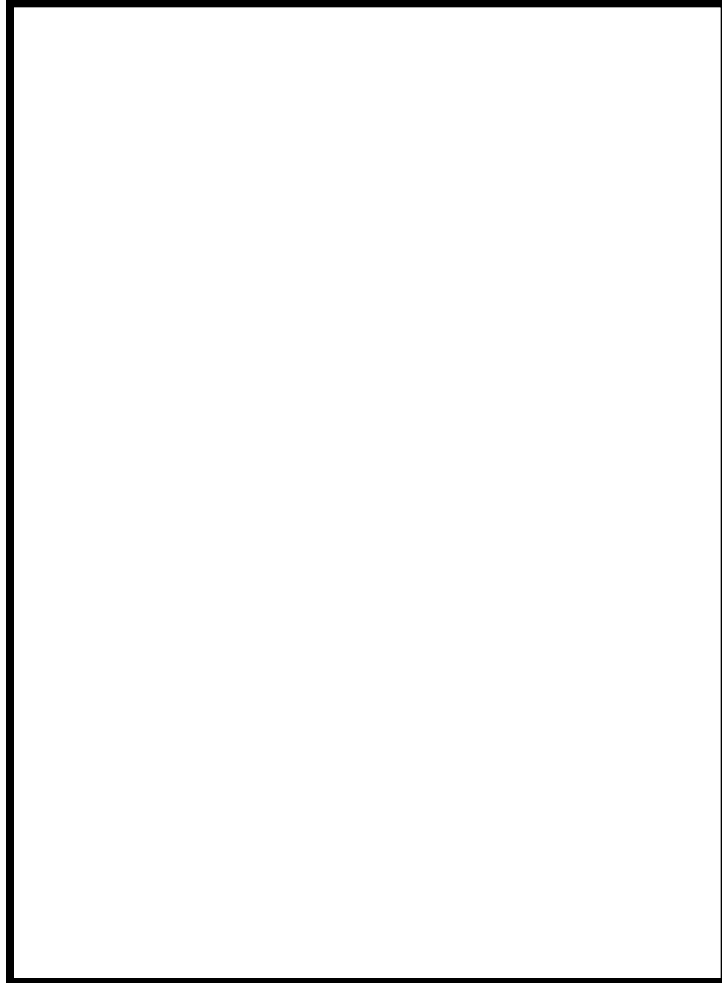


# **Zion Visitor Study**



**The  
Visitor Services  
Project**



**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 authorize 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.

**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 Service Information Collection Clearance Officer, National Park Service, P.O. Box 37127, Washington, D.C. 20014-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-0090, Washington, D.C. 20503.

**PLEASE GO ON TO NEXT PAGE**



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## YOU AND YOUR OPINIONS

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

- \_\_\_\_\_ RECEIVED NO INFORMATION PRIOR TO VISIT - **GO ON TO QUESTION 2**
- \_\_\_\_\_ TRAVEL GUIDE/TOUR BOOK
- \_\_\_\_\_ NEWSPAPER/MAGAZINE
- \_\_\_\_\_ MAPS
- \_\_\_\_\_ ADVICE FROM FRIENDS OR RELATIVES
- \_\_\_\_\_ PREVIOUS VISITS
- \_\_\_\_\_ TELEPHONE INQUIRY TO PARK
- \_\_\_\_\_ WRITTEN INQUIRY TO THE PARK
- \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

2. On this visit, how much time did you and your group spend in Zion National Park?

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

If 24 hours **or more**: \_\_\_\_\_ NUMBER OF DAYS (Please list the nearest 1/4 day, e.g. 2-1/4, 2-1/2, etc.)

3. What kind of group were you with? Please check ( / ) only **one**.

- \_\_\_\_\_ ALONE
- \_\_\_\_\_ FAMILY
- \_\_\_\_\_ FRIENDS
- \_\_\_\_\_ FAMILY AND FRIENDS
- \_\_\_\_\_ GUIDED TOUR GROUP
- \_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

## VISITING ZION

4. On the list below, please indicate the **order** in which you and your group visited these sites at Zion National Park during this trip. Simply write 1, 2, 3, and so forth, in the blank beside each place you visited. Do not mark any sites you did not visit. The map below is to aid you in locating the sites.

