



National Park Service
U.S. Department of the Interior

Visitor Services Project

Capulin Volcano National Monument Visitor Study



OMB Approval: 1024-0224 (NPS #03-033)
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United States Department of the Interior

NATIONAL PARK SERVICE
Capulin Volcano National Monument
P.O. Box 40
Capulin, New Mexico 88414

IN REPLY
REFER TO:

July, 2003

Dear Visitor:

Thank you for participating in this study to learn about the expectations, opinions, and interests of visitors to Capulin Volcano National Monument. This information will help us better manage this site and better serve you, the visitor.

This questionnaire is given to a select number of visitors, so your participation is very important! It should only take a few minutes to complete.

When your visit is over, please fill out 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, NPS VSP Coordinator, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

A handwritten signature in cursive script that reads "Margaret A. Johnston".

Margaret A. Johnston
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 stickers 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 CAPULIN VOLCANO NATIONAL MONUMENT

1. a) Prior to your visit, how did you and your group obtain information about Capulin Volcano National Monument? Please check (√) **all** that apply in the left column below.

_____ OBTAINED NO INFORMATION PRIOR TO VISIT → **Go on to Part (b) of this Question**

- b) Prior to future visits to Capulin Volcano National Monument, what sources would you and your group prefer to use to obtain information in planning your visit? Please check (√) **all** that apply in the right column below. ↓

a) Prior to **this visit?** (√) _____ b) Prior to **future visits?** (√) _____

_____ PREVIOUS VISIT(S) _____

_____ FRIENDS/RELATIVES/WORD OF MOUTH _____

_____ TRAVEL GUIDE/TOUR BOOK _____

_____ MAPS/BROCHURES _____

_____ STATE WELCOME CENTER/CHAMBER OF COMMERCE _____

_____ INTERNET—NATIONAL PARK SERVICE WEB SITE:
www.nps.gov/cavo/ _____

_____ OTHER INTERNET WEB SITE _____

_____ TELEPHONE/WRITTEN/E-MAIL INQUIRY TO MONUMENT _____

_____ NEWSPAPER/MAGAZINE ARTICLES _____

_____ TELEVISION/RADIO/VIDEO PROGRAMS _____

_____ OTHER NATIONAL PARK SITE _____

_____ OTHER (Please specify: _____) _____

- c) From the sources you used prior to this visit, did you and your group receive the type of information about the monument that you needed?

_____ NO _____ YES → **Go on to Question 2**



- d) If NO, what additional information did you and your group need? Please be specific. _____

2. On this visit, how much time did you and your group spend at Capulin Volcano National Monument?

_____ NUMBER OF HOURS (Please list partial hours as 1/4, 1/2, 3/4)

3. On this trip, what was the **primary** reason that you and your group visited the Capulin Volcano National Monument **area** (within a 1-hour drive)? Please check (√) only **one**.

- VISIT CAPULIN VOLCANO NATIONAL MONUMENT
- VISIT OTHER ATTRACTIONS IN THE AREA
- VISIT FRIENDS/RELATIVES IN THE AREA
- TRAVELING THROUGH THE AREA
- BUSINESS OR OTHER REASONS

4. How did this visit to Capulin Volcano National Monument fit into your travel plans? Please check (√) only **one**.

- CAPULIN VOLCANO NATIONAL MONUMENT WAS PRIMARY DESTINATION
- CAPULIN VOLCANO NATIONAL MONUMENT WAS ONE OF SEVERAL DESTINATIONS
- CAPULIN VOLCANO NATIONAL MONUMENT WAS NOT A PLANNED DESTINATION

5. On this visit, what were your reasons for visiting Capulin Volcano National Monument? Please check (√) **all** that apply.

- SEE VIEW FROM TOP OF VOLCANO
- DRIVE ROAD TO TOP OF VOLCANO
- ATTEND INFORMATIONAL/INTERPRETIVE PROGRAMS
- LEARN GEOLOGY (including vulcanology)
- ENJOY SCENIC BEAUTY
- USE RESTROOMS
- HIKE A TRAIL
- PICNIC
- OTHER (Please specify: _____)

6. For this visit to Capulin Volcano NM, please provide the following information for you and your group.

FIRST ARRIVAL TIME AT PARK _____ a.m. _____ p.m.

