



**Social Science Program
National Park Service
U.S. Department of the Interior**

Visitor Services Project



**Bureau of Land Management
U.S. Department of the Interior**

Craters of the Moon National Monument and Preserve

Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE
Craters of the Moon
National Monument & Preserve
P.O. Box 29
Arco, Idaho 83213

IN REPLY REFER TO:

July 2004

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Craters of the Moon National Monument & Preserve. This information will assist us in our efforts to better manage this site and to serve you, our 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, NPS 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,

A handwritten signature in cursive script that reads "James A. Morris".

James A. Morris
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 ➡

YOUR VISIT TO CRATERS OF THE MOON NATIONAL MONUMENT & PRESERVE

1. a) Prior to this visit, how did you and your group obtain information about Craters of the Moon National Monument and Preserve (NM & PRES)? Please check (√) **all** that apply in the column on the left below.

_____ OBTAINED NO INFORMATION PRIOR TO VISIT → **Go on to Question 2**

- b) On future trips to Craters of the Moon NM & PRES, what sources would you and your group prefer to use to obtain information in planning your visit? Please check (√) **all** that apply in the column on the right below.

a) **Prior to this visit?(√)** _____ b) **Prior to future visits?(√)** _____

_____ PREVIOUS VISIT(S) _____

_____ FRIENDS/RELATIVES/WORD OF MOUTH _____

_____ TRAVEL GUIDE/TOUR BOOK/PUBLICATIONS _____

_____ MAPS/BROCHURES _____

_____ TELEPHONE/WRITTEN/EMAIL INQUIRY TO PARK _____

_____ STATE WELCOME CENTER _____

_____ CHAMBER OF COMMERCE _____

_____ NEWSPAPER/MAGAZINE ARTICLES _____

_____ TELEVISION/RADIO/VIDEOS _____

_____ NATIONAL PARK SERVICE (NPS) WEBSITE
<www.nps.gov/crmo/> _____

_____ BUREAU OF LAND MANAGEMENT (BLM) WEBSITE
<www.id.blm.gov/craters/index.htm> _____

_____ OTHER INTERNET/WEBSITE _____

_____ OTHER UNIT OF NATIONAL PARK SYSTEM:
(Please specify: _____) _____

_____ OTHER (Please specify: _____) _____

- c) 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

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

2. On this trip, what was the **primary** reason that you and your group visited the Craters of the Moon NM & PRES **area** (within a 1-hour drive)? Please check (√) only **one**.

_____ RESIDENT OF AREA → **Go on to Question 3**

_____ VISIT CRATERS OF THE MOON NM & PRES

_____ VISIT OTHER AREA ATTRACTIONS (such as Yellowstone & Grand Teton National Parks, Sun Valley, Sawtooth National Recreation Area)

_____ VISIT FRIENDS/RELATIVES IN THE AREA

_____ PASSING THROUGH—UNPLANNED VISIT

_____ BUSINESS OR OTHER REASONS

3. a) On this trip, did you and your group stay overnight away from home in Craters of the Moon NM & PRES and/or the area (within a 1-hour drive)?

_____ YES

_____ NO → **Go on to Question 4**



- b) Please list the number of nights you and your group stayed.

NUMBER OF NIGHTS in Craters of the Moon NM & PRES _____

NUMBER OF NIGHTS in Craters of the Moon NM & PRES **area** _____

- 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 (√) _____

LODGE, MOTEL, CABIN, RENTED CONDO/HOME, OR
BED & BREAKFAST _____

_____ RV/TRAILER CAMPING _____

_____ TENT CAMPING IN DEVELOPED CAMPGROUND _____

_____ BACKCOUNTRY CAMPSITE _____

PERSONAL SEASONAL RESIDENCE _____

RESIDENCE OF FRIENDS OR RELATIVES _____

OTHER (Please specify: _____) _____

4. a) On this trip, where did you and your group stay on the night prior to visiting Craters of the Moon NM & PRES?

CITY/TOWN _____ STATE _____

Please go on to the next page →

- b) Where did you stay on the night after leaving Craters of the Moon NM & PRES?

CITY/TOWN _____ STATE _____

5. a) What services did you and your group use in the "gateway" communities of Arco or Carey that were specifically related to this park visit?

Used on this visit (√) _____ Would have used if available (√) _____

_____ BUY GASOLINE _____

_____ EAT A MEAL _____

_____ STAY OVERNIGHT IN A MOTEL _____

_____ STAY OVERNIGHT IN A RV PARK/CAMPGROUND _____

_____ SHOP _____

_____ OBTAIN INFORMATION ABOUT CRATERS OF THE MOON NM & PRES _____

_____ OBTAIN OTHER TRAVEL/TOURISM INFORMATION _____

_____ OTHER (Please specify: _____) _____

- b) Do you have any comments about the above services?

