

Death Valley National Monument Visitor Study



**The
Visitor Services
Project**

United States Department of the Interior
NATIONAL PARK SERVICE
Death Valley National Monument
Death Valley, California 92328

August 1990

Dear Visitor:

Thank you for taking time to participate in this study. Our objective is to learn about the expectations, opinions, and interests of visitors to Death Valley National Monument. This will assist us in our efforts to better manage Death Valley and serve you, the visitor.

This questionnaire is only being given to a select number of visitors.
Your participation is very important! It should only take a few minutes of your time during your visit to Death Valley National Monument.

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

If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Sincerely,

Edwin L. Rothfuss
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 AND PAPERWORK REDUCTION ACTS STATEMENT:

16 U.S.C. 1a-7 authorizes the collection of this information. The primary use of this information is to learn about the expectations, opinions and interests of visitors to this park and will be used by park managers to better manage this park. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. The information may also be provided to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law; to the Department of Justice when relevant to litigation or anticipated litigation.

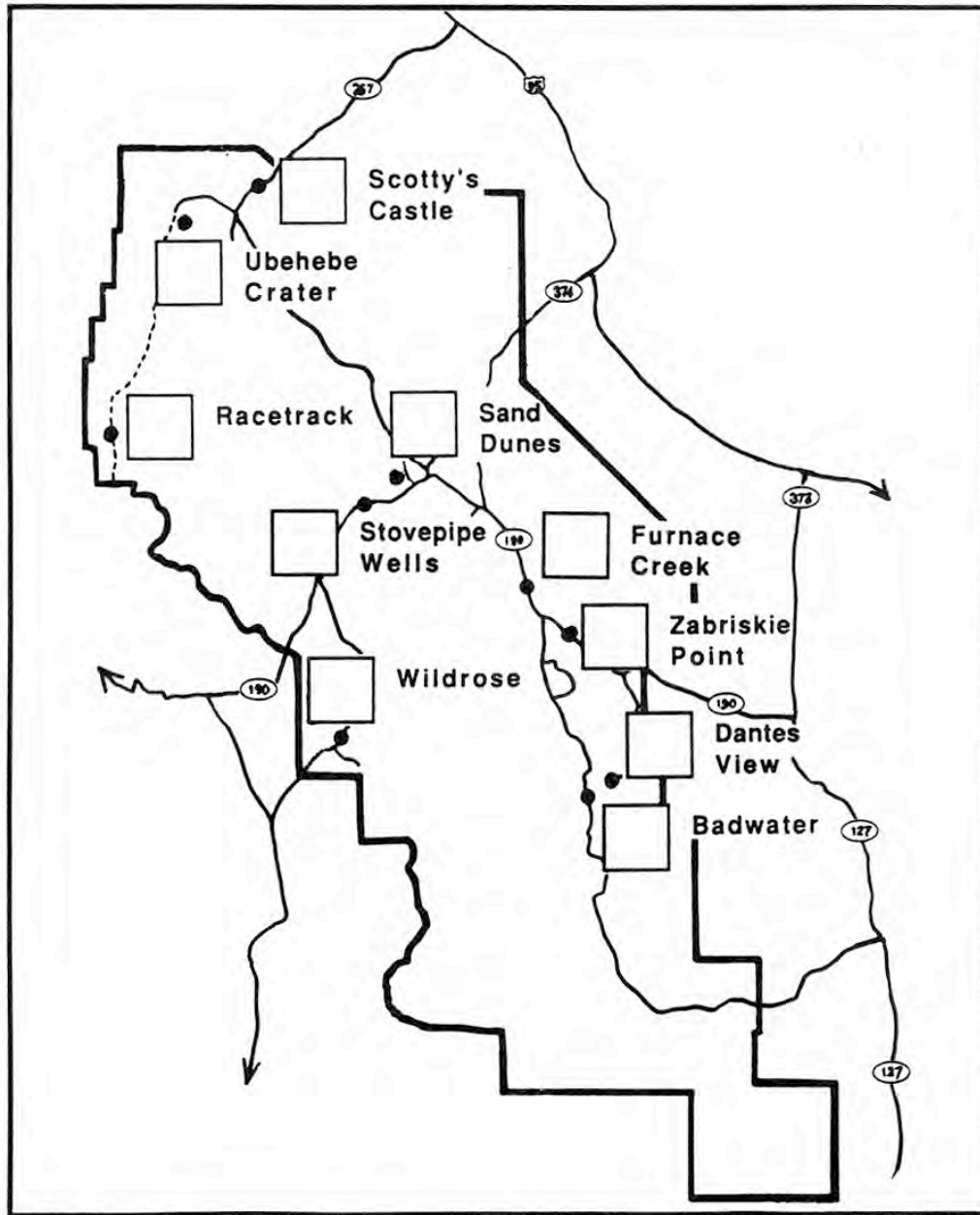
BURDEN ESTIMATES: Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the collection of information. Direct comments regarding the burden estimate or any other aspect of this form to Service Information Collection Clearance Officer, National Park Service, Department of the Interior, Washington D.C. 20240; and the Office of Management and Budget, Paperwork Reduction Project, 1024-0061, Washington D.C. 20503.

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VISITING DEATH VALLEY

1. On the map below, please indicate the order in which you and your group visited the places in Death Valley National Monument. Simply write 1, 2, 3, and so forth, in the box beside each place you visited. If you did not visit a place, leave the box blank.



