Cumberland Island National Seashore

Visitor Study





The Visitor Services Project

OMB Approval 1024-0211 Expiration Date: 04-03-99

| | United States Department of the Interior |
|-------------------------------|--|
| | NATIONAL PARK SERVICE Cumberland Island National Seashore P.O. Box 806 |
| | St. Marys, Georgia 31550 |
| IN REPLY REFER TO: | |
| March, 1998 | |
| Dear Visitor: | |
| is to gather inform | k you for taking the time to participate in this important study. Our goal ation concerning the expectations, opinions, and interests of park may better serve you in the future. |
| is very important! | e is only being given to a select number of visitors, so your participation I would really appreciate you taking the time to answer the questions You need only seal it with the sticker provided on the last page and mailbox. |
| Scientist, or Marga | estions, please contact Dr. Gary E. Machlis, Visiting Chief Social aret Littlejohn, VSP Coordinator, Cooperative Park Studies Unit, o, Moscow, Idaho 83844-1133. |
| Your opinion is ap | preciated. |
| Sincerely, | |
| Denis Davis 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.

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YOUR VISIT TO CUMBERLAND ISLAND NATIONAL SEASHORE

1. a) Prior to your visit to Cumberland Island National Seashore, how did you and your group get information about the park? Please check () all that apply.

| RECEIVED NO INFORMATION PRIOR TO VISIT + GO ON TO |
|---|
| QUESTION 2 |
| FRIENDS/ RELATIVES |
| TELEPHONE INQUIRY TO THE PARK |
| WRITTEN INQUIRY TO THE PARK |
| HIGHWAY SIGNS |
| MAPS |
| NEWSPAPER/ MAGAZINE ARTICLE |
| TV/ RADIO |
| TRAVEL GUIDE/ TOUR BOOK |
| INTERNET/ WORLD WIDE WEB |
| STATE TRAVEL INFORMATION CENTERS |
| OTHER (Please specify:) |
| b) Did you and your group have difficulty obtaining information from any of the above sources? Please check () only one. |
| YESNONOT SURE |
| GO ON TO QUESTION 2 |
| c) If YES, what information did you have difficulty obtaining? |

d) Why did you have difficulty obtaining the information?

2. On this visit, how much time did you and your group spend at Cumberland Island National Seashore?

If less than 24 hours: _____ NUMBER OF HOURS If 24 hours or more: _____ NUMBER OF DAYS (Please list partial days as 1/4, 1/2, etc.)

 During this trip to Cumberland Island National Seashore, what type of transportation did you and your group use to get to the island? Please check () all that apply.

_____ FERRY

_____ PRIVATE BOAT

- _____ GRAYFIELD BARGE/ SHUTTLE
- _____ OTHER (Please specify: ______)
- 4. On this visit, what were you and your group's **reasons for visiting** Cumberland Island National Seashore? Please check () all that apply.
 - _____ SOLITUDE/ QUIET
 - _____ NATURE STUDY
 - VISIT THE BEACH
 - VISIT HISTORICAL AREA
 - _____ VIEW SCENERY/ WILDLIFE
 - _____ RECREATIONAL OPPORTUNITIES (walking/hiking, camping, fishing, beachcombing, etc.)
 - ATTEND AN INTERPRETIVE/ NATURE PROGRAM
 - VISIT PRIMITIVE AREA WITH LIMITED NUMBERS OF VISITORS/ VEHICLES
 - FISHING
 - _____ OTHER (Please specify: ______)

PLEASE GO ON TO NEXT PAGE

YOUR ACTIVITIES

- 5. a) On the list below, please check () all of the activities that you and your group participated in **on the island** at Cumberland Island National Seashore **during this visit**.
 - b) Please check all of the activities that you and your group have done **on the island** at Cumberland Island National Seashore **during past visits**.

| <u>This visit (√)</u> | Past visits (√) |
|-------------------------------|-----------------|
| SIGHTSEEING | |
| WATCHING BIRDS/ WILDLIFE | |
| NATURE STUDY | |
| BEACHCOMBING | |
| HIKING/ WALKING | |
| CAMPING | |
| SUNBATHING | |
| SWIMMING | |
| FISHING | |
| VISITING HISTORIC SITES | |
| PICNICKING | |
| ATTENDING RANGER-LED PROGRAMS | |
| BICYCLING | |
| OTHER Please describe: | |
| () () past v |) visits |

