



National Park Service
U.S. Department of the Interior

Visitor Services Project

Dry Tortugas National Park

Visitor Study



OMB/ NPS Approval: 1024-0224 (NPS 02-012)
Expiration Date: 09/30/2002



United States Department of the Interior

NATIONAL PARK SERVICE

Dry Tortugas National Park
40001 State Road 9336
Homestead, FL 33034-6733

IN REPLY REFER TO:

March, 2002

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Dry Tortugas National Park. This information 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 to complete.

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 Natural Resources, P.O. Box 441133, University of Idaho, Moscow, Idaho 83844-1133, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

A handwritten signature in cursive script, appearing to read "Maureen Finnerty".

Maureen Finnerty
Superintendent

This visitor study is made possible by Fee Demonstration Funding.

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 20 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 DRY TORTUGAS NATIONAL PARK

1. Prior to your visit, how did you and your group get information about Dry Tortugas National Park (NP)? Please check (✓) all that apply.

- _____ RECEIVED NO INFORMATION PRIOR TO VISIT → Go on to
Question 2
- _____ PREVIOUS VISIT(S)
- _____ FRIENDS/ RELATIVES/ WORD OF MOUTH
- _____ TRAVEL GUIDE/ TOUR BOOK
- _____ CABLE TV VISITOR CHANNEL
- _____ VIDEOS/ TELEVISION/ RADIO PROGRAMS
- _____ TELEPHONE, E-MAIL OR WRITTEN INQUIRY TO PARK
- _____ NEWSPAPER/ MAGAZINE ARTICLES
(www.nps.gov/dрто/)
- _____ INTERNET—OTHER WEB SITE
- _____ CHAMBER OF COMMERCE
- _____ CONVENTION/ VISITOR'S BUREAU
- _____ DIVE SHOPS
- _____ INFORMATION AT MARINA
- _____ TACKLE OR BAIT SHOPS
- _____ OTHER (Please specify: _____)

2. On this visit, how long did you and your group stay at Dry Tortugas NP? (Please list partial hours or days, for example 6-1/2 hours, 1-3/4 days).

If less than 24 hours: _____ NUMBER OF HOURS

If 24 hours or more: _____ NUMBER OF DAYS

3. On this visit, what forms of transportation did you and your group use to travel inside Dry Tortugas NP? Please check (✓) all that apply.

SEAPLANE

FERRY

PRIVATE MOTOR BOAT

PRIVATE SAILBOAT

RENTAL MOTOR BOAT/ RENTAL SAIL BOAT

COMMERCIAL FISHING BOAT

COMMERCIAL DIVE BOAT

COMMERCIAL CHARTER (other than ferry service)

OTHER (Please specify: _____)

4. On this visit to Dry Tortugas NP, what were your reasons for visiting? Please check (✓) all that apply.

LEARNING ABOUT HISTORY AT FORT JEFFERSON

FISHING

BIRDWATCHING

SNORKELING/ DIVING

PARTICIPATING IN OTHER OUTDOOR RECREATION

EXPERIENCING SOLITUDE

VISITING A UNIT OF THE NATIONAL PARK SYSTEM

PASSING THROUGH TO OTHER DESTINATIONS

OTHER (Please specify: _____)

Please go on to the next page ➡

5. a) On this visit to Dry Tortugas NP, what activities did you and your group participate in? Please check (✓) all that apply.

b) Next, please rate the importance of the activity to you and your group.

