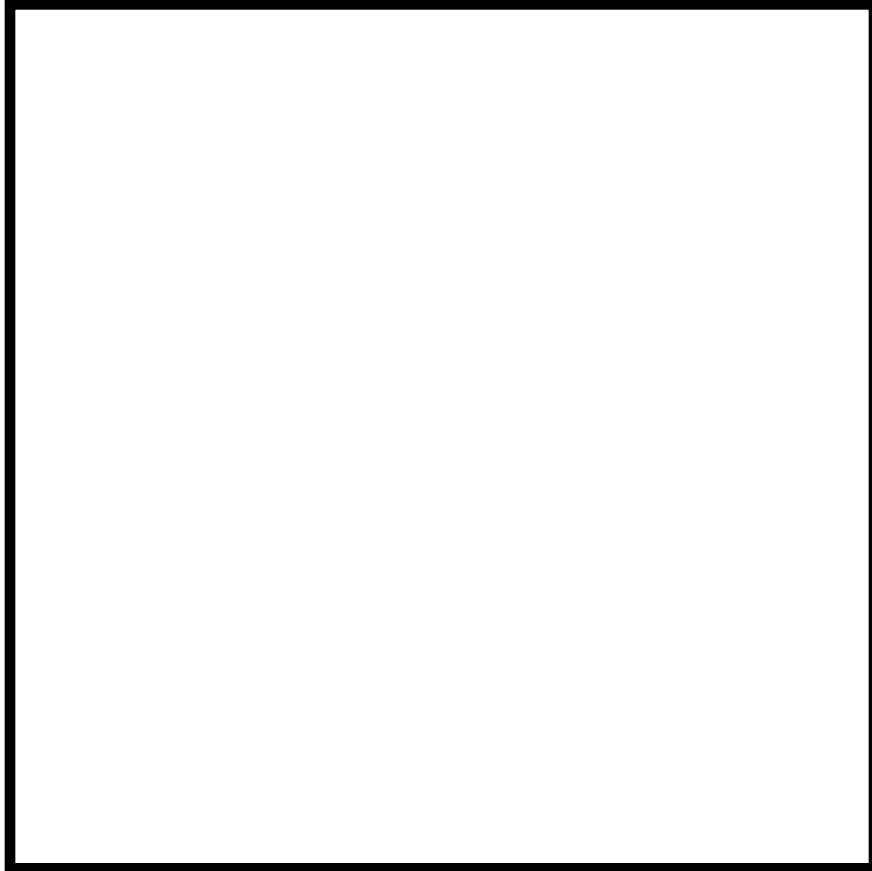


Glacier Visitor Study



The
Visitor Services
Project

July 1990

Dear Visitor:

Thank you for taking your time to participate in this study. Our objective is to learn about the expectations, opinions, and interests of visitors to Glacier National Park. This will assist us in our efforts to better manage Glacier National Park, and to serve you, the visitor.

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 Glacier National Park.

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,

Gilbert H. Lusk
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 AND PAPERWORK REDUCTION ACTS STATEMENT:

16 U.S.C. 1a-7 authorizes the collection of this information. The primary use of this information is to learn about the expectations, opinions and interests of visitors to this park and will be used by park managers to better manage this park. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. The information may also be provided to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law; to the Department of Justice when relevant to litigation or anticipated litigation.

BURDEN ESTIMATES: Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the collection of information. Direct comments regarding the burden estimate or any other aspect of this form to Service Information Collection Clearance Officer, National Park Service, Department of the Interior, Washington D.C. 20240; and the Office of Management and Budget, Paperwork Reduction Project, 1024-0051, Washington D.C. 20503.

