Glacier Bay National Park Visitor Study





The Visitor Services Project

OMB Approval 1024-0224 Expiration Date: 02-28-2000

United States Department of the Interior

NATIONAL PARK SERVICE Glacier Bay National Park & Preserve P.O. Box 140 Gustavus, AK 99826

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Glacier Bay National Park. This 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 during or after your visit.

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

If you have any questions, please contact Margaret Littlejohn, VSP Coordinator, Cooperative Park Studies Unit, College of Forestry, Wildlife and Range Sciences, University of Idaho, Moscow, Idaho 83844-1133.

We appreciate your help.

Tomic Vatrick Lee

Sincerely,

Tomie Patrick Lee 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.



YOUR VISIT TO GLACIER BAY NATIONAL PARK

Prior to this visit, were you	ou aware that Glacier	Bay National Par	k is a unit of the				
NO	YES	NOT	SURE				
	lacier Bay National P bout the park? Please	ark, how did you e check (√) all tha	and your group at apply.				
RECEIVED NO	→ GO ON TO QUESTION 3						
PREVIOUS V							
TRAVEL GUID	DE/ TOUR BOOK						
TRAVEL AGE	NT						
FRIENDS/ RE	LATIVES						
TELEVISION/	RADIO PROGRAM	1S					
TELEPHONE/	WRITTEN INQUIR	Y TO PARK					
SCHOOL/ CC	LLEGE CLASS						
NEWSPAPER	/ MAGAZINE ARTI	CLES					
INTERNET/ GLACIER BAY NP WEBSITE (www.nps.gov/glba)							
ALASKA <i>MILE</i>	EPOST						
CENTENNIAL	HALL INFORMATION	ON CENTER IN	I JUNEAU, ALASKA				
OTHER (Pleas	se specify:)				
b) From the sources che information about the	necked above, did yo e park that you neede	u and your grouped?	receive the type of				
NO	YES	NOT	SURE				
c) If NO, what type of p specific.	eark information did y	GO ON TO QU ou and your grou					
d) Please rate the amo Glacier Bay National	unt of park informatio Park. Please circle o		rior to your visit to				
NOT ENOUGH	ABOUT RIGH	т тоо	MUCH				

3.	On this trip, what forms of transportation did you and your group use to arrive at Glacier Bay National Park? Please check ($$) all that apply.	
Т	ransport to park?($$)	
	STATE OR PRIVATE FERRY	
	CHARTER BOAT	
	BARE BOAT CHARTER (self-operated, rented vessel)	
	TOUR BOAT (other than Spirit of Adventure)	
	PRIVATE BOAT	
	TAXI	
	SHUTTLE FROM GUSTAVUS LODGE/ BED & BREAKFAST	
	RENTAL CAR	
	FOOT/ BICYCLE	
	AIRPLANE	
	PRIVATE VEHICLE (car, pickup, van, etc.)	
	OTHER (Please specify:	_)
	participated in during this visit to Glacier Bay National Park. BOATING FISHING FLIGHTSEEING TRAVELING ON A TOUR BOAT KAYAKING HIKING IN THE BACKCOUNTRY CAMPING IN THE BACKCOUNTRY ATTENDING RANGER-LED ACTIVITIES RELAXING VIEWING WILDLIFE VIEWING GLACIERS	
	VISITING BARTLETT COVE	
	VISITING GUSTAVUS	
	OTHER (Please specify:)



5. On this visit, how important were the following **reasons for visiting** Glacier Bay National Park to you and your group? Please circle **one** answer for each feature or quality.

How important?	Not important		Moderately important		mely ortant	Don't know
VISIT A NATIONAL PARK	1	2	3	4	5	0
ENJOY SCENIC BEAUTY	1	2	3	4	5	0
VIEW WILDLIFE	1	2	3	4	5	0
VIEW GLACIERS	1	2	3	4	5	0
VISIT ALASKA	1	2	3	4	5	0
RECREATIONAL OPPORTUNITIES (hiking, kayaking, backpacking, etc.)		2	3	4	5	0
EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	0
EXPERIENCE WILDERNESS	1	2	3	4	5	0
ENJOY SOLITUDE/ QUIET	1	2	3	4	5	0
PART OF A PACKAGED TOUR	1	2	3	4	5	0
SPEND TIME WITH FAMILY/ FRIE	NDS1	2	3	4	5	0
USE BARTLETT COVE FACILITIES	S 1	2	3	4	5	0

6.	On this visit, how long did you and your group spend visiting Glacier Bay National Park?
	f less than 24 hours NUMBER OF HOURS
	f 24 hours or more NUMBER OF DAYS (Please list partial days as 1/4, 1/2,etc.)
7.	On this visit, how long did you and your group spend visiting Bartlett Cove?
	DID NOT VISIT BARTLETT COVE → GO ON TO QUESTION 8
	f less than 24 hours NUMBER OF HOURS
	f 24 hours or more NUMBER OF DAYS (Please list partial days as 1/4, 1/2,etc.)

8.	On this visit, what kind of group were you with? Please check ($$) only one .						
	ALONE		FAMILY				
	FRIENDS		FAMILY A				
	OTHER (F	Please descr	ibe:)			
9.	On this visit, how r	many people	were in your group, includ	ing yourself?			
	NUMBER	OF PEOPL	E				
10.	For you and each	member of y	our group on this visit, plea	ase indicate:			
		RENT AGE	OR NAME OF	NUMBER OF VISITS TO GLACIER BAY NP (INCLUDING THIS VISIT)			
	YOURSELF						
	MEMBER #2						
	MEMBER #3						
	MEMBER #4						
	MEMBER #5						
	MEMBER #6						
	MEMBER #7						
11.	How do you and you Please check (√) a	our group pro	efer to learn about Glacier	Bay National Park?			
	MAPS AND BROCHURES						
	ACCESS TO A LIBRARY AT THE PARK						
	OTHER PUBLICATIONS (books, park newspaper, etc.)						
	INDOOR EXHIBITS						
		OUTDOOR EXHIBITS/ TRAIL SIGNS					
	RANGER						
			HOWN IN PARK				
	MOVIES/			`			
	OTHER (F	'lease descr	ibe:)			



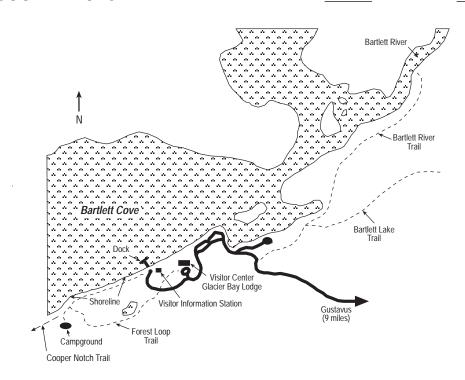
- 12. a) Please check ($\sqrt{}$) the information services that you or your group **used** during this trip to Glacier Bay National Park.
 - b) Next, for only those services that you or your group used, please rate their **importance** from 1-5.

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

Use information service? Check (√)	If used, how important? Not Extremely important important	Very Very		
	1 2 3 4 5			
PARK BROCHURE/ MAP				
PARK MOVIE/ VIDEO				
VISITOR CENTER EXHIBITS				
OUTDOOR EXHIBITS/ TRAIL	SIGNS			
ASSISTANCE FROM PARK	EMPLOYEES			
RANGER AUDITORIUM PRE	SENTATION			
RANGER NARRATION ON TO	OUR BOAT			
RANGER-LED WALK/ HIKE				
RANGER INFORMATION DES	SK AT LODGE			
CAMPER ORIENTATION BY	RANGER			
BOATER ORIENTATION BY	RANGER			
BOATER MARINE VHF WEAT INFORMATION REPORT BY				
SALES/ PUBLICATIONS IN V				

- 13. a) Please check (√) the visitor facilities that you or your group **used** at Glacier Bay National Park during this visit. Use the map below to help you locate the facilities you used.
 - b) Next, for only those facilities that you or your group used, please rate their **importance** from 1-5.
 - c) Finally, for only those facilities that you or your group used, please rate their **quality** from 1-5.

a) Used facility in Glacier Bay NP?	b) If used, how important? Not Extremely important important	c) If used, what quality? Very Ver poor goo		
Check(√)	1 2 3 4 5	1 2 3	4 5	
BARTLETT COVE CAMPGRO	OUND			
DOCK				
ACCESSIBILITY FOR DISABL	ED PERSONS		_	
BARTLETT COVE TRAILS				
SHORELINE TRAIL				
FOREST LOOP TRAIL			_	
BARTLETT LAKE TRAIL			_	
BARTLETT RIVER TRAIL			_	
COOPER NOTCH TRAIL				





- 14. a) Please check (√) the concession/ commercial services and facilities that you or your group **used** during this visit to Glacier Bay National Park.
 - 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 concession service/ facility? quality?	If used, how important?	If used, what
Check (√)	Not Extremely important important 1 2 3 4 5	
GLACIER BAY LODGE H	OTEL	
GLACIER BAY LODGE F	RESTAURANT	
GLACIER BAY LODGE G	IFT SHOP	
GLACIER BAY LODGE R	RESTROOMS	
GLACIER BAY LODGE T (Spirit of Adventure)	OUR BOAT	
TOUR BOAT (other than Sp	oirit of Adventure)	
FLIGHTSEEING		
CAMPER FACILITIES (sho	ower, laundry)	
CHARTER BOAT		
BARE BOAT CHARTER (self-operated, ented vessel)	
KAYAK RENTAL		
GUIDED KAYAK TRIP		
15. a) Did you and/or any members National Park?	of your group fish during this vi	sit to Glacier Bay
	NO - GO ON TO QUESTIC	N 16
 b) If YES, please indicate the to group caught and kept. 	otal number of fish you and men	nbers of your
 c) Finally, please check (√) whet saltwater. 	her the fish were caught in fresh	water or
# CAUGHT SALTWATER	# KEPT FRESHWATE	7
SALMON		
HALIBUT		
OTHER		

16.	a) During this visit kayak, hike, an	to Glacier Bay National d/or camp in the backco	Park, did you or anyon untry (not at Bartlett Co	e in your group ve)?
	YES	NO → G	O ON TO QUESTION	l 17
	(√) all that app TRAIL CAMP HARDI LITTEF OTHEI FOOD OTHEI	S FIRE RINGS ENED TENT SITES R VEGETATION IMPA SCRAPS R (Please specify: , hiking, and/or camping	ACTS) y of the following
	(other than you in each column.	ır group) did you see pe	e r day ? Please check (√) one answer
	KAYAKERS/ CAMPERS	CRUISE SHIPS	OTHER BOATS	AIRPLANES
	0	0	0	0
	1 - 2	1	1 - 2	1 - 2
	3 -10	2	3 -10	3 -10
	11 OR MORE	DO NOT	11 OR MORE	11 OR MORI
	_ DO NOT REMEMBER	REMEMBER	DO NOT REMEMBER	DO NOT REMEMBER
	d) While kayaking uses affect you answer for each	, hiking, and/or camping and your group's park item.	g, how did seeing the fo experience? Please cl	llowing park neck (√) one
	Affect your park	experience? Adde	ed to No effect D	etracted from
	KAYAKERS/	CAMPERS		
	CRUISE SHIP	PS		
	OTHER BOAT	ΓS		
	AIRPLANES			



12 17.	 a) On this visit to Glacier Bay National Park, did you and your group travel up into the bay (Glacier Bay proper) on a private, charter or tour boat (not a kayak)? YES NO → GO ON TO QUESTION 18 b) While on the vessel, how many of the following on average (other than your 						
	group) did you	essel, how many of the see per day ? Please c	following on average (or heck ($$) one answer in	other than your n each column.			
	KAYAKERS/ CAMPERS	CRUISE SHIPS	OTHER BOATS	AIRPLANES			
	0	0	0	0			
	1 - 2	ı 1	1 - 2	1 - 2			
	3 -10	2	3 -10	3 -10			
	11 OR MORE		11 OR MORE	11 OR MORE			
	DO NOT REMEMBER	REMEMBER	DO NOT REMEMBER	DO NOT REMEMBER			
18.	group's park ex Affect your park KAYAKERS/ CRUISE SHIF OTHER BOA AIRPLANES a) During this visit	TS to Glacier Bay National group wanted to see or o	ck (√) one answer for each to No effect Document of the No effect D	ach item. etracted from ng specific which			
	,	d you from being able to	see that feature or do	that activity?			
19.	any changes t	ted Glacier Bay Nationa o the park since your las	st visit?	•			
	YES NO → GO ON TO QUESTION 20 b) If YES, what changes did you notice?						

20. a) On th Glacie	is visit, what subjects were you most interested in learning about er Bay National Park? Please check ($$) all that apply.
	NOT INTERESTED IN LEARNING ABOUT PARK → GO ONTO
	QUESTION 21 _ EARLY EXPLORATIONS
	_ TLINGIT HERITAGE AND CULTURE
	_ WILDLIFE
	_ GLACIERS
	_ GEOLOGY
	_ CLIMATE
	_ RAIN FOREST
	_ UNDERWATER ENVIRONMENT
	_ WILDERNESS VALUES/ ETHICS
	_ RESEARCH IN THE PARK
	_ LIFE OF A RANGER
	_ CAMPING/ KAYAKING SAFETY TIPS
	_ PARK ISSUES
	_ OTHER (Please describe:)
b) On th informat	is visit, were there any subjects about which you did not receive enough ion?
	YES NO NOT SURE
\downarrow	GO ON TO QUESTION 21
c) If YES	S, what were the subjects?



21. For any of the following elements that you and your group experienced in Glacier Bay National Park, please indicate how they affected your park experience.

Affect your park experience?	Added to	No effect	Detracted from
AIRCRAFT NOISE			
BACKCOUNTRY PERMIT SYSTEM			
KAYAKER/ CAMPER NOISE			
NON-MOTORIZED AREAS			
NUMBER OF BOATS AT ANCHORAGES	S		
NUMBER OF PEOPLE AT BACK- COUNTRY CAMPSITES			
NUMBER OF PEOPLE ON BARTLETT COVE TRAILS			
NUMBER OF VESSELS AT GLACIERS			
SEEING HIKERS/ KAYAKERS/ CAMPER	S		
VESSEL PERMIT SYSTEM			
VESSEL NOISE			
VESSEL STACK EMISSIONS			
22. a) On this visit, what did you and your gro Bay National Park?	oup like mos t	t about your	visit to Glacier
b) On this visit, what did you and your gro Bay National Park?	oup like least	about your	visit to Glacier

ls th Glad	ere anyth cier Bay N	ing el lationa	se you al Park?	and y	our gro	up wou	ıld like	e to tell	us a	bout yo	our vi:
Ove	erall, how I your gro	would up at 0	d you ra	ate the Bay N	e qualit lational	y of the Park di	visito	or serv this vis	ices p	provide Please o	ed to y
and one	l your gro	up at (d you ra Glacier	Bay N	lational	y of the Park di	uring	or serv this vis	sit? P	provide Please o	circle

OFFICIAL BUSINESS

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