YOUR ACTIVITIES

2. On the list below, please check the activities that you and your group did at Death Valley National Monument during this visit. Please check (✓) **all** that apply.

_____ VIEW SCENERY

_____ VISIT MINING RUINS/HISTORIC SITES

_____ VISIT SCOTTY'S CASTLE GROUNDS

_____ TAKE RANGER-LED TOUR OF SCOTTY'S CASTLE

_____ DRIVE BACKCOUNTRY/UNPAVED ROADS

_____ HIKE LESS THAN 2 HOURS

_____ HIKE MORE THAN 2 HOURS

_____ GOLF

_____ SWIM

_____ TAKE PHOTOGRAPHS

_____ SHOP

_____ STARGAZE

_____ OTHER (Please describe: _____)

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YOU AND YOUR OPINIONS

3. What languages do you, or someone in your group, understand and speak fluently? Please check (√) **all** that apply.

_____ FRENCH

_____ ITALIAN

_____ GERMAN

_____ SPANISH

_____ ENGLISH

_____ JAPANESE

_____ OTHER (Please specify: _____
_____)

4. How many hours did you and your group spend in Death Valley National Monument on this visit?

If less than 24 hours:

_____ NUMBER OF HOURS

If 24 hours or more:

_____ NUMBER OF DAYS

5. How many people were in your group?

_____ NUMBER OF PEOPLE

6. What kind of group were you with?

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ GUIDED TOUR GROUP

_____ OTHER (Please describe: _____)

7. For you and your group, please indicate:

	CURRENT AGE	ZIP CODE OR COUNTRY	# TIMES VISITED (including this visit)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

8. If you and your group stayed overnight in Death Valley National Monument, please write the **number** of nights you spent in each type of accommodation.

of nights?

_____ MOTEL

_____ TENT CAMPGROUND

_____ RV CAMPGROUND

_____ OTHER (Please specify:_____)

9. a) During this visit to Death Valley National Monument, was there anything specific which you and your group wanted to see or do, but were not able to?

_____ YES

_____ NO

—————▶ GO ON TO QUESTION 10



b) What was it? _____

c) What prevented you from being able to see that feature or do that activity? _____

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10. How important were the following features to you and your group during your visit to Death Valley National Monument? Please mark each item from 1 to 5 (1= EXTREMELY IMPORTANT, 2= VERY IMPORTANT, 3= MODERATELY IMPORTANT, 4= SOMEWHAT IMPORTANT, 5= NOT IMPORTANT).

How important?

(1-5)

- _____ EXPERIENCING THE DESERT
- _____ CLEAN AIR
- _____ VIEWING WILDLIFE
- _____ VISITING MINING/HISTORIC SITES
- _____ SOLITUDE
- _____ INTERPRETIVE PUBLICATIONS
- _____ NIGHT SKY VIEWS
- _____ OTHER (Please specify:_____)

11. a) During this visit, did you and your group purchase anything at the Visitor Center or Scotty's Castle bookstores?

_____ YES _____ NO

- b) Which of the following interpretive or educational sales items would be the most useful for you on future visits? Please check (✓) **only one**.

- _____ FOREIGN LANGUAGE PUBLICATIONS
- _____ VIDEOS/CASSETTES
- _____ MAPS
- _____ PUBLICATIONS ON SPECIFIC SUBJECTS (e.g. desert life, history, etc.)
- _____ OTHER (Please specify:_____)



12. Please rate the usefulness of the interpretive or information services you and your group used during this visit to Death Valley National Monument. Mark each service used from 1 to 5 (1= EXTREMELY USEFUL, 2= VERY USEFUL, 3= MODERATELY USEFUL, 4= SOMEWHAT USEFUL, 5= NOT USEFUL).

	How useful? (1-5)
PARK BROCHURE/MAP	_____
SELF-GUIDED TRAIL GUIDES	_____
VISITOR CENTER BOOKSTORE	_____
VISITOR CENTER FILMS/SLIDE SHOWS	_____
VISITOR CENTER MUSEUM	_____
SCOTTY'S CASTLE EXHIBIT ROOM	_____
BORAX MUSEUM	_____
RANGER PERSONNEL	_____
CONCESSION PERSONNEL	_____
ROADSIDE EXHIBITS	_____
INFORMATIONAL SIGNS (entrance fee, campground registration, etc.)	_____

PLEASE GO ON TO NEXT PAGE



13. a) During this visit, did you and your group visit Scotty's Castle?

_____ YES _____ NO  GO ON TO QUESTION 14


b) What did you like **most** about the Scotty's Castle tours and services?

c) What did you like **least** about the Scotty's Castle tours and services?

14. On this visit, what was the **primary** reason you and your group visited Death Valley National Monument? Please check (√) **only one**.

- _____ TO SEE DESERT SCENERY
- _____ TO VIEW/STUDY DESERT PLANTS/ANIMALS
- _____ TO LEARN ABOUT/STUDY DEATH VALLEY HISTORY
- _____ TO VISIT SCOTTY'S CASTLE
- _____ TO ENJOY RECREATION AT RANCH (golf, swim, etc.)
- _____ TO ENJOY RECREATION IN PARK (hike, drive backcountry roads, etc.)
- _____ OTHER (Please describe: _____)

STAMP

OFFICIAL BUSINESS

**Visitor Services Project
Cooperative Park Studies Unit
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