LAST DEPARTURE TIME _____ a.m. _____ p.m.

DAY OF THE WEEK THAT YOU FIRST ARRIVED. Please circle **one** below.

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Please go on to the next page →

7. On this visit, which of the following sites at Capulin Volcano National Monument did you and your group visit? Please check (√) **all** that apply.

VISITOR CENTER
 VISITOR CENTER NATURE TRAIL
 CRATER PARKING LOT
 CRATER RIM TRAIL
 CRATER VENT TRAIL
 LAVA FLOW TRAIL
 PICNIC AREA
 OTHER (Please specify: _____)

8. a) On this trip, in what activities did you and your group participate while at Capulin Volcano National Monument? Please check (√) **all** that apply in the column on the left.
- b) On past visits, in what activities did you and your group participate while at Capulin Volcano National Monument? Please check (√) **all** that apply in the column on the right. If you have not visited before, please go on to Question 9.

On this visit (√)	On past visits (√)
<input type="checkbox"/> ENJOYING SCENERY/SIGHTSEEING	<input type="checkbox"/>
<input type="checkbox"/> WATCHING VISITOR CENTER MOVIE	<input type="checkbox"/>
<input type="checkbox"/> VIEWING VISITOR CENTER EXHIBITS	<input type="checkbox"/>
<input type="checkbox"/> ATTENDING RANGER GEOLOGY TALK	<input type="checkbox"/>
<input type="checkbox"/> COMPLETE JUNIOR RANGER ACTIVITIES	<input type="checkbox"/>
<input type="checkbox"/> NATURE STUDY (INCLUDING BIRDWATCHING)	<input type="checkbox"/>
<input type="checkbox"/> STUDY GEOLOGY/VULCANOLOGY	<input type="checkbox"/>
<input type="checkbox"/> DRIVING TO VOLCANO SUMMIT	<input type="checkbox"/>
<input type="checkbox"/> SHOPPING AT VISITOR CENTER BOOKSTORE	<input type="checkbox"/>
<input type="checkbox"/> PHOTOGRAPHY	<input type="checkbox"/>
<input type="checkbox"/> PICNICKING	<input type="checkbox"/>
<input type="checkbox"/> WALKING/HIKING ON TRAILS	<input type="checkbox"/>
<input type="checkbox"/> ENJOYING SOLITUDE	<input type="checkbox"/>
<input type="checkbox"/> OTHER (Please specify: _____)	<input type="checkbox"/>

9. a) On this trip, did you and your group stay overnight away from home within a 1-hour drive of Capulin Volcano National Monument?

_____ YES _____ NO → **Go on to Question 10**



- b) Please list the number of nights you and your group stayed.

NUMBER OF NIGHTS STAYED (within 1-hour drive) _____

- c) In what type of lodging did you and your group spend the night(s)? Please check (✓) **all** that apply.

_____ **OUTSIDE MONUMENT (✓)**

LODGE, MOTEL, CABIN, RENTED CONDO/HOME, B&B _____

CAMPGROUND/TRAILER PARK _____

PERSONAL SEASONAL RESIDENCE _____

RESIDENCE OF FRIENDS OR RELATIVES _____

OTHER _____

(Please specify: _____)

- d) During your Capulin Volcano National Monument stay in the area, how many times did you and your group enter the monument?

NUMBER OF TIMES YOU ENTERED THE MONUMENT _____

10. a) On this trip, where did you and your group spend the night **before you arrived** at Capulin Volcano National Monument?

TOWN/CITY _____ STATE _____

- b) On this trip, where did you and your group spend the night **after** leaving Capulin Volcano National Monument?

TOWN/CITY _____ STATE _____

Please go on to the next page →

12. 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: _____)

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

_____ NUMBER OF PEOPLE

b) For this visit, please list the number of vehicles in which you and your group arrived.

_____ NUMBER OF VEHICLES

14. 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 Capulin Volcano during your lifetime (including this visit)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

Please go on to the next page →

15. a) Does anyone in your group have any disabilities/impairments that limited their ability to visit Capulin Volcano National Monument?

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 (Please describe: _____)

- c) Because of the disability/impairment, did you and your group encounter any access/service problems in the monument?