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

_____ NUMBER OF PEOPLE

7. On this visit, were you with a guided tour group?

_____YES _____NO

8. On this visit, were you with a school/ educational group?

_____YES _____NO

9. On this visit, what kind of group were you with? Please check () only one.

_____ ALONE

_____ FAMILY

_____ FRIENDS

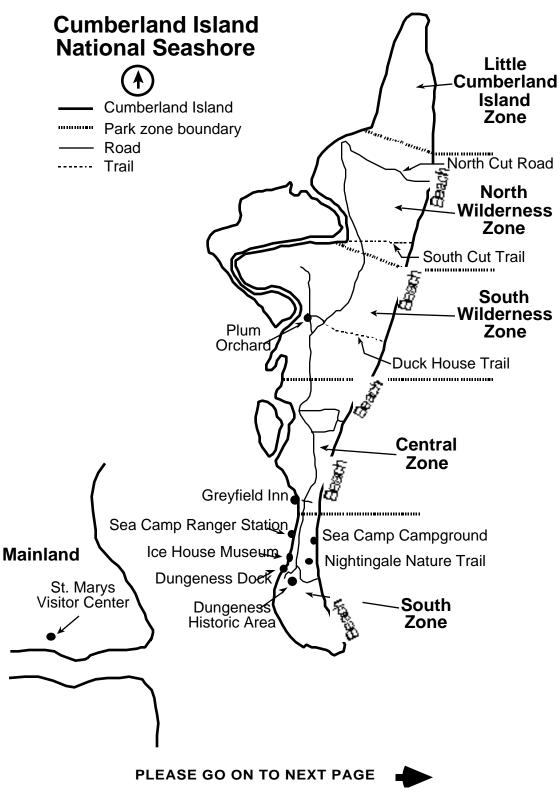
_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: ______)

10. For you and your group, please indicate:

| | CURRENT AGE | U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY | το τηι | | |
|-----------|----------------|--|-------------------|--|--|
| | | | PAST 12 MONTHS | | |
| YOURSELF | | | | | |
| MEMBER #2 | | | | | |
| MEMBER #3 | | | | | |
| MEMBER #4 | | | | | |
| MEMBER #5 | | | | | |
| MEMBER #6 | | | | | |
| MEMBER #7 | | | | | |
| | PLEASE GO C | ON TO NEXT PAGE | | | |

- 11. On the list below, please check () **all** of the places where you and your group traveled during this visit to Cumberland Island National Seashore. Use the map to help you locate where you traveled.
 - _____ ST. MARYS VISITOR CENTER
 - _____ DUNGENESS DOCK
 - _____ DUNGENESS HISTORIC AREA
 - _____ ICE HOUSE MUSEUM
 - _____ SEA CAMP RANGER STATION
 - _____ SEA CAMP CAMPGROUND
 - _____ NIGHTINGALE NATURE TRAIL
 - _____ OTHER AREAS IN SOUTH ZONE (not listed above)
 - _____ GREYFIELD INN
 - _____ CENTRAL ZONE (other than Greyfield Inn)
 - _____ PLUM ORCHARD
 - _____ SOUTH WILDERNESS ZONE (other than Plum Orchard)
 - _____ NORTH WILDERNESS ZONE
 - _____ LITTLE CUMBERLAND ISLAND ZONE
 - _____ BEACH (anywhere on the Atlantic shore in any zone)



- 12. a) Please check () the visitor services which you or your group **used** during this visit to Cumberland Island National Seashore.
 - b) Next, for only those services which you or your group used, please rate their **importance** from 1-5.
 - c) Finally, for only those services which you or your group used, please rate their **quality** from 1-5.

| Use service? | If used, how important? Not Extremely | lf used, what quality? Very Very | | |
|---|---|--|--|--|
| Check (√) | important important <u>1 2 3 4 5</u> | poor good <u>1 2 3 4 5</u> | | |
| PARK BROCHURE/ MAP | | | | |
| NATURE TRAIL/ HISTORIC TOU BROCHUF | | | | |
| OTHER INFORMATIONAL BROC | HURES | | | |
| RANGER-LED PROGRAMS | | | | |
| BOOKS/ SALES ITEMS | | | | |
| VISITOR CENTER ORIENTATION | | | | |
| VISITOR CENTER PERSONNEL | | | | |
| ASSISTANCE FROM EMPLOYE (other than at visitor center) | | | | |
| SEA CAMP RANGER STATION | | | | |
| ICE HOUSE MUSEUM EXHIBITS | S | | | |
| TRAILSIDE EXHIBITS | | | | |
| BULLETIN BOARDS | | | | |
| RESERVATION SYSTEM | | | | |
| FERRY | | | | |

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- 13. a) Please check () the visitor facilities which you or your group **used** during this visit to Cumberland Island National Seashore.
 - b) Next, for only those facilities which you or your group used, please rate their **importance** from 1-5.
 - c) Finally, for only those facilities which you or your group used, please rate their **quality** from 1-5.

| Use facility? | If used, how important? | If used, what quality? | |
|-----------------------------|--|--|--|
| Check ($$) | Not Extremely important important <u>1 2 3 4 5</u> | Very Very poor good <u>1 2 3 4 5</u> | |
| RESTROOMS | | | |
| DIRECTIONAL SIGNS IN THE P | PARK | | |
| PARKING AREA | | | |
| TRAILS | | | |
| SEA CAMP BOARDWALK | | | |
| SEA CAMP CAMPGROUND | | | |
| BACKCOUNTRY CAMPSITES | | | |
| DOCKS | | | |
| ST. MARYS VISITOR CENTER (r | mainland) | | |
| SEA CAMP RANGER STATION | I | | |
| CE HOUSE MUSEUM | | | |

