

# Shenandoah National Park Visitor Study



The  
Visitor Services  
Project

OMB Approval: #1024-0224 (NPS 01-028)

Expiration Date: 01/31/02

**United States Department of the Interior****NATIONAL PARK SERVICE**

Shenandoah National Park  
3655 U.S. Highway 211 East  
Luray, Virginia 22835-9036

IN REPLY REFER TO:

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Shenandoah 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 after your visit.

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, VSP Coordinator, Cooperative Park Studies Unit, College of Natural Resources, P.O. Box 441133, University of Idaho, Moscow, Idaho 83844-1133, phone: 208-885-7863, email: [littlej@uidaho.edu](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

Douglas K. 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 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 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 SHENANDOAH NATIONAL PARK

1. a) **Prior to this trip**, how did you and your group obtain information about Shenandoah National Park? Please check (✓) **all** that apply.

\_\_\_\_\_ RECEIVED NO INFORMATION PRIOR TO VISIT → **Go on to Question 2**

- b) **Prior to future visits** to Shenandoah National Park, what sources would you and your group prefer to use to obtain information in planning your visit?

Prior to this visit? (✓) \_\_\_\_\_ Prior to **future** visits?(✓)

- |  |  |       |
|--|--|-------|
| _____ PERSONAL EXPERIENCE  |  | _____ |
| _____ PREVIOUS VISIT(S)  |  | _____ |
| _____ WORD OF MOUTH/ FRIENDS/ RELATIVES  |  | _____ |
| _____ TRAVEL GUIDE/ TOUR BOOK  |  | _____ |
| _____ TELEPHONE/ WRITTEN INQUIRY TO PARK   |  | _____ |
| _____ TELEPHONE/ WRITTEN INQUIRY TO ARAMARK<br>(park concessioner)   |  | _____ |
| _____ TELEVISION/ RADIO PROGRAMS   |  | _____ |
| _____ SCHOOL PROGRAM THAT CHILD ATTENDED   |  | _____ |
| _____ NEWSPAPER/ MAGAZINE ARTICLES   |  | _____ |
| _____ PARK INTERNET/ WEB SITE ( <a href="http://www.nps.gov/shen/">www.nps.gov/shen/</a> )                   |  | _____ |
| _____ PARK CONCESSIONER WEB SITE<br>( <a href="http://www.visitshenandoah.com">www.visitshenandoah.com</a> ) |  | _____ |
| _____ CHAMBER OF COMMERCE/ VISITOR BUREAU  |  | _____ |
| _____ LOCAL BUSINESSES   |  | _____ |
| _____ OTHER  |  | _____ |
| (Please specify: _____)  |  |       |

2. How did this visit to Shenandoah National Park (NP) fit into your travel plans?

- \_\_\_\_\_ SHENANDOAH NP WAS THE PRIMARY DESTINATION
- \_\_\_\_\_ SHENANDOAH NP WAS ONE OF SEVERAL DESTINATIONS
- \_\_\_\_\_ SHENANDOAH NP WAS NOT A PLANNED DESTINATION

3. For you and your group on this trip, how important were the following reasons for visiting Shenandoah National Park? Please circle **one** answer for each feature or quality.

<b>Reasons for visiting</b>	Not important	2	Moderately important	4	Extremely important	5	Don't know
VISIT A NATIONAL PARK	1	2	3	4	5	DK	
VIEW WILDLIFE/ PLANTS	1	2	3	4	5	DK	
HIKE LESS THAN 2 HOURS	1	2	3	4	5	DK	
HIKE 2 HOURS OR MORE	1	2	3	4	5	DK	
ENJOY SOLITUDE/ NATURAL QUIET	1	2	3	4	5	DK	
EXPERIENCE NIGHT SKY	1	2	3	4	5	DK	
EXPERIENCE WILDERNESS	1	2	3	4	5	DK	
PARTICIPATE IN EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	DK	
ATTEND RANGER-LED PROGRAMS	1	2	3	4	5	DK	
STAY OVERNIGHT IN A NATURAL SETTING	1	2	3	4	5	DK	
STAY OVERNIGHT IN AN HISTORIC SETTING	1	2	3	4	5	DK	
PICNIC	1	2	3	4	5	DK	
VIEW SCENIC DRIVE AND OVERLOOKS	1	2	3	4	5	DK	
EXPLORE HISTORIC FEATURES	1	2	3	4	5	DK	
OTHER (Please specify: _____)	1	2	3	4	5	DK	

