER

_____ FACTORY OUTLET MALL IN BARSTOW, CA

_____ BAKER, CA

_____ NEEDLES, CA

_____ LAUGHLIN, NV

_____ BULLHEAD CITY, AZ

_____ PRIMM/STATELINE, NV

_____ NIPTON, CA

_____ CALICO GHOST TOWN, CA

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

_____ OTHER (Please specify: _____)

Please go on to the next page ➡

11. 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.

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

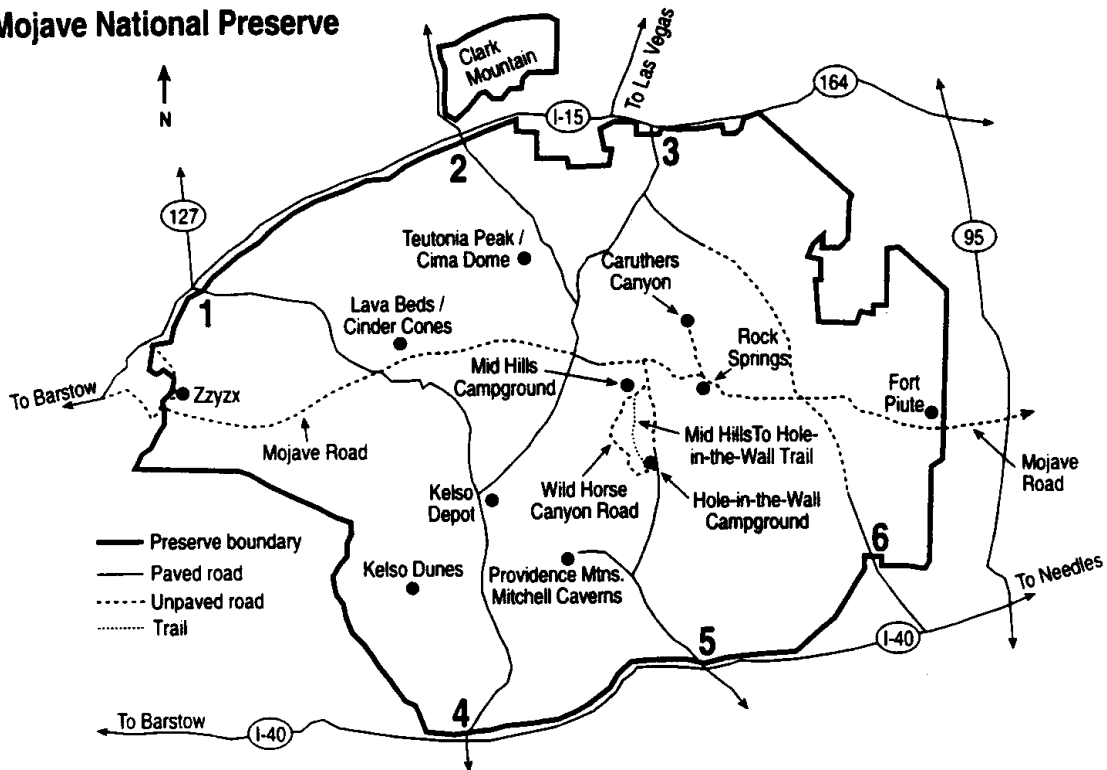
b) Where did you and your group first enter Mojave National Preserve? Using the map below, please circle the number where you first entered.

- 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

Mojave National Preserve



12. a) Has your opinion about the Mojave Desert changed since your visit to Mojave National Preserve?

_____ YES _____ NO _____ NOT SURE



b) If YES, how has it changed? _____

13. a) Please check (√) the informational services that you or your group **used** during this visit to Mojave National Preserve.

b) Next, for only those services that you or your group used, please rate their **importance** from 1-5.

c) Finally, for only those services that you or your group used, please rate their **quality** from 1-5.

Use service at Mojave National Preserve? Check (√)	If used, how important?					If used, what quality?				
	Not important		3	Extremely important		Very poor		3	Very good	
	1	2	3	4	5	1	2	3	4	5
_____ PRE-VISIT USE OF PARK HOME PAGE: www.nps.gov/moja/										
_____ PARK BROCHURE/MAP										
_____ PARK NEWSPAPER										
_____ HOLE-IN-THE-WALL INFORMATION CENTER										
_____ BAKER INFORMATION CENTER										
_____ INFORMATION CENTER EXHIBITS										
_____ BOOKS/SALES ITEMS AT INFORMATION CENTER										
_____ ASSISTANCE FROM PARK EMPLOYEES										
_____ JUNIOR RANGER PROGRAM										
_____ WEATHER INFORMATION										
_____ ROADSIDE EXHIBITS										
_____ BULLETIN BOARDS										
_____ DIRECTIONAL SIGNS ON TRAILS										

Please go on to the next page ➡

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

_____ NUMBER OF PEOPLE

b) For this visit, please list the number of vehicles in which you and your group arrived.

_____ NUMBER OF VEHICLES

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

	Current age	U.S. Zip Code or name of foreign country	Number of visits made to this park (including this visit)	
			before 1995	1995 through present
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

19. In what ethnicity and race would you place yourself?

a) Ethnicity: Please check (√) **one**.

_____ HISPANIC OR LATINO

_____ NOT HISPANIC OR LATINO

b) Race: Please check (√) **all** that apply.