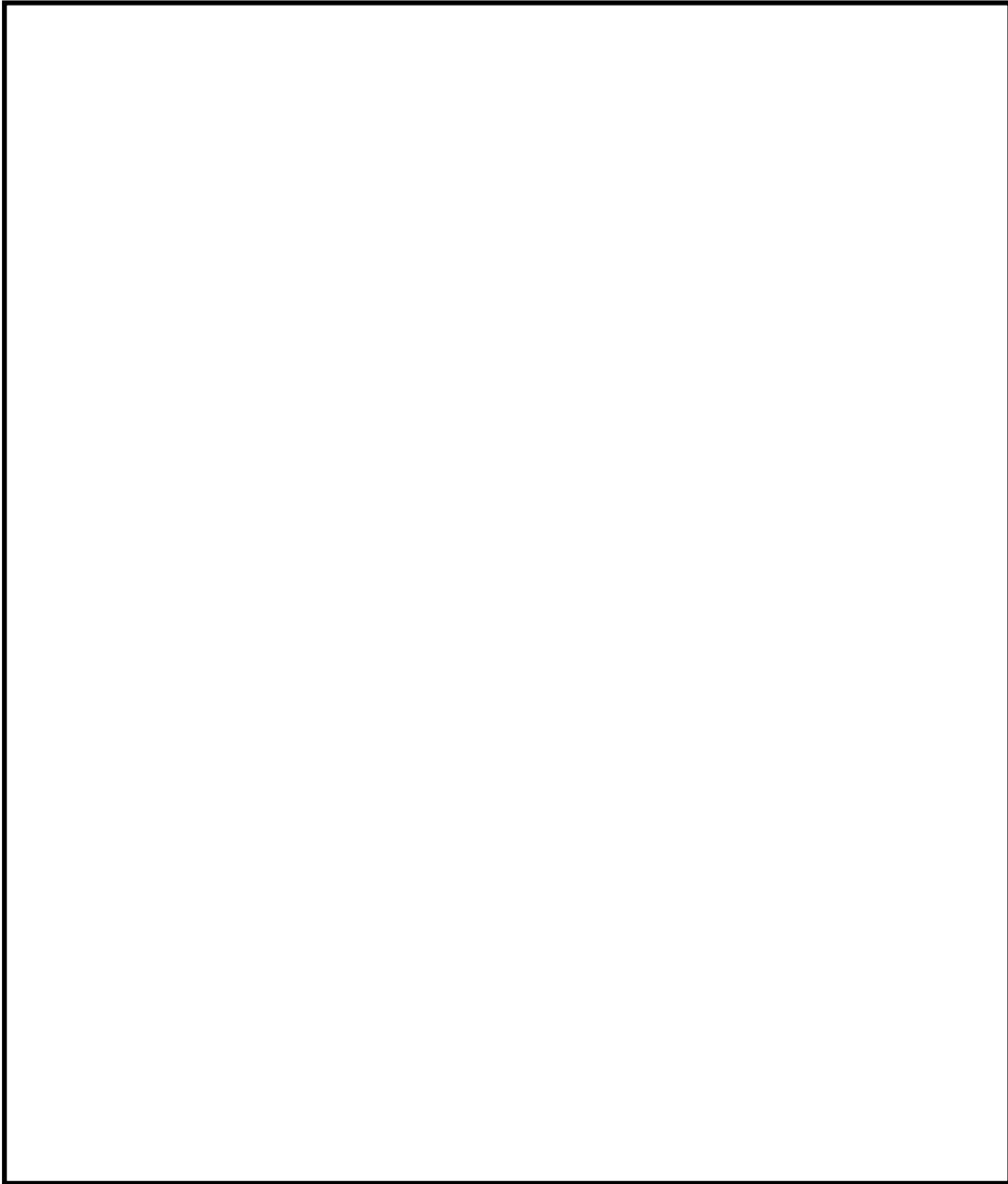
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VISITING GLACIER

1. a) On the map below, please indicate the places you and your group visited in Glacier National Park. Simply check (/) the box beside each place you visited.



b) Where did you and your group first enter Glacier National Park?

c) Where did you and your group exit Glacier National Park?

YOUR ACTIVITIES

2. On the list below, please check all of the activities that you and your group did in Glacier National Park during this visit. Please check (/) all that apply.

_____ SIGHTSEE

_____ VIEW WILDLIFE

_____ TAKE PHOTOGRAPHS

_____ VISIT VISITOR CENTERS/MUSEUMS

_____ ATTEND RANGER-LED PROGRAMS

_____ CAMP IN DEVELOPED CAMPGROUND

_____ OVERNIGHT BACKCOUNTRY CAMP

_____ DAYHIKE

_____ PICNIC

_____ FISH

_____ BOAT

_____ HORSEBACK RIDE

_____ BICYCLE

_____ SHOP

_____ OTHER (Please describe:_____)

PLEASE GO ON TO NEXT PAGE



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YOU AND YOUR OPINIONS

3. a) Prior to your visit, did you and your group receive information about Glacier National Park from the National Park Service?

_____ YES _____ NO _____ DON'T KNOW



- b) If not, how did you get information about the park?

