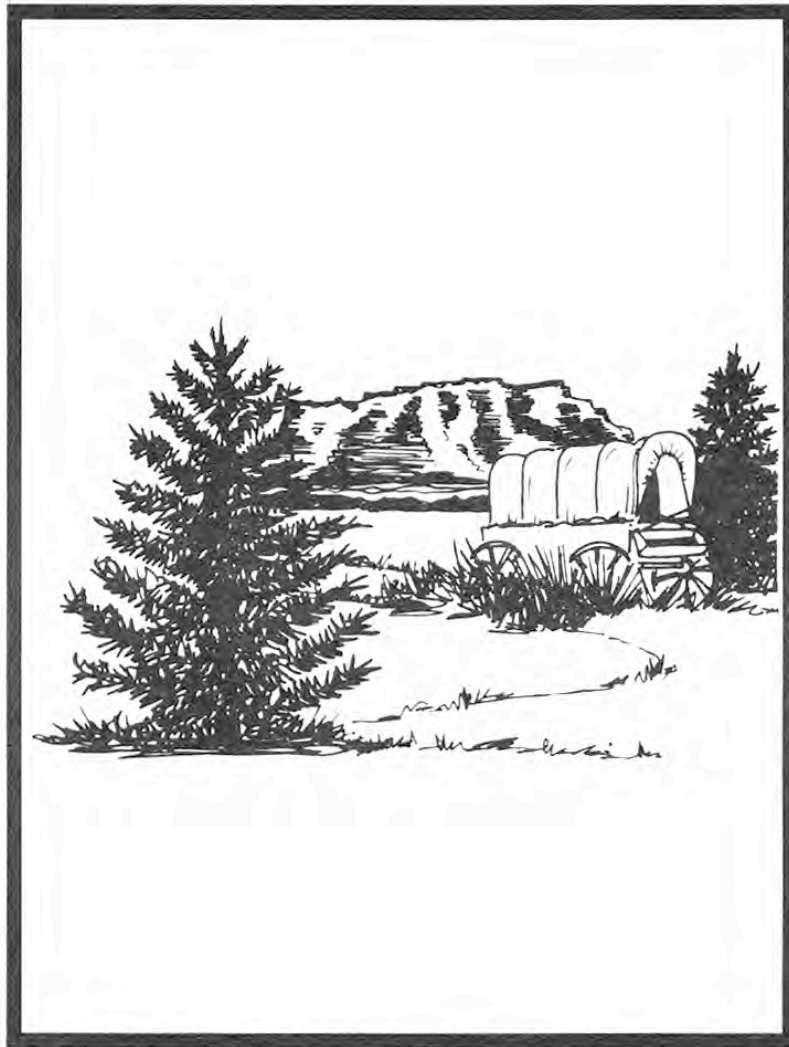


Scotts Bluff National Monument Visitor Study



The
Visitor Services
Project

OMB Approval 1024-0061
Expiration Date: 09-30-90

United States Department of the Interior
NATIONAL PARK SERVICE
Scotts Bluff National Monument
Agate Fossil Beds National Monument
P.O. Box 427
Gering, Nebraska 69341-0427
308-436-4340

August 1990

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Scotts Bluff 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. Your participation is very important! It should only take a few minutes of your time during your visit to Scotts Bluff 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,

JoAnn M. Kyril
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, 1024-0061, Washington D.C. 20503.

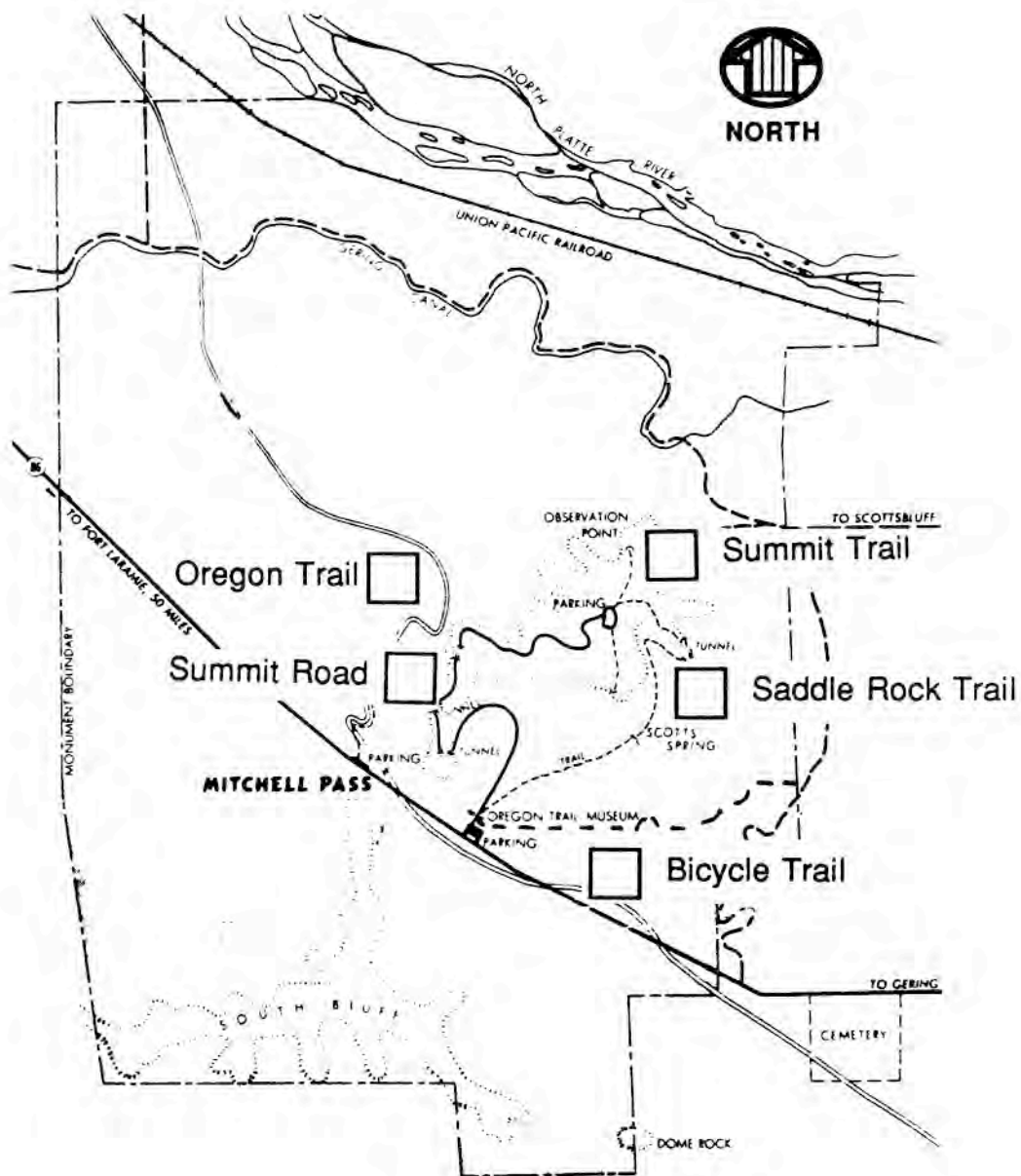
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PLACES YOU VISITED

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

Scotts Bluff National Monument



YOU AND YOUR OPINIONS

2. How much time did you and your group spend at Scotts Bluff National Monument this visit?

_____ NUMBER OF HOURS

3. How many people were in your group?

_____ NUMBER OF PEOPLE

4. What kind of group were you with?

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ GUIDED TOUR GROUP

_____ OTHER (Please describe: _____)

5. Are you on a bus tour?

_____ NO

_____ YES

 If yes, are you a convention member?

_____ NO

_____ YES

 PLEASE GO ON TO NEXT PAGE 

6

6. For you and your group, please indicate:

	CURRENT AGE	ZIP CODE OR COUNTRY	# TIMES VISITED <small>(INCLUDING THIS VISIT)</small>
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

7. The city of Scotts Bluff and the National Park Service is considering a three mile river nature trail connecting Scotts Bluff National Monument and the River Side Park Zoo. Would you use it on a future visit? Please check (✓) one.

_____ YES, LIKELY

_____ NO, UNLIKELY

_____ DON'T KNOW

8. The National Park Service is considering the development of a shuttle system from the visitor center to the summit of Scotts Bluff and back, available to visitors at a modest fee. If this system was available, would you use it on a future visit? Please check (✓) one.

_____ YES, LIKELY

_____ NO, UNLIKELY

_____ DON'T KNOW

9. Prior to this visit how did you and your group get information about Scotts Bluff National Monument? Please check (✓) all that apply.

_____ TRAVEL GUIDE/TOUR BOOK

_____ NEWSPAPER/MAGAZINE ARTICLES

_____ MAPS

_____ ADVICE FROM FRIENDS OR RELATIVES

_____ PREVIOUS VISIT(S)

_____ WRITTEN INQUIRY TO PARK

_____ WRITTEN INQUIRY TO CHAMBER OF COMMERCE

_____ NO INFORMATION PRIOR TO VISIT

_____ OTHER (Please describe: _____)

_____)

PLEASE GO ON TO NEXT PAGE



10. a) During this visit did you and your group use any of the following information or interpretive services at Scotts Bluff National Monument? Please check (✓) all that apply.
- b) How useful were the services you used? Please mark each service used 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)
_____	MUSEUM EXHIBITS	_____
_____	SLIDE PROGRAM	_____
_____	SUMMIT TRAIL GUIDE	_____
_____	LIVING HISTORY DEMONSTRATION	_____
_____	PARK BROCHURE	_____
_____	WAYSIDE EXHIBITS	_____
_____	ACCESSIBILITY HANDOUT	_____
_____	SURROUNDING AREA INFORMATION	_____
_____	ANIMAL INFORMATION HANDOUTS	_____
_____	OTHER (Please describe: _____)	_____

11. a) During this visit did you and your group use any of the following facilities at Scotts Bluff National Monument? Please check (√) all that apply.
- b) Next, rate the quality of each facility you and your group used. Please mark each facility used from 1 to 5 (1= VERY GOOD, 2= GOOD, 3= AVERAGE, 4= POOR, 5= VERY POOR).

Use facility? (√)		What Quality? (1-5)
_____	RESTROOMS	_____
_____	TRAILS	_____
_____	SUMMIT ROAD	_____
_____	PARKING LOT	_____
_____	SALES PUBLICATION AREA	_____
_____	PICNIC TABLES	_____

12. If you were planning for the future management of Scotts Bluff National Monument, what would you propose? Please be as specific as possible.

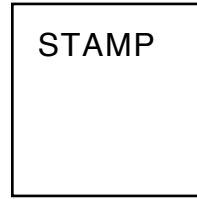
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10

13. What did you and your group like most about this visit to Scotts Bluff National Monument?

14. What did you and your group like least about this visit to Scotts Bluff National Monument?



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**