- 14. Visitation to Cumberland Island National Seashore is currently limited to 300 people/day. Which of the following best describes your opinion about the current limit? Please check () only one.
 - _____ MORE VISITORS SHOULD BE ALLOWED
 - _____ CURRENT VISITOR LIMIT IS ABOUT RIGHT
 - _____ FEWER VISITORS SHOULD BE ALLOWED
 - _____ DON'T KNOW

PLEASE GO ON TO NEXT PAGE

15. a) Please use the scale below to rate (from 1 to 5) how crowded you and your group felt during this visit. Please circle **only one**.

| Not at all crowded | | Crowded | | Extremely crowded | |
|-----------------------|---|---------|---|----------------------|--|
| 1 | 2 | 3 | 4 | 5 | |

 b) If you rated the above question by circling 3, 4, or 5, where on Cumberland Island National Seashore were you when you felt crowded? Please be as specific as possible.

c) What time of day did you feel crowded? Please circle **all** that apply.

| MORNING | AFTERNOON | EVENING |
|------------------|------------------|----------------------|
| (6 a.m. to noon) | (Noon to 6 p.m.) | (6 p.m. to midnight) |

16. a) Did you or any members of your group camp in the backcountry during your visit to Cumberland Island National Seashore? Please check () only one.

YES ____NO ➡ GO ON TO QUESTION 17

- b) If YES, how did you feel about the number of other visitors you encountered in the backcountry? Please check () **only one**.
 - ENCOUNTERED TOO MANY VISITORS
 - _____ NUMBER OF VISITORS ENCOUNTERED WAS ABOUT RIGHT
 - ENCOUNTERED TOO FEW VISITORS

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17. a) Did you or any members of your group make reservations to camp or to take the ferry to Cumberland Island National Seashore? Please check () only one.

____NO 🕈 **GO ON TO QUESTION 18** YES

 b) If YES, please describe any changes you would recommend in the current reservation system.

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18. a) During this visit, did other people and their activities interfere with your visit to Cumberland Island National Seashore? Please check () **only one**.

| | YESNO ➡ GO ON TO QUESTION 19 |
|-----|---|
| | ₽ b) If YES, how? |
| 19. | a) It is the National Park Service's responsibility to manage Cumberland Island National Seashore and its natural and historic resources so that they are preserved for future generations. Sometimes this requires restrictions on visitor activities. Do you support the National Park Service's mandate? Please check () only one. |
| | YES NO NOT SURE |
| | b) What do you think are the significant resources that make Cumberland Island worthy of being a unit of the National Park System? |
| 20. | a) Please rate how important Cumberland Island National Seashore is to you. Please circle () only one . |
| | Not Extremely important Important important |
| | 1 2 3 4 5 |
| | b) If you rated it 3, 4 or 5, why is it important? Please be specific. |
| 04 | What is your opinion shout the number of compareunds provided at |
| 21. | What is your opinion about the number of campgrounds provided at Cumberland Island National Seashore? Please check () only one. MORE CAMPGROUNDS ARE NEEDED |
| | CURRENT NUMBER IS ABOUT RIGHT |
| | THERE ARE TOO MANY CAMPGROUNDS |
| | DON'T KNOW |
| | PLEASE GO ON TO NEXT PAGE |

22. For each of the following features or qualities of Cumberland Island National Seashore, please rate its importance (from 1 to 5) to you and your group during this visit. Please circle **one** answer for each feature or quality.

| How important? | Not important | | Important | | Extremely important | Don't <u>know</u> |
|--|------------------|---|-----------|---|------------------------|----------------------|
| NATIVE PLANTS AND ANIMALS | 1 | 2 | 3 | 4 | 5 | 0 |
| SCENIC VIEWS | 1 | 2 | 3 | 4 | 5 | 0 |
| RECREATIONAL OPPORTUNITIES (hiking, camping, fishing, swimming etc.) | 1 | 2 | 3 | 4 | 5 | 0 |
| SOLITUDE | 1 | 2 | 3 | 4 | 5 | 0 |
| QUIET | 1 | 2 | 3 | 4 | 5 | 0 |
| WILDERNESS/ PRIMITIVE SETTING | 1 | 2 | 3 | 4 | 5 | 0 |
| HUMAN HISTORY | 1 | 2 | 3 | 4 | 5 | 0 |
| HORSES | 1 | 2 | 3 | 4 | 5 | 0 |
| FERRY RIDE | 1 | 2 | 3 | 4 | 5 | 0 |
| ABSENCE OF DEVELOPMENT | 1 | 2 | 3 | 4 | 5 | 0 |

23. a) On this visit, what did you and your group like **most** about your visit to Cumberland Island National Seashore?

b) On this visit, what did you and your group like **least** about your visit to Cumberland Island National Seashore?

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24. Overall, how would you rate the quality of the visitor services provided to you and your group at Cumberland Island National Seashore during this visit? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY POOR

25. If you were a manager planning for the future of Cumberland Island National Seashore what would you propose? Please be specific.

26. Is there anything else you and your group would like to tell us about your visit to Cumberland Island National Seashore?

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



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OFFICIAL BUSINESS

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