Service (list) _____ Comments--please be specific: _____

6. On this visit, what was your **primary** reason for visiting Craters of the Moon NM & PRES? Please check (√) **only one**.

_____ GENERAL SIGHTSEEING

_____ GEOLOGY

_____ WILDFLOWERS

_____ WILDLIFE

_____ VISIT A NATIONAL MONUMENT

_____ RECREATION (camping, hiking, etc.)

_____ OTHER (Please specify: _____)

7. a) On this visit, which of the following routes did you and your group use to arrive at Craters of the Moon NM & PRES? Please check (√) **all** that apply.

_____ U.S. HIGHWAY 20/26/93 FROM EAST

_____ U.S. HIGHWAY 20/26/93 FROM WEST

_____ OTHER (Please specify: _____)

b) On this visit, did you and your group have any trouble locating the park?

YES NO ➔ **Go on to Question 8**



c) If YES, please explain the problems: _____

8. a) On this visit, did you and/or your group walk/hike on a trail in Craters of the Moon NM & PRES?

YES NO ➔ **Go on to Question 10**



b) If YES, which of the following trails did you walk/hike? Please check (✓) **all** that apply. See map below.

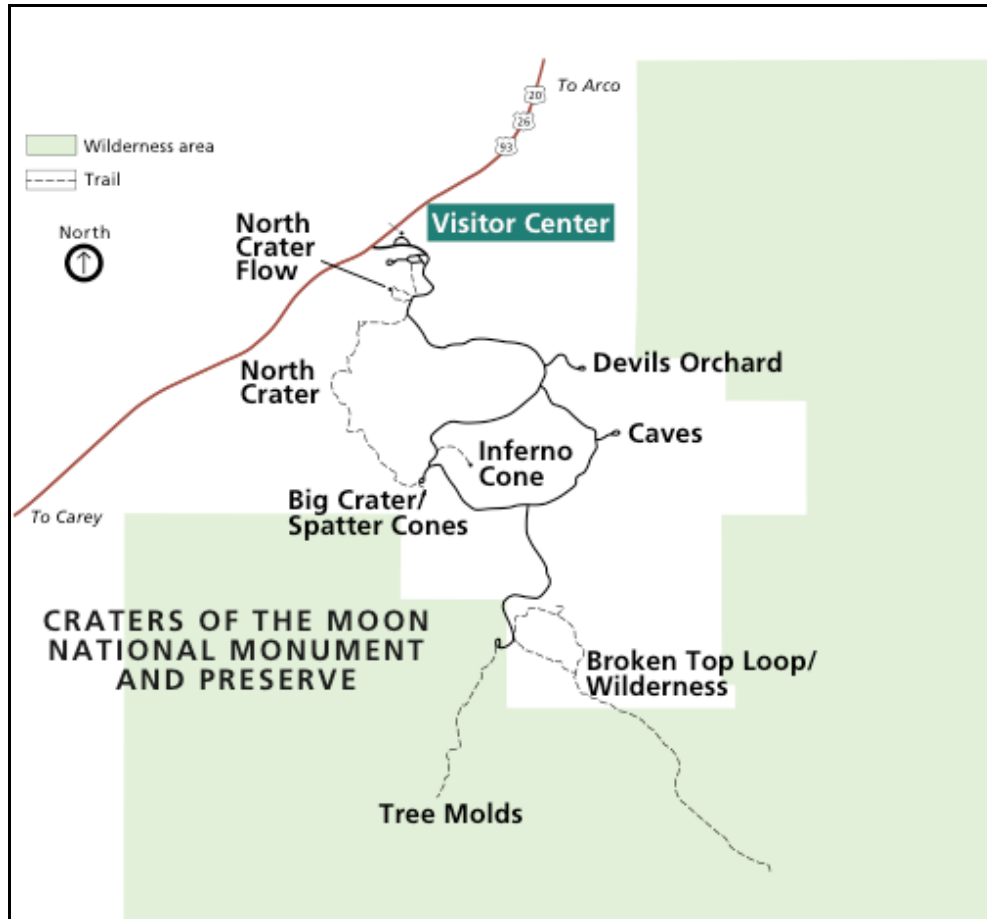
NORTH CRATER FLOW NORTH CRATER

DEVILS ORCHARD INFERNO CONE

BIG CRATER/SPATTER CONES TREE MOLDS

BROKEN TOP LOOP/WILDERNESS CAVES

OTHER (Please specify: _____)



Please go on to the next page ➔

9. a) On this visit, how long did you and your group stay in Craters of the Moon NM & PRES? (Please list partial hours or days, for example: 6-1/2 hours, 1-1/4 days).

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

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

- b) If you stayed **outside** Craters of the Moon NM & PRES, did you visit the monument on more than one day on this visit?

