

Everglades Visitor Study



**The
Visitor Services
Project**

United States Department of the Interior
NATIONAL PARK SERVICE
EVERGLADES NATIONAL PARK
and
FORT JEFFERSON NATIONAL MONUMENT
P.O. BOX 279
HOMESTEAD, FLORIDA 33030

February 1989

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Everglades National Park 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.
Your participation is very important! It should only take a few minutes of your time during your visit to Statue of Liberty National Monument.

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,

Michael V. Finley
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.

When did you and your group first enter Everglades National Park this visit?

Circle the appropriate day:

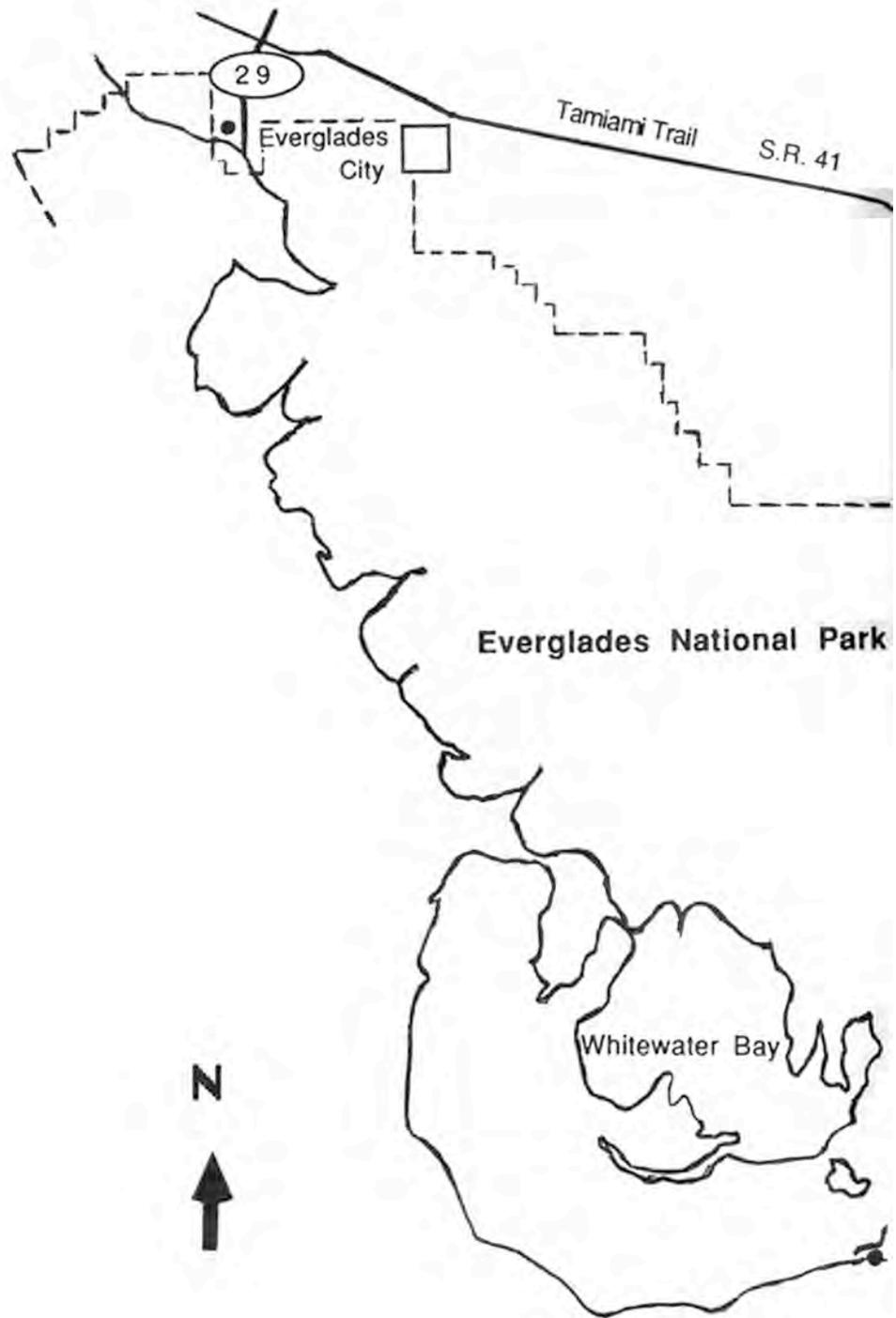
DAY OF THE WEEK (Su, M, T, W, Th, F, S)