_____ AMERICAN INDIAN OR ALASKA NATIVE

_____ ASIAN

_____ BLACK OR AFRICAN AMERICAN

_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

_____ WHITE

20. 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, LIKELY _____ NO, UNLIKELY _____ NOT SURE

Please go on to the next page ➡

21. Please use the scale below to rate (from 1 to 4) whether you and your group felt crowded by the number of people or vehicles in the preserve during your trip. Circle the appropriate answer.

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

22. 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.

<u>Very safe</u>		Neither safe nor unsafe		<u>Very unsafe</u>	
1	2	3	4	5	

- b) If you felt unsafe (rated 4 or 5 above), why? Please explain: _____

23. a) Please rate the importance (from 1 to 5 or don't know) of the following park features or qualities to you and your group during this visit to Mojave National Preserve.

How important?	Not important		Important	Extremely important	Don't know
SCENIC VISTAS	1	2	3	4	5 DK
DESERT EXPERIENCE	1	2	3	4	5 DK
VIEWING WILDLIFE	1	2	3	4	5 DK
VIEWING WILDFLOWERS	1	2	3	4	5 DK
CLEAN AIR	1	2	3	4	5 DK
SOLITUDE/QUIET	1	2	3	4	5 DK
WILDERNESS/OPEN SPACE	1	2	3	4	5 DK
STARGAZING/NIGHT SKY	1	2	3	4	5 DK
HISTORIC/PREHISTORIC SITE PRESERVATION	1	2	3	4	5 DK
TOURING 4X4 BACKCOUNTRY UNPAVED ROADS	1	2	3	4	5 DK
HUNTING	1	2	3	4	5 DK

- b) From the list above, please select the three most important features/qualities that encouraged you to visit Mojave National Preserve.

1. _____ 2. _____ 3. _____

24. For this visit to Mojave National Preserve, please report all expenditures by you and/or your group for the items listed below while in the Mojave National Preserve area including Shoshone, Primm (State Line), Needles, Laughlin, Barstow, and Twentynine Palms, but not Las Vegas. Please list expenditures **directly related** to this visit to the park. Write "0" if you and your group did not spend any money.

- a) Please list your group's total expenditures inside Mojave National Preserve.
- b) Please list your group's total expenditures in the Mojave National Preserve **area** including Shoshone, Primm (State Line), Needles, Laughlin, Barstow, and Twentynine Palms, but not Las Vegas

Expenditures in Mojave National Preserve area

	Inside preserve	Outside preserve
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, etc.)		\$ _____
OTHER TRANSPORTATION EXPENSES (excluding airfare)		\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES		\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____

c) How many people do the above expenses cover?

ADULTS (18 years or over) _____ CHILDREN (under 18 years) _____

25. On a future visit to Mojave National Preserve, what subjects would you and your group like to learn more about? Please check (√) **all** that apply.

- | | |
|-------------------------------------|--------------------------|
| _____ GEOLOGY | _____ DESERT PLANTS |
| _____ DESERT WILDLIFE | _____ ENDANGERED SPECIES |
| _____ WATER ISSUES | _____ HUMAN HISTORY |
| _____ WILDERNESS | _____ CAVE RESOURCES |
| _____ OTHER (Please specify: _____) | |

Please go on to the next page ➡

26. On a future visit, how would you and your group prefer to learn about Mojave National Preserve? Please check (✓) **all** that apply.

- _____ NOT INTERESTED IN LEARNING ABOUT PARK → **Go on to Question 27**
- _____ VISITOR CENTER INFORMATION DESK
- _____ VISITOR CENTER EXHIBITS
- _____ PARK ORIENTATION VIDEO
- _____ OTHER AUDIOVISUAL PROGRAMS (videos, movies, slide shows, etc.)
- _____ PRINTED MATERIALS (brochures, books, maps, etc.)
- _____ INTERNET/WEB SITE
- _____ ROADSIDE AND TRAILSIDE EXHIBITS
- _____ SELF-GUIDED TOURS
- _____ RANGER-LED TOURS
- _____ LIVING HISTORY PROGRAMS
- _____ RANGERS ON TRAILS
- _____ JUNIOR RANGER ACTIVITIES
- _____ CHILDREN'S PROGRAMS
- _____ VOLUNTEER OPPORTUNITIES
- _____ OTHER (Please specify: _____)

27. Mojave National Preserve has limited facilities and services. Please check (✓) whether you would like to see more, less, or the present number of the following facilities on a future visit.

Facility	More	Present ok	Less	Don't know
INFORMATION CENTERS	_____	_____	_____	_____
RESTROOMS	_____	_____	_____	_____
CAMPGROUNDS	_____	_____	_____	_____
PICNIC AREAS	_____	_____	_____	_____
PAVED ROADS	_____	_____	_____	_____
UNPAVED ROADS	_____	_____	_____	_____
PULLOUTS	_____	_____	_____	_____
DIRECTIONAL SIGNS	_____	_____	_____	_____
ROADSIDE EXHIBITS	_____	_____	_____	_____
TRAILS	_____	_____	_____	_____

28. In your opinion, what is the national significance of Mojave National Preserve?

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

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

31. 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 stickers provided and drop it in any U.S. mailbox.

OFFICIAL BUSINESS

**Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139**