_____ NO _____ YES → c) If YES, on how many days did you visit?
NUMBER OF DAYS _____

- c) How many times did you enter Craters of the Moon NM & PRES on this visit?

NUMBER OF ENTRIES _____

10. In 2000, Craters of the Moon National Monument was expanded from just under 54,000 acres to over 754,000 acres by presidential proclamation in order to protect the entire Great Rift geological zone.

- a) During this visit were you and your group made aware of the fact that Craters of the Moon NM and PRES is jointly administered by the National Park Service and the Bureau of Land Management? Please check (√) only **one**.

_____ YES _____ NO _____ ALREADY AWARE

- b) In your opinion, what is most important about the newly designated areas of Craters of the Moon NM & PRES?

11. On a future visit to Craters of the Moon NM & PRES, what facilities/uses would you like to have available in the newly designated areas of the Monument & Preserve? Please check (√) **all** that apply.

_____ NO NEW FACILITIES/SERVICES, LEAVE AS IS → **Go on to Question 12**

_____ IMPROVED MAPS OF EXPANDED AREA

_____ IMPROVED ROAD ACCESS

_____ 4-WHEEL DRIVE ROAD ACCESS

_____ ROAD/TRAVEL SIGNS

_____ INTERPRETIVE SIGNS

_____ DEVELOPED CAMPSITES

_____ MAINTAINED TRAILS

_____ OUTFITTERS/GUIDES

_____ OTHER (Please specify _____)

12. On this visit to Craters of the Moon NM & PRES, in what activities did you and your group participate? Please check (✓) **all** that apply.

_____ TAKING SCENIC DRIVE (Loop Road)/SIGHTSEEING ONLY

_____ READING/VIEWING VISITOR CENTER MUSEUM EXHIBITS

_____ DRIVING BACKCOUNTRY ROADS

_____ ATTENDING RANGER-GUIDED WALKS/TALKS

_____ SHOPPING IN VISITOR CENTER BOOKSTORE

_____ WALKING/HIKING LESS THAN 1 HOUR

_____ WALKING/HIKING 1 HOUR OR MORE

_____ CAMPING IN DEVELOPED CAMPGROUND

_____ OVERNIGHT BACKPACKING

_____ PICNICKING

_____ BICYCLING

_____ PHOTOGRAPHY

_____ CAVE EXPLORING

_____ STUDY GEOLOGY

_____ OTHER (Please describe: _____)

Please go on to the next page ➡

13. a) Please check (√) the visitor services and facilities that you or your group **used** during this visit to Craters of the Moon NM & PRES.

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

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

Use facility/service?

Use facility/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
_____ MONUMENT BROCHURE/MAP										
_____ VISITOR CENTER EXHIBITS										
_____ TRAILSIDE EXHIBITS										
_____ ROADSIDE EXHIBITS										
_____ PRINTED TRAIL GUIDES										
_____ SALES ITEMS IN BOOKSTORE (visitor center)										
_____ ASSISTANCE FROM PARK STAFF										
_____ JUNIOR RANGER PROGRAM										
_____ RANGER-LED PROGRAMS (walks, talks, etc.)										
_____ NPS OR BLM WEB SITES used before or during visit										
_____ RESTROOMS										
_____ ACCESS FOR DISABLED PERSONS										
_____ CAMPGROUND										
_____ TRAILS										
_____ TRAVELERS INFORMATION RADIO STATION (AM 1610)										

14. a) On this visit, did you and your group have any specific safety concerns while visiting Craters of the Moon NM & PRES?

_____ YES _____ NO → **Go on to Question 15**

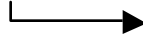


If YES, what were they? _____

15. Craters of the Moon NM & PRES educational programs and exhibits discuss the following topics: volcanic history, human history, plant and animal adaptations, the preservation of park resources and wilderness.

a) During this visit, did you and your group learn about any of these topics?

YES NO NOT SURE



Go on to Question 16

b) If YES, please check (√) **all** of the topics you learned about on this visit.

c) Next, please indicate how much your level of understanding of each topic improved during your visit. Please circle **one** answer for each topic.

a) Learned about on this visit? (√)	b) Level of understanding improvement				
	Not at all	A little	Somewhat	A lot	Don't know
<input type="checkbox"/> VOLCANIC/GEOLOGIC HISTORY	1	2	3	4	DK
<input type="checkbox"/> HUMAN HISTORY	1	2	3	4	DK
<input type="checkbox"/> PLANT/ANIMAL ADAPTATIONS	1	2	3	4	DK
<input type="checkbox"/> PRESERVATION/MANAGEMENT OF PARK RESOURCES	1	2	3	4	DK
<input type="checkbox"/> WILDERNESS	1	2	3	4	DK

16. On this visit, what kind of personal group (not guided tour/ school group) were you with? Please check (√) **only one**.