Write in the hour:

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

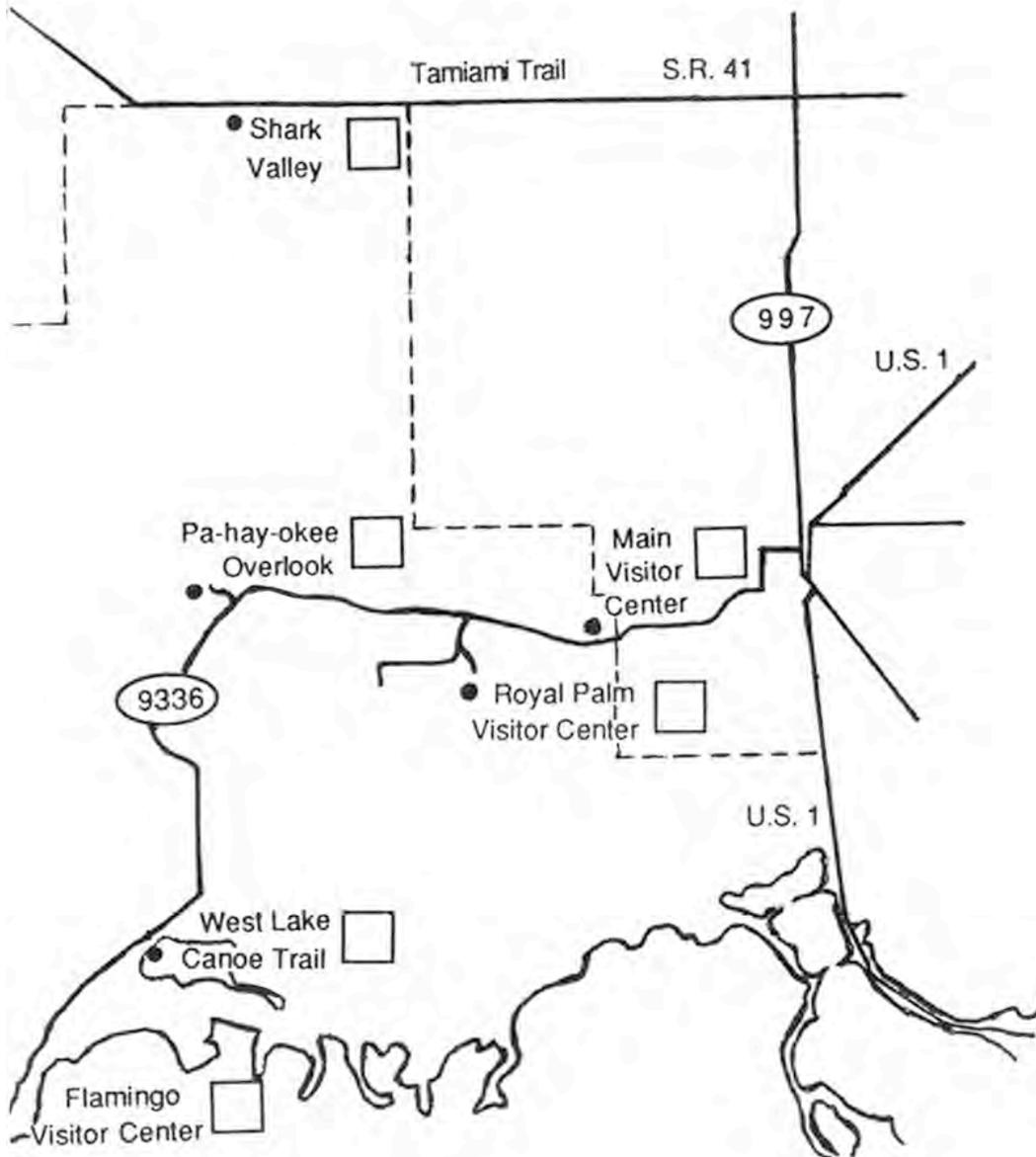
PLEASE GO ON TO NEXT PAGE





PLACES YOU VISITED

On the map below, please indicate the places you and your group visited in Everglades National Park. Simply check (✓) the box beside each place you visited. If you did not visit any of these places, please go on to page 6.