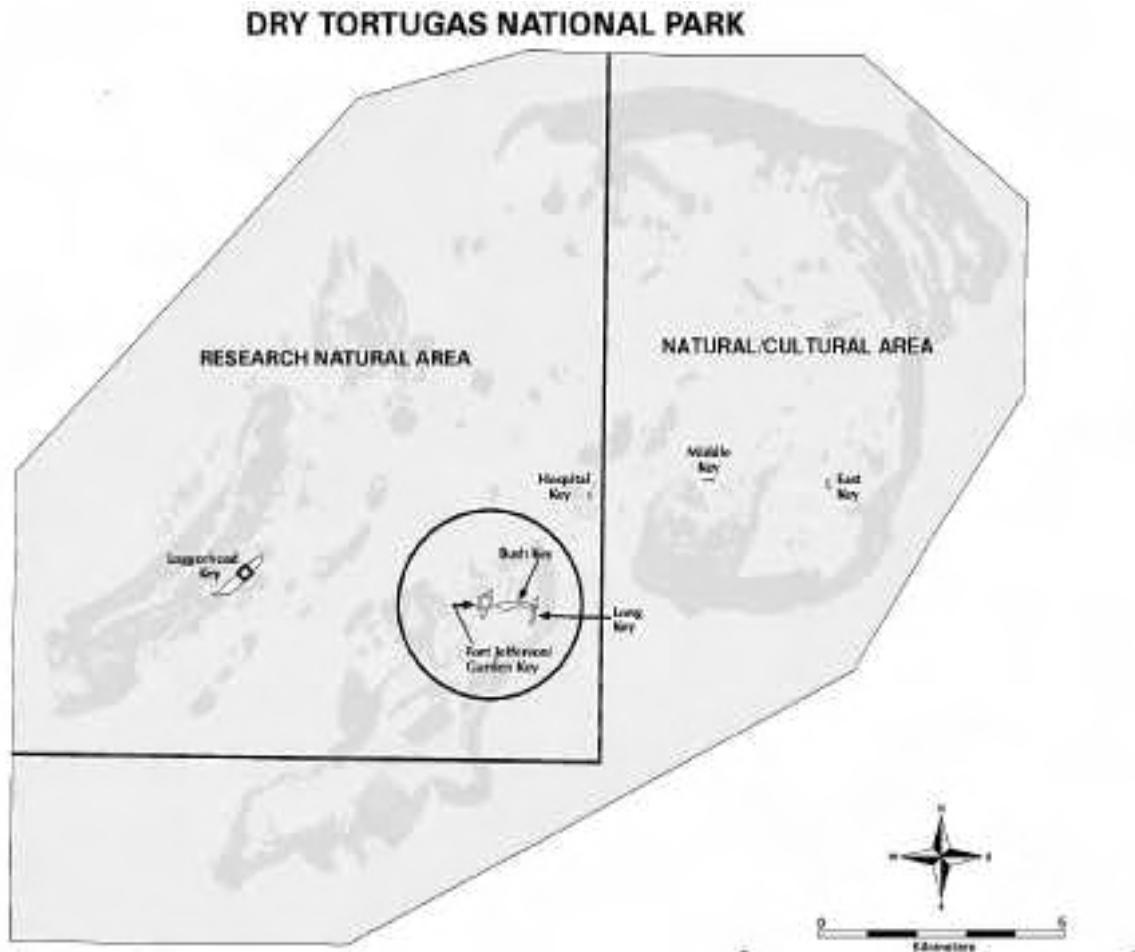
<u>ACTIVITY</u>	<u>IMPORTANCE OF ACTIVITY</u>				
	Not important		Extremely important		
	1	2	3	4	5
_____ FISHING					_____
_____ dock/ shore fishing					_____
_____ fishing (private boat)					_____
_____ charter boat fishing					_____
_____ DIVING					_____
_____ SNORKELING					_____
_____ SWIMMING AT BEACH					_____
_____ BOATING					_____
_____ KAYAKING					_____
_____ BIRDWATCHING					_____
_____ CAMPING					_____
_____ PICNICKING					_____
_____ PHOTOGRAPHY					_____
_____ ATTENDING RANGER-LED EVENING PROGRAM					_____
_____ RANGER-GUIDED TOUR OF FORT					_____
_____ SELF-GUIDED TOUR OF FORT					_____
_____ SHOPPING IN BOOKSTORE					_____
_____ OTHER (Please describe: _____)					_____

6. Using the map below, please check (✓) the location you and your group visited in Dry Tortugas NP on this visit. If you did not visit a location, please leave that line blank.

- _____ LOCATION 1: GARDEN KEY AND FORT, BUSH KEY, LONG KEY
- _____ LOCATION 2: RESEARCH NATURAL AREA OPEN WATER
- _____ LOCATION 3: EAST KEY
- _____ LOCATION 4: LOGGERHEAD KEY
- _____ LOCATION 5: NATURAL/ CULTURAL ZONE AREA OPEN WATER

7. If you and your group did not fish, go to Question 8. If you and your group fished during this visit to Dry Tortugas NP, where did you fish? Using the map below, please circle all of the locations where you and/or your group fished.

Location 1 Location 2 Location 3 Location 4 Location 5



Please go on to the next page ➡

9. a) Please check (✓) the commercial visitor services and facilities that you or your group used during this visit to Dry Tortugas NP.
- b) Next, for only those services and facilities which you or your group used, please rate their importance from 1-5.
- c) Finally, for only those services and facilities which you or your group used, please rate their quality from 1-5.

Use facility/ 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
_____ DIVING/ SNORKELING TRIP										
_____ BIRDING TRIP										
_____ FERRY										
_____ SEAPLANE										
_____ CHARTER BOAT										

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

- | | |
|--------------------------------------|--------------------------|
| _____ ALONE | _____ FAMILY |
| _____ FRIENDS | _____ FAMILY AND FRIENDS |
| _____ OTHER (Please describe: _____) | |

11. On this visit, were you and your personal group with the following types of groups:

- | | | |
|----------------------------|-----------|----------|
| Guided tour group | _____ YES | _____ NO |
| School/ educational group? | _____ YES | _____ NO |

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

_____ NUMBER OF PEOPLE

Please go on to the next page ➡

13. On this trip, what was the primary reason that you and your group visited South Florida? Please check (✓) only one.

- RESIDENT OF SOUTH FLORIDA
- VISIT DRY TORTUGAS NATIONAL PARK
- VISIT THE FLORIDA KEYS
- VISIT OTHER ATTRACTIONS IN THE AREA (besides Dry Tortugas or the Florida Keys)
- VISIT FRIENDS/ RELATIVES IN THE AREA
- BUSINESS OR OTHER REASONS

14. For you and your personal group, please indicate:

	Gender M=male F=female	Current age	U.S. Zip Code or name of foreign country	Number of visits made to this park (including this visit) past 12 months	2 to 5 years ago
YOURSELF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEMBER #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEMBER #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEMBER #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEMBER #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEMBER #6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEMBER #7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. a) Does anyone in your group have any disabilities/impairments that affected their visit to Dry Tortugas NP?