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

If less than 24 hours:

_____ NUMBER OF HOURS

If 24 hours or more:

_____ NUMBER OF DAYS

5. How many people were in your group?

_____ NUMBER OF PEOPLE

6. What kind of group were you with?

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS



_____ GUIDED TOUR GROUP

_____ OTHER (Please describe: _____)

7. For you and your group, please indicate:

	CURRENT AGE	ZIP CODE OR COUNTRY	# TIMES VISITED (including this visit)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

8. a) On this trip, was Glacier National Park your primary destination?

YES NO



b) If not, what was your primary destination?

9. What was your primary reason for visiting Glacier National Park? Please check (/) **only one**.

_____ TO VIEW THE SCENERY/WILDLIFE

_____ TO PARTICIPATE IN RECREATION (hike, boat, camp, etc.)

_____ PASSING THROUGH TO ANOTHER DESTINATION

_____ OTHER (Please specify: _____)

PLEASE GO ON TO NEXT PAGE



10. a) Please rate the importance of the information and interpretive services you and your group used during this visit to Glacier National Park. Please mark each service **used** from 1 to 5 (1= EXTREMELY IMPORTANT, 2= VERY IMPORTANT, 3= MODERATELY IMPORTANT, 4= SOMEWHAT IMPORTANT, 5= NOT IMPORTANT).
- b) Next, rate the quality of each service you or your group used during this visit to Glacier National Park. Please mark each service **used** from 1 to 5 (1= VERY GOOD, 2= GOOD, 3= AVERAGE, 4= POOR, 5= VERY POOR).

How important? (1-5)		What quality? (1-5)
_____	PARK BROCHURE/MAP	_____
_____	WATERTON/GLACIER GUIDE (park newspaper)	_____
_____	VISITOR CENTER SALES PUBLICATIONS	_____
_____	VISITOR CENTER EXHIBITS	_____
_____	ROADSIDE EXHIBITS	_____
_____	SELF-GUIDED TRAILS	_____
_____	PARK RADIO INFORMATION STATION	_____
_____	VISITOR CENTER PERSONNEL	_____
_____	RANGER-LED WALKS	_____
_____	EVENING PROGRAMS	_____
_____	RANGER-GUIDED BOAT TOURS	_____

11. a) Please rate the importance of the commercial visitor services which you and your group used at Glacier National Park during this visit. Mark each service **used** from 1 to 5 (1= EXTREMELY IMPORTANT, 2= VERY IMPORTANT, 3= MODERATELY IMPORTANT, 4= SOMEWHAT IMPORTANT, 5= NOT IMPORTANT).
- b) Next, rate the quality of each service you and your group used during this visit to Glacier National Park. Please mark each service **used** from 1 to 5 (1= VERY GOOD, 2= GOOD, 3= AVERAGE, 4= POOR, 5= VERY POOR).

How important? (1-5)		What quality? (1-5)
_____	FOOD SERVICE	_____
_____	LODGING	_____
_____	TRAIL RIDES	_____
_____	BOAT TOURS	_____
_____	BOAT RENTALS	_____
_____	RED BUS TOURS	_____
_____	GIFT SHOPS	_____
_____	SHOWERS	_____
_____	LAUNDRY	_____
_____	GAS STATION	_____
_____	GROCERY STORES	_____
_____	BACKPACKING GUIDE SERVICE	_____
_____	OTHER (Please specify: _____ _____)	_____

PLEASE GO ON TO NEXT PAGE

12. During the time you visited Glacier National Park, how much did you and your group spend for lodging, travel, food and other items in the Glacier area? Please write "0" if you did not spend any money.

GLACIER AREA

LODGING (motel, camping, etc.)	\$_____
TRAVEL (gas, bus fare, etc.)	\$_____
FOOD (restaurant, groceries, etc.)	\$_____
OTHER (recreation, tours, film, gifts, etc.)	\$_____

13. The National Park Service maintains all of Glacier National Park's campgrounds, picnic areas and the restrooms at these facilities.

a) What did you like **most** about the campgrounds, picnic areas and their restrooms?

b) What did you like **least** about the campgrounds, picnic areas and their restrooms?

14. If you were planning for the future of Glacier National Park, what would you propose? Please be specific.

15. Is there anything else you would like to tell us about your visit to Glacier National Park?

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

STAMP

OFFICIAL BUSINESS

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