PLEASE GO ON TO NEXT PAGE



YOUR ACTIVITIES

On the list below, please check (✓) the activities that you and your group did in Everglades National Park. (Please check all that apply.)

- _____ BIRDWATCHING
- _____ FRESH-WATER FISHING
- _____ SALT-WATER FISHING
- _____ BICYCLING
- _____ BOATING
- _____ DAY HIKING (LESS THAN 2 HOURS)
- _____ DAY HIKING (MORE THAN 2 HOURS)
- _____ PICNICKING
- _____ ATTENDING INTERPRETIVE PROGRAMS
- _____ CAMPING
- _____ OTHER (Please describe:
_____)

YOU AND YOUR OPINIONS

1. How much time did you and your group spend in Everglades National Park this visit?

If less than one day (fewer than 24 hours):

_____ NUMBER OF HOURS

If one day or more (24 hours or more):

_____ NUMBER OF DAYS

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 you and 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 Everglades National Park including this visit.

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

PLEASE GO ON TO NEXT PAGE



5. a) During this visit did you and your group use any of the following services within Everglades National Park? Please check (✓) all that apply.
- b) Next, rate the quality of each service you and your group used during this visit to Everglades National Park. (Please mark each service used from 1 to 5: 1=VERY GOOD, 2=GOOD, 3=AVERAGE, 4=POOR, 5=VERY POOR.)

Use service? (✓)		What quality? (1-5)
_____	LODGE OR COTTAGES	_____
_____	RESTAURANT	_____
_____	GIFT SHOPS	_____
_____	BOAT RENTALS	_____
_____	BOAT TOURS	_____
_____	BICYCLE RENTALS	_____
_____	TRAM TOURS	_____
_____	MARINA FACILITIES	_____

6. How much money did you and your group spend inside and outside Everglades National Park on the day you received this questionnaire? (Please give your best estimates.)

<u>INSIDE</u> EVERGLADES N.P.		<u>OUTSIDE</u> EVERGLADES N.P.
\$ _____	LODGING (hotel, camping, etc.)	\$ _____
\$ _____	TRAVEL (gas, bus fare, etc.)	\$ _____
\$ _____	FOOD (restaurant or self-prepared)	\$ _____
\$ _____	OTHER (film, gifts, etc.)	\$ _____

7. a) During this visit did you and your group use any of the following information or interpretive services at Everglades National Park? 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.)

Use service? (√)		How useful? (1-5)
_____	PARK FOLDER/MAP	_____
_____	PARK NEWSPAPER	_____
_____	SALES PUBLICATIONS	_____
_____	VISITOR CENTER EXHIBITS	_____
_____	VISITOR CENTER MOVIE	_____
_____	SELF-GUIDED TRAILS	_____
_____	ROADSIDE EXHIBITS	_____
_____	RANGER-LED WALKS/TALKS	_____
_____	EVENING CAMPFIRE PROGRAMS	_____
_____	TRAM TOURS	_____

PLEASE GO ON TO NEXT PAGE 

8. During this trip to Everglades National Park did you and your group use a boat of some kind?

____ YES



____ NO

If so, please check (✓) all that apply.

____ CANOE

____ HOUSEBOAT

____ SAILBOAT

____ OTHER (Please describe:

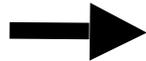
____ MOTORBOAT

_____)



9 Did you and your group find it difficult to locate Everglades National Park?

____ YES

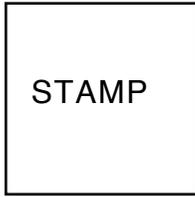


If so, why was it difficult to locate the park?

____ NO



10. What did you and your group like most about this visit to Everglades National Park?



OFFICIAL BUSINESS

**Visitor Services Project
Cooperative Park Studies Unit
Department of Forest Resources
College of Forestry, Wildlife and
Range Sciences
University of Idaho
Moscow, Idaho 83843**