YES NO ➔ Go on to Question 16



b) If yes, what kind of disability? Please check (✓) all that apply.

- HEARING VISUAL
- MOBILITY LEARNING
- MENTAL OTHER (specify: _____)

c) Because of the disability/ impairment, did you and your group encounter any access and/or service problems during this visit to Dry Tortugas NP?

YES NO ➔ Go on to Question 16



d) If YES, what were the problems? _____

16. For this trip to Dry Tortugas National Park, please answer the following questions.

a) What were the weather conditions?

b) What were the sea conditions?

17. It is the National Park Service's responsibility to protect Dry Tortugas National Park's natural, scenic and cultural resources while at the same time providing for public enjoyment. How important is protection of the following resources/ qualities to you? Please circle one response for each resource.

Resource	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know
HEALTHY FISH POPULATIONS	1	2	3	4	5	0
ENDANGERED SPECIES	1	2	3	4	5	0
CORAL REEFS	1	2	3	4	5	0
WATER QUALITY & FLOW	1	2	3	4	5	0
NATURAL QUIET	1	2	3	4	5	0
SOLITUDE	1	2	3	4	5	0
RECREATIONAL OPPORTUNITIES	1	2	3	4	5	0
EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	0
WILDERNESS EXPERIENCE	1	2	3	4	5	0

Please go on to the next page ➔

c) If YES, in what locations?

- LOGGERHEAD KEY WINDJAMMER WRECK
 EAST KEY DON'T KNOW/ DON'T CARE
 OTHER (Please describe: _____)

21. For you and your group, please report all expenditures for the items listed below for this visit to Dry Tortugas National Park and the surrounding area (Florida Keys, Miami area or Naples area). Please write "0" if no money was spent in a particular category.

- a) Please list your group's total expenditures inside Dry Tortugas National Park.
 b) Please list your group's total expenditures in the surrounding area outside the park.

Surrounding area residents should only include expenditures that were directly related to this visit to the park.

	EXPENDITURES	
	Inside park	In surrounding area outside park
HOTELS, MOTELS, CABINS, B&B, etc.		\$ _____
CAMPING FEES AND CHARGES	\$ _____	\$ _____
GUIDE FEES AND CHARGES		\$ _____
RESTAURANTS AND BARS		\$ _____
GROCERIES AND TAKE OUT FOOD		\$ _____
GAS AND OIL (auto, RV, boat, etc.)		\$ _____
OTHER TRANSPORTATION EXPENSES (rental cars, auto repairs, ferries, but not including airfare)	\$ _____	\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES		\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____

c) How many people do the above expenses cover?

ADULTS (18 years or over) _____ CHILDREN (under 18 years) _____

Please go on to the next page ➡

22. a) During this visit to Dry Tortugas NP, was there anything specific that you or your group expected to see or do, but were not able to?

YES NO → Go on to Question 23
↓

b) If YES, what was it you expected to see or do? _____

c) What kept you from seeing or doing what you expected to?

23. On a future visit to Dry Tortugas NP, what types of items would you and your group like to have available for purchase in the bookstore sales areas? Please check (✓) all that apply.

NOT INTERESTED IN SALES ITEMS → Go on to Question 24

VIDEOS, AUDIOCASSETTES, CHILDREN'S/
CDs, DVDs EDUCATION ITEMS

GIFTS/ SOUVENIR ITEMS PUBLICATIONS

OTHER (Please specify: _____)

24. A visitor center in Key West is being planned, which would provide information about Dry Tortugas NP. What kinds of information and services would you like to have available there? Please be specific.

25. Dry Tortugas National Park was established because of its significance to the nation. In your opinion, what is the national significance of this park?

26. a) What did you and your group like most about this visit to Dry Tortugas NP?

b) What did you and your group like least about this visit to Dry Tortugas NP?

27. If you were a park manager planning for the future of Dry Tortugas NP, what would you propose? Please be specific.

28. Is there anything else you and your group would like to tell us about your visit to Dry Tortugas NP?

29. Overall, how would you rate the quality of the visitor services provided to you and your group at Dry Tortugas NP during this visit? Please circle only one.

VERY GOOD GOOD AVERAGE POOR VERY POOR

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

OFFICIAL BUSINESS

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