

Craters of the Moon Visitor Study



**The
Visitor Services
Project**

United States Department of the Interior
NATIONAL PARK SERVICE
Craters of the Moon National Monument
P.O. Box 29
Arco, Idaho 83213

June 1987

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Craters of the Moon National Monument enjoy, the places they visit within the park, and to more accurately count visitors.

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 of your time during your visit to Craters of the Moon.

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

If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Sincerely,

Robert Scott
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.

IMPORTANT

When did you first enter Craters of the Moon National Monument this visit?

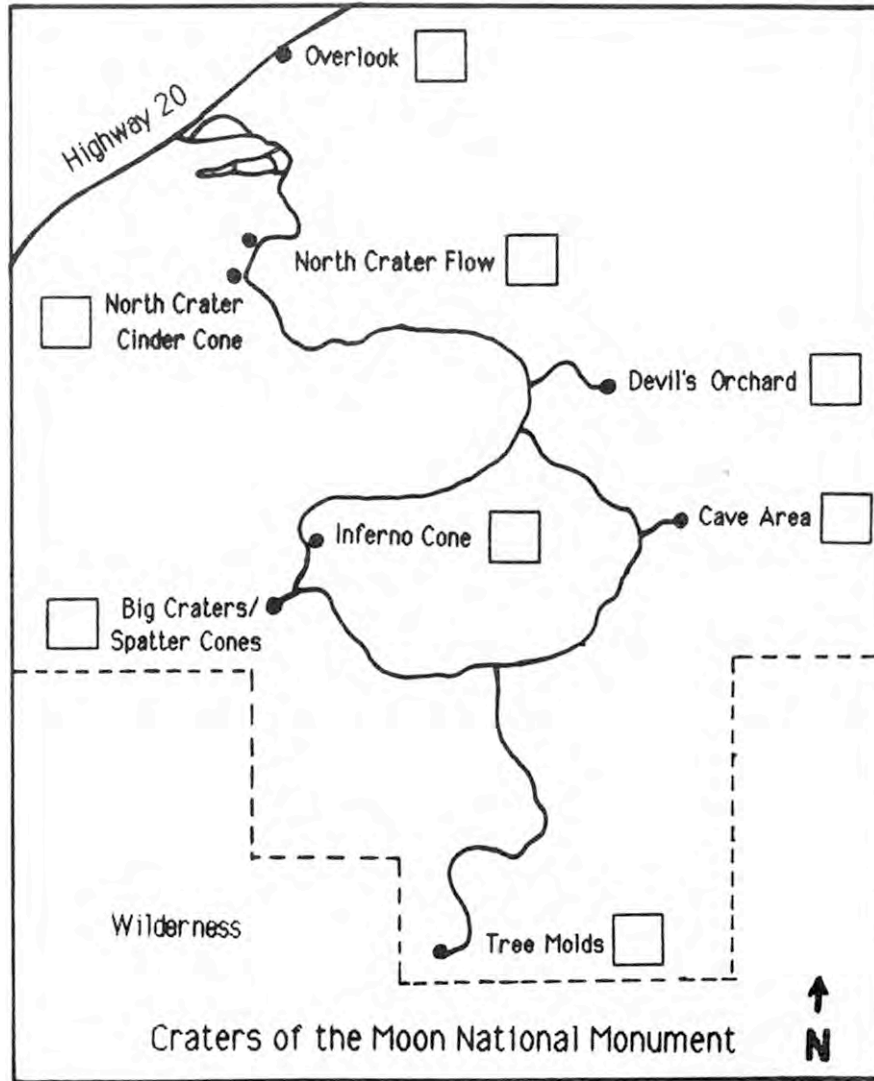
_____ DAY OF THE WEEK (M, T, W, Th, F, S, Su)

TIME OF DAY _____ a.m. OR _____ p.m.

PLEASE GO ON TO NEXT PAGE

PLACES YOU VISITED

On the map below, please indicate the places you and your group visited in Craters of the Moon National Monument. Simply check (✓) the box beside each place you visited. If you did not visit any of these places, please go on to page 5.



PLEASE GO ON TO NEXT PAGE 

YOUR ACTIVITIES


On the list below, please check (✓) the activities that you or your group did while visiting Craters of the Moon National Monument. (Please check all that apply.)

