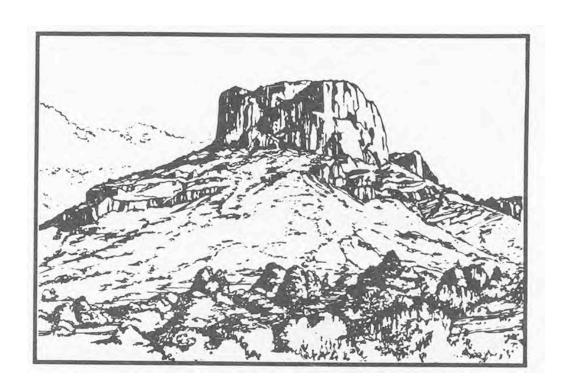
Big Bend National Park Visitor Study



The Visitor Services Project



United States Department of the Interior

NATIONAL PARK SERVICE

Big Bend National Park Rio Grande Wild and Scenic River Big Bend National Park, Texas 79834

April 1992

Dear Visitor:

Thank you for participating in this study. Our objective is to learn about the expectations, opinions, and interests of visitors to Big Bend National Park. This will assist us in our efforts to better manage Big Bend 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.

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

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 L. Arnberger 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 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.