YES NO → **Go on to Question 16**



- d) If YES, what were the problems? _____

16. In your opinion, how appropriate is the amount of the entrance fee for Capulin Volcano National Monument?

TOO LOW ABOUT RIGHT TOO HIGH

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

Not at all crowded	Somewhat uncrowded	No opinion	Somewhat crowded	Extremely crowded
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1

2

3

4

5

- b) If you answered the above question by circling 4 or 5, where in the monument did you feel crowded? Please be as specific as possible.

18. On this visit to Capulin Volcano National Monument, please indicate how the following elements may have affected your park experience.

Affect your park experience?	Added to	No effect	Detracted from	Did not experience
PARK DEVELOPMENT (buildings, roads, housing)	_____	_____	_____	_____
VIEW OF SURROUNDING AREA	_____	_____	_____	_____
AIR QUALITY	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

(Please specify: _____)

19. a) On this visit to Capulin Volcano National Monument, did you and your group experience any parking problems?

_____ YES _____ NO → **Go on to Question 20**



b) If YES, where were the problems? _____

c) What parking problems did you encounter? _____

20. a) During this visit to Capulin Volcano National Monument, was there anything specific that you and your group wanted to see or do, but were not able to?

_____ YES _____ NO → **Go on to Question 21**



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

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

Please go on to the next page →

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

Resource	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know
SCENIC VIEWS	1	2	3	4	5	DK
NATURAL SETTING	1	2	3	4	5	DK
WILDLIFE	1	2	3	4	5	DK
NATIVE PLANTS	1	2	3	4	5	DK
SOUNDS OF NATURE/ NATURAL QUIET	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK

22. a) How important to your visit was being able to drive to the top of Capulin Volcano? Please circle **one** answer.

Extremely important Very important Moderately important Somewhat important Not important No opinion

- b) How important was your visit to Capulin Volcano National Monument to your understanding of volcanic geology? Please circle **one** answer.

Extremely important Very important Moderately important Somewhat important Not important No opinion

23. For you and your group, please report all expenditures for the items listed below for this visit to Capulin Volcano National Monument and the **surrounding area** within a 1-hour drive. Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures inside Capulin Volcano National Monument.

b) Please list your group's total expenditures in the **surrounding area** outside the monument, but within a 1-hour drive.

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

	Expenditures	
	Inside monument	In surrounding area outside monument
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, taxies, 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 →

24. On a future visit to Capulin Volcano National Monument, how would you and your group prefer to learn about the cultural and natural history of the monument? Please check (✓) **all** that apply.

- _____ NOT INTERESTED IN LEARNING ABOUT MONUMENT → **Go on to Question 25**
- _____ PRINTED MATERIALS (books, brochures, maps, etc.)
- _____ AUDIO-VISUAL PROGRAMS (videos, movies, slide shows, etc.)
- _____ RANGER-GUIDED WALKS/TOURS
- _____ ROVING RANGERS AVAILABLE TO ANSWER QUESTIONS
- _____ CHILDREN'S PROGRAMS
- _____ INDOOR EXHIBITS
- _____ ROADSIDE EXHIBITS
- _____ TRAILSIDE EXHIBITS
- _____ OTHER (Please specify: _____)

25. a) During this visit to Capulin Volcano National Monument, did you and your group learn about the following topics? Please check (✓) yes or no for each topic.
- b) Next, whether or not you checked yes or no for this visit, please check (✓) if you are interested in learning about each topic during a future visit to Capulin Volcano National Monument.

Topic	Learn on this visit?		✓ Interested on future visit?
	✓ Yes	✓ No	
GEOLOGY/VOLCANOES	_____	_____	_____
HISTORY	_____	_____	_____
PLANTS/ANIMALS	_____	_____	_____
OTHER (Please specify _____)	_____	_____	_____

26. a) What did you like **most** about your visit to Capulin Volcano National Monument?

b) What did you like **least** about your visit to Capulin Volcano National Monument?

27. If you were a park manager planning for the future of Capulin Volcano National Monument, 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 Capulin Volcano National Monument?

29. Overall, how would you rate the quality of the visitor services provided to you and your group at Capulin Volcano National Monument 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.

OFFICIAL BUSINESS

**Visitor Services Project
Cooperative Park Studies Unit
College of Natural Resources
University of Idaho
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