#	#
_____ ZION CANYON VISITOR CENTER	_ ZION LODGE
_____ CANYON OVERLOOK TRAIL SINAWAVA	_____ TEMPLE OF
_____ WEST RIM TRAILS (Angels Landing, Emerald Pools) (paved)	_____ GATEWAY TO THE NARROWS TRAIL
_____ EAST RIM TRAILS (Weeping Rock, Echo & Hidden Canyons)	_____ THE NARROWS (beyond paved trail)
	_____ SPRINGDALE
	_____ CHECKERBOARD MESA
	_____ LAVA POINT
	_____ KOLOB CANYONS
	_____ OTHER (please specify: _____)

**Zion  
National  
Park**

PLEASE GO ON TO NEXT PAGE



## YOUR ACTIVITIES

5. On the list below, please check all of the activities that you and your group did at Zion National Park during this visit. Please check ( / ) **all** that apply.

- \_\_\_\_\_ STOP AT SCENIC PULLOUTS
- \_\_\_\_\_ TAKE PHOTOGRAPHS AND/OR PAINT/DRAW
- \_\_\_\_\_ HIKE UNDER 2 HOURS
- \_\_\_\_\_ HIKE OVER 2 HOURS
- \_\_\_\_\_ ATTEND RANGER-LED WALK
- \_\_\_\_\_ ATTEND RANGER-LED TALK
- \_\_\_\_\_ HORSEBACK RIDE
- \_\_\_\_\_ TUBE/WADE IN RIVER
- \_\_\_\_\_ BICYCLE
- \_\_\_\_\_ CAMP IN DEVELOPED CAMPGROUND
- \_\_\_\_\_ CAMP AT BACKCOUNTRY CAMPSITE
- \_\_\_\_\_ PICNIC
- \_\_\_\_\_ SHOP AT VISITOR CENTER BOOKSTORE
- \_\_\_\_\_ SHOP AT THE ZION LODGE
- \_\_\_\_\_ OTHER (Please describe:\_\_\_\_\_)

## YOU AND YOUR OPINIONS

6. How many people were in your group?

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

7. For you and your group, please indicate:

	<b>CURRENT AGE</b>	<b>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</b>	<b># TIMES VISITED (INCLUDING THIS VISIT)</b>
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

8. a) During this trip did you and your group visit Kolob Canyons?

\_\_\_\_\_ YES      \_\_\_\_\_ NO - **PLEASE GO ON TO QUESTION 9**

[  
b) At Kolob Canyons, which of these activities did you and your group do? Please check ( / ) **all** that apply.

\_\_\_\_\_ HIKE TRAILS      \_\_\_\_\_ OBTAIN INFORMATION OR BROCHURES  
 \_\_\_\_\_ USE RESTROOMS      \_\_\_\_\_ VISIT KOLOB VISITOR CENTER  
 \_\_\_\_\_ DRIVE SCENIC ROAD      \_\_\_\_\_ PURCHASE VISITOR CENTER SALES ITEMS  
 \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

c) Did you and your group visit Zion Canyon?

\_\_\_\_\_ YES      \_\_\_\_\_ NO - **PLEASE GO ON TO QUESTION 9**

d) Did you and your group decide to visit Zion Canyon because you learned about it during your visit to Kolob Canyons?

\_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ DON'T KNOW

**PLEASE GO ON TO NEXT PAGE**



9. During this visit, how much money did you and your group spend inside Zion National Park and outside the park (within a 1 hour drive of Zion National Park) on lodging, travel, food, and other items? Please write "0" if you did not spend any money.

**INSIDE PARK**

**OUTSIDE PARK**

(WITHIN A 1 HR. DRIVE OF ZION NP)

\$_____	LODGING (motel, camping, etc.)	\$_____
\$_____	TRAVEL (gas, bus fare, etc.)	\$_____
\$_____	FOOD (restaurant, groceries, etc.)	\$_____
\$_____	OTHER (recreation, film, gifts, etc.)	\$_____

10. a) Please check ( / ) the commercial visitor services which you and your group **used** during this visit to Zion National Park.  
 b) Next, for only those services which you and your group **used**, please rate their **importance** from 1-5 using the list below.  
 c) Finally, for only those services which you or your group **used**, please rate their **quality** from 1-5 using the list below.

1=EXTREMELY IMPORTANT	1=VERY GOOD
2=VERY IMPORTANT	2=GOOD
3=MODERATELY IMPORTANT	3=AVERAGE
4=SOMEWHAT IMPORTANT	4=POOR
5=NOT IMPORTANT	5=VERY POOR

Use service? Check ( / )	Importance?	Quality? (1-5)	(1-5)
_____	FOOD SERVICE	_____	_____
_____	LODGING	_____	_____
_____	GIFT SHOP	_____	_____
_____	HORSEBACK RIDES	_____	_____
_____	TRAM TOUR	_____	_____



11. a) Please check ( / ) the interpretive services which you and your group **used** during this visit to Zion National Park.
- b) Next, for only those services which you and your group **used**, please rate their **importance** from 1-5 using the list below.
- c) Finally, for only those services which you or your group **used**, please rate their **quality** from 1-5 using the list below.

1=EXTREMELY IMPORTANT	1=VERY GOOD
2=VERY IMPORTANT	2=GOOD
3=MODERATELY IMPORTANT	3=AVERAGE
4=SOMEWHAT IMPORTANT	4=POOR
5=NOT IMPORTANT	5=VERY POOR

Use service? ( / )	Importance?	Quality?	(1-5)	(1-5)
_____	PARK MAP/BROCHURE		_____	_____
_____	PARK NEWSPAPER ( <i>The Sentinel</i> )		_____	_____
_____	VISITOR CENTER EXHIBITS		_____	_____
_____	VISITOR CENTER SALES PUBLICATIONS		_____	_____
_____	VISITOR CENTER PERSONNEL		_____	_____
_____	JUNIOR RANGER PROGRAM		_____	_____
_____	RANGER-LED PROGRAMS (OTHER THAN JUNIOR RANGER)		_____	_____
_____	BULLETIN BOARDS		_____	_____
_____	ROADSIDE EXHIBITS		_____	_____
_____	PARK RADIO INFORMATION STATION		_____	_____
_____	HIGHWAY DIRECTIONAL SIGNS		_____	_____
_____	SAFETY INFORMATION		_____	_____

PLEASE GO ON TO NEXT PAGE



10

12. On this visit, what was your **primary** reason for visiting southern Utah? Please check ( / ) **only one**.

- \_\_\_\_\_ VISIT ZION NP
- \_\_\_\_\_ VISIT OTHER AREA ATTRACTIONS
- \_\_\_\_\_ VISIT FRIENDS/RELATIVES
- \_\_\_\_\_ BUSINESS TRIP
- \_\_\_\_\_ TRAVELING THROUGH (no planned destination in area)
- \_\_\_\_\_ RECREATION (camping, hiking, etc.)
- \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_ )  
\_\_\_\_\_ )

13. a) During this visit to Zion National Park, did you and your group feel crowded? Please check ( / ) **only one**.  
\_\_\_\_\_ YES    \_\_\_\_\_ NO    \_\_\_\_\_ DON'T KNOW -GO ON TO QUESTION 14

b) Please use the scale below to rate (from 1-4) whether you and your group felt that the park was crowded in the number of people and vehicles present during your visit.

<b>Crowded?</b>	
(1-4)	
_____ PEOPLE	1=NOT AT ALL CROWDED
	2=SLIGHTLY CROWDED
	3=MODERATELY CROWDED
_____ VEHICLES	4=EXTREMELY CROWDED

14. a) What did you and your group like **most** about your visit to Zion National Park? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) What did you and your group like **least** about your visit to Zion National Park? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. In the future, an additional visitor information station is being considered for Zion National Park. Which of these alternatives would you and your group prefer? Please check ( / ) **only one**.

\_\_\_\_\_ INFORMATION STATION NOT NEEDED

\_\_\_\_\_ INFORMATION STATION AT ZION'S EAST ENTRANCE

\_\_\_\_\_ INFORMATION STATION AT THE JUNCTION OF U.S. 9 AND U.S. 89 (MT. CARMEL JCT.)

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

16. If you were a manager planning for the future of Zion National Park, what would you propose? Please be specific.

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17. Is there anything else you and your group would like to tell us about your visit to Zion National Park and the surrounding area?

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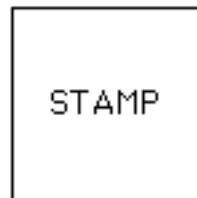
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Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.



**OFFICIAL BUSINESS**

**Visitor Services Project  
Cooperative Park Studies Unit  
Department of Forest Resources  
College of Forestry, Wildlife and  
Range Sciences  
University of Idaho  
Moscow, Idaho 83843**