- ALONE FAMILY
- FRIENDS FAMILY AND FRIENDS
- OTHER (Please describe: _____)

17. a) On this visit, were you and your personal group with a guided tour group?

YES NO

b) On this visit, were you and your personal group with an educational/school group?

YES NO

18. 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

Please go on to the next page ➡

19. 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) past 12 months lifetime	
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

20. a) On this visit, did anyone in your personal group have any disabilities/ impairments that limited their ability to visit/enjoy Craters of the Moon NM & PRES?

_____ YES _____ NO → **Go on to Question 21**



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

_____ HEARING _____ VISUAL
 _____ MOBILITY _____ LEARNING
 _____ MENTAL/EMOTIONAL _____ OTHER (specify: _____)

c) Because of the disability/impairment, did you and your group encounter any access/service problems in the park?

_____ YES _____ NO → **Go on to Question 21**



d) If YES, what were the problems? _____

21. a) Did you and your group feel crowded during this visit to Craters of the Moon NM & PRES? Please rate how crowded you felt by circling **one** answer below.

VERY SOMEWHAT NEITHER CROWDED SOMEWHAT VERY
 CROWDED CROWDED NOR UNCROWDED UNCROWDED UNCROWDED

b) If you rated the park as "very crowded" or "somewhat crowded," please list **where** you felt crowded.

22. For each of the following attributes of Craters of the Moon NM & PRES, please rate its importance (from 1 to 5, or DK for "don't know") in planning for the preservation of the park for future generations. Please circle **one** answer for each attribute.

Attribute	Not Important	Moderately important	Extremely important	Don't know		
NATIVE VEGETATION	1	2	3	4	5	DK
WILDLIFE	1	2	3	4	5	DK
SCENIC VIEWS	1	2	3	4	5	DK
CLEAN AIR	1	2	3	4	5	DK
GEOLOGY/ROCK FORMATIONS	1	2	3	4	5	DK
EXPLORING/VISITING CAVES	1	2	3	4	5	DK
RECREATIONAL FACILITIES (campgrounds, trails, etc.)	1	2	3	4	5	DK
NATURAL QUIET/ SOUNDS OF NATURE	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
NIGHT SKY/STARGAZING	1	2	3	4	5	DK
INTERPRETIVE/EDUCATIONAL PROGRAMS	1	2	3	4	5	DK
MONUMENT STAFF	1	2	3	4	5	DK
SCENIC LOOP DRIVE	1	2	3	4	5	DK
WILDERNESS/BACKCOUNTRY AREAS	1	2	3	4	5	DK

23. On a future visit to Craters of the Moon NM & PRES, how would you and your group prefer to learn about the cultural and natural history? Please check (√) **all** that apply.

_____ NOT INTERESTED IN LEARNING ABOUT MONUMENT → **Go on to Question 24**

_____ TRAVEL GUIDES/GUIDEBOOKS

_____ OTHER PRINTED MATERIALS (books, brochures, maps, park newspaper, etc.)

_____ INTERNET/WEB SITES

_____ AUDIO-VISUAL PROGRAMS (videos, movies, slide shows, etc.)

_____ RANGER-GUIDED WALKS/PROGRAMS

_____ ROVING RANGERS AVAILABLE TO ANSWER QUESTIONS

_____ PRINTED TRAIL GUIDES

_____ INDOOR EXHIBITS

_____ ROAD/TRAILSIDE EXHIBITS

_____ OTHER (Please specify _____)

Please go on to the next page →

24. For you and your group, please report all expenditures for the items listed below for this visit to Craters of the Moon NM & PRES and surrounding area (within 50 miles). Please write "0" if no money was spent in a particular category.

- a) Please list your group's total expenditures inside Craters of the Moon NM & PRES.
- b) Please list your group's total expenditures in the **area outside** the park (within 50 miles of Craters of the Moon NM & PRES).

NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to Craters of the Moon NM & PRES.

	EXPENDITURES	
	Inside Craters of the Moon NM & PRES	Outside Monument
HOTELS, MOTELS, CABINS, B&B, etc.		\$ _____
CAMPING 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, taxis, but not including 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. a) On a future visit, would you be likely visit the newly designated areas of Craters of the Moon NM & PRES?

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

b) On a future visit, would you be more likely to visit the newly designated areas of Craters of the Moon NM & PRES if outfitters/guides were available?

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

26. a) What did you like **most** about your visit to Craters of the Moon NM & PRES?

b) What did you like **least** about your visit to Craters of the Moon NM & PRES?

27. If you were a manager planning for the future of Craters of the Moon NM & PRES, what would you propose? Please be specific.

28. Is there anything else you and your group would like to tell us about your visit to Craters of the Moon NM & PRES?

29. Overall, how would you rate the quality of the visitor services provided to you and your group at Craters of the Moon NM & PRES 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
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