- PICNIC
- CAMP OVERNIGHT
- HIKE UNDER 1 HOUR
- HIKE OVER 1 HOUR
- VISIT THE VISITOR CENTER
- STOP AT OVERLOOKS AND PULLOUTS
- BICYCLE
- PHOTOGRAPH
- ATTEND RANGER-LED PROGRAM
- ATTEND EVENING SLIDE PROGRAM
- OTHER (Please describe: _____
_____)


YOU AND YOUR OPINIONS

We hope you enjoyed your visit to Craters of the Moon National Monument. Below are several questions that will help us learn about the people who participated in the study and their thoughts about the monument.

1. Did you stay overnight in, or in the vicinity of Craters of the Moon National Monument this visit?

_____ YES  If so, how many nights did you stay?

_____ NUMBER OF NIGHTS

_____ NO  If not, how many hours did you spend in Craters of the Moon National Monument?

_____ NUMBER OF HOURS

2. How many people were in your group?

_____ NUMBER OF PEOPLE

3. What kind of group were you with?

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ GUIDED TOUR GROUP

_____ OTHER (Please describe: _____

_____)

4. For yourself and each member of your group, please indicate:

- 1) your age on your last birthday,
- 2) the zip code of your permanent residence (if you are from a country other than the United States, please give the name of that country), and
- 3) the number of times you have visited Craters of the Moon National Monument including this visit.

	AGE	ZIP CODE (country)	# TIMES VISITED
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
additional members:	_____		

5. Where did you start your trip on the day you arrived in Craters of the Moon National Monument?

_____ NEAREST TOWN

_____ STATE

6. Where is your planned destination for the day you leave Craters of the Moon National Monument?

_____ NEAREST TOWN

_____ STATE

7. Prior to this visit, how did you and your group get information about Craters of the Moon National Monument? (Please check all that apply.)

- _____ TRAVEL GUIDE/TOUR BOOK
- _____ NEWSPAPER/MAGAZINE ARTICLES
- _____ MAPS
- _____ ADVICE FROM FRIENDS OR RELATIVES
- _____ PREVIOUS VISIT(S)
- _____ DID NOT GET INFORMATION PRIOR TO VISIT
- _____ OTHER (Please describe: _____
_____)

8. How important to you and your group were the following things during your visit to Craters of the Moon National Monument? Please mark each item from 1 to 5 (1= EXTREMELY IMPORTANT, 2=VERY IMPORTANT, 3=IMPORTANT, 4=SOMEWHAT IMPORTANT, 5=NOT IMPORTANT).

- | | |
|-----------------------------|-------------------------|
| _____ ROCK FORMATIONS | _____ NATURAL FOREST |
| _____ SCENIC VIEWS | _____ WILDLIFE |
| _____ SOLITUDE | _____ CLEAN (FRESH) AIR |
| _____ PARK RANGERS | _____ SCIENTIFIC STUDY |
| _____ INTERPRETIVE PROGRAMS | |

9. a. During this visit did you use any of the following information or services at Craters of the Moon National Monument? (Please check all that apply.)

b. How useful were the services you used? (Please mark each service you checked from 1 to 5 (1=EXTREMELY USEFUL, 2=VERY USEFUL, 3=MODERATELY USEFUL, 4=SOMEWHAT USEFUL, 5=NOT USEFUL) in the column on the right.)

Use Service? (✓)	Rating? (#)
_____ PARK FOLDER AND MAP	_____
_____ PARK NEWSPAPER	_____
_____ PUBLICATIONS	_____
_____ VISITOR CENTER EXHIBITS	_____
_____ VISITOR CENTER FILM	_____
_____ SELF-GUIDED TRAILS	_____
_____ TRAIL GUIDES	_____
_____ ROADSIDE EXHIBITS	_____
_____ GUIDED WALKS	_____
_____ EVENING CAMPFIRE PROGRAMS	_____
_____ OTHER (Please describe: _____ _____)	_____

10. a) Did you walk/hike at any of the following sites?

_____ NORTH CRATER FLOW


_____ NORTH CRATER CINDER CONE

_____ INFERNO CONE

_____ BIG CRATERS/SPATTER CONES

_____ DEVIL'S ORCHARD

_____ CAVE AREA

_____ TREE MOLDS  If you walked/hiked at Tree
Molds, did you enter the Wilderness portion of
Craters of the Moon National Monument?

_____ YES

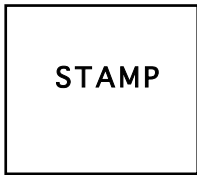
_____ NO

_____ DO NOT KNOW

11. If you were planning for the future management of Craters
of the Moon National Monument, what would you propose?
Please be as specific as possible.

12. Is there anything else you would like to tell us about your visit to Craters of the Moon National Monument?

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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