4. On this trip, how much time did you and your group spend in Shenandoah National Park?

If less than 24 hours \_\_\_\_\_ NUMBER OF HOURS  
(Please list partial hours as 1/4, 1/2, 3/4)

If 24 hours or more \_\_\_\_\_ NUMBER OF DAYS  
(Please list partial days as 1/4, 1/2, 3/4)

**Please go on to the next page →**

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

\_\_\_\_\_ ALONE

\_\_\_\_\_ FAMILY

\_\_\_\_\_ FRIENDS

\_\_\_\_\_ FAMILY AND FRIENDS

\_\_\_\_\_ OTHER (Please describe \_\_\_\_\_)

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

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

7. For you and your personal group on this visit, please indicate:

	Current age	U.S. Zip Code or name of foreign country	Number of visits to Shenandoah NP (including this visit)	
			past 12 months	past 2-5 years
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

8. a) Please (✓) check all of the interpretive or visitor services that you and your group **used** during this visit to Shenandoah National Park.
- b) Next, for only those services that you and your group **used**, please rate their **importance** from 1-5.
- c) Finally, for only those services that you and your group **used**, please rate their **quality** from 1-5.

Use service? Check (✓)	If used, how important?					If used, what quality?				
	Not important			Extremely important		Very poor			Very good	
	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/ MAP										
_____ PARK VISITOR GUIDE (Shenandoah Overlook)										
_____ SHENANDOAH MAGAZINE										
_____ BULLETIN BOARDS										
_____ DICKEY RIDGE VISITOR CENTER EXHIBITS										
_____ BYRD VISITOR CENTER EXHIBITS										
_____ EXHIBIT PANELS AT OVERLOOKS										
_____ EXHIBIT PANELS AT TRAILHEADS										
_____ FREE TRAIL MAPS										
_____ TRAIL BOOKLETS (Frazier Discovery Trail, Stony Man Trail, Fox Hollow Trail)										
_____ SALES PUBLICATIONS AT VISITOR CENTERS										
_____ ASSISTANCE FROM PARK STAFF (at visitor centers, campgrounds, entrance stations)										
_____ PARK TRAVELERS INFORMATION RADIO STATION (AM 1610)										
_____ RANGER-LED PROGRAMS/ WALKS										

**Please go on to the next page →**

The following three questions address concession services and facilities and are listed by their location (from north to south) in Shenandoah National Park.

9. a) Please (√) check all of the concession services and facilities that you and your group **used** during this visit to Shenandoah National Park.
- b) Next, for **only** those facilities that you and your group **used**, please rate their **importance** from 1-5.
- c) Finally, for only those facilities that you and your group **used**, please rate their **quality** from 1-5.

Use concession service/ facility? Check (√)	If used, how important?					If used, what quality?				
	Not important			Extremely important		Very poor			Very good	
	1	2	3	4	5	1	2	3	4	5

Elkwallow

_____	CAMPSTORE/ GIFT SHOP									
_____	GAS STATION									
_____	FOOD COUNTER									
_____	RESTROOMS									
_____	ASSISTANCE FROM STAFF									

Panorama

_____	RESTAURANT									
_____	GIFT SHOP									
_____	RESTROOMS									
_____	ASSISTANCE FROM STAFF									

Skyland

_____	LODGING									
_____	DINING ROOM									
_____	TAP ROOM									
_____	GIFT SHOP									
_____	RESTROOMS									
_____	HORSEBACK RIDING									
_____	CONFERENCE HALL									
_____	ASSISTANCE FROM STAFF									
_____	SPECIAL EVENT OR ACTIVITY:									

(Please describe: \_\_\_\_\_)



10. The following services and facilities are listed by their location in Shenandoah National Park.

- a) Please (√) check all of the concession services and facilities that you and your group **used** during this visit to Shenandoah National Park.
- b) Next, for **only** those services and facilities that you and your group **used**, please rate their **importance** from 1-5.
- c) Finally, for only those services and facilities that you and your group **used**, please rate their **quality** from 1-5.

Use concession service/ facility? Check (√)	If used, how important?					If used, what quality?				
	Not important			Extremely important		Very poor			Very good	
	1	2	3	4	5	1	2	3	4	5

Big Meadows Lodge

_____	LODGING	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	DINING ROOM	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	TAP ROOM	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	RESTROOMS	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	GIFT SHOP	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	ASSISTANCE FROM STAFF	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	SPECIAL EVENT OR ACTIVITY:	_____	_____	_____	_____	_____	_____	_____	_____	_____
	(Please describe: _____)									

Big Meadows Wayside

_____	CAMPSTORE	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	FOOD SERVICE	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	SHOWERS/ LAUNDRY	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	GAS STATION	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	GIFT SHOP	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	RESTROOMS	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	ASSISTANCE FROM STAFF	_____	_____	_____	_____	_____	_____	_____	_____	_____

Lewis Mountain Campground

_____	CAMPSTORE	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	SHOWERS/ LAUNDRY	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	ASSISTANCE FROM STAFF	_____	_____	_____	_____	_____	_____	_____	_____	_____

**Please go on to the next page →**

11. The following services and facilities are listed by their location in Shenandoah National Park.

- a) Please (√) check all of the concession services and facilities that you and your group **used** during this visit to Shenandoah National Park.
- b) Next, for **only** those services and facilities that you and your group **used**, please rate their **importance** from 1-5.
- c) Finally, for only those services and facilities that you and your group **used**, please rate their **quality** from 1-5.

Use concession service/ facility? Check (√)	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
	1	2	3	4	5	1	2	3	4	5

Loft Mountain

_____	FOOD SERVICE/ DINING AREA	_____	_____
_____	CAMPSTORE	_____	_____
_____	GIFT SHOP	_____	_____
_____	SHOWERS/ LAUNDRY	_____	_____
_____	ASSISTANCE FROM STAFF	_____	_____

12. Is there anything else you would like to tell us about the concession services or facilities in Shenandoah National Park?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. a) On this trip to Shenandoah National Park, did you and your group stay in a developed campground inside and/ or outside the park?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO      → **Go on to Question 15**



b) If YES, what kind of camping equipment did you use? Please check (√) all that apply.

\_\_\_\_\_ TENT                      \_\_\_\_\_ RV/ CAMPER

c) Please list the number of nights you camped inside and/ or outside the park.

NUMBER OF NIGHTS CAMPED **IN** SHENANDOAH NP \_\_\_\_\_

NUMBER OF NIGHTS CAMPED **OUTSIDE** SHENANDOAH NP \_\_\_\_\_

14. a) If you camped in Shenandoah National Park on this trip, in which campground(s) did you and your group stay? Please check (✓) **all** that apply.

\_\_\_\_\_ DID NOT STAY IN PARK CAMPGROUND → **Go on to Question 15**

\_\_\_\_\_ LOFT MOUNTAIN

\_\_\_\_\_ LEWIS MOUNTAIN

\_\_\_\_\_ BIG MEADOWS

\_\_\_\_\_ MATHEWS ARM

b) Please rate the importance of each of the following campground services/ facilities/ characteristics that you and your group **used or experienced** during this stay in Shenandoah National Park.

c) Please rate the quality of each of the following campground services/ facilities/ characteristics that you and your group **used or experienced** during this stay in Shenandoah National Park.

Campground service/ facility/ characteristic	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
	1	2	3	4	5	1	2	3	4	5

**Campground service/ facility**

RESTROOMS \_\_\_\_\_

SHOWERS \_\_\_\_\_

LAUNDRY \_\_\_\_\_

TELEPHONE NEARBY \_\_\_\_\_

CAMPSTORE NEARBY \_\_\_\_\_

FOOD SERVICE NEARBY \_\_\_\_\_

PRE-TRIP RESERVATIONS \_\_\_\_\_

PRIMITIVE SITES \_\_\_\_\_

PAVED PARKING PADS \_\_\_\_\_

TENT PADS \_\_\_\_\_

DUMP STATION \_\_\_\_\_

**Campground characteristic                      How important?                      What quality?**

NEATNESS OF SITE \_\_\_\_\_

QUIET AT NIGHT \_\_\_\_\_

PRIVACY \_\_\_\_\_

SOCIAL INTERACTION \_\_\_\_\_

WITH OTHER CAMPERS \_\_\_\_\_

**Please go on to the next page →**

d) Is there anything else you and your group want to tell us about the park campground services that are currently provided?

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15. If you and your group did not stay overnight in Shenandoah National Park lodging or campgrounds, please explain why.

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16. a) For the questions below, please indicate from 1 to 5 how safe you and your group felt from crime and accidents during this visit to Shenandoah National Park? Please circle **one** answer for each question.

**How safe did you feel in the park?**

Safety issue	Very Unsafe	Somewhat Unsafe	No Opinion	Somewhat Safe	Very Safe
Personal safety—from crime	1	2	3	4	5
Personal safety—from accidents	1	2	3	4	5
Personal property—from crime	1	2	3	4	5

b) If you marked that you felt unsafe (if you circled 1 or 2) on any of the above questions, please explain why:

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17. For the questions below, please indicate from 1 to 5 how safe you and your group feel from crime and accidents in the town/ city closest to your home?  
Please circle only **one** answer for each question.

**How safe do you feel in your home town/ city?**

Safety issue	Very Unsafe	Somewhat Unsafe	No Opinion	Somewhat Safe	Very Safe
Personal safety—from crime	1	2	3	4	5
Personal safety—from accidents	1	2	3	4	5
Personal property—from crime	1	2	3	4	5

18. On a future visit to Shenandoah National Park, would you and your group be willing to ride a shuttle bus to the following locations?

a) Shenandoah NP facilities and/ or trailheads

\_\_\_\_\_ YES, LIKELY      \_\_\_\_\_ NO, NOT LIKELY      \_\_\_\_\_ NOT SURE

b) Other local attractions outside Shenandoah NP (within 50 miles of the park)

\_\_\_\_\_ YES, LIKELY      \_\_\_\_\_ NO, NOT LIKELY      \_\_\_\_\_ NOT SURE

c) Would you be willing to pay a modest fee for this service in addition to the park entrance fee?

\_\_\_\_\_ YES, LIKELY      \_\_\_\_\_ NO, NOT LIKELY      \_\_\_\_\_ NOT SURE

**Please go on to the next page →**

19. For each of the following attributes of Shenandoah National Park, please rate its importance (from 1 to 5) in planning for the preservation of the park for future generations. Please circle **one** answer for each attribute.

Attribute	How important?					Don't know
	Not important		Moderately important		Extremely important	
FOREST	1	2	3	4	5	DK
WILDLIFE	1	2	3	4	5	DK
CLEAN AIR	1	2	3	4	5	DK
CLEAN WATER	1	2	3	4	5	DK
HISTORIC FEATURES	1	2	3	4	5	DK
WILDERNESS/ BACKCOUNTRY	1	2	3	4	5	DK
DEVELOPED CAMPGROUND FACILITIES	1	2	3	4	5	DK
NATURAL QUIET/ SOUNDS OF NATURE	1	2	3	4	5	DK
RANGER-LED PROGRAMS	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	DK

20. Is there anything else you and your group would like to tell us about your visit to Shenandoah National Park?

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21. Overall, how would you rate the quality of the visitor services provided to you and your group at Shenandoah National Park during this trip? 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.

 Printed on recycled paper

**OFFICIAL BUSINESS**

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Cooperative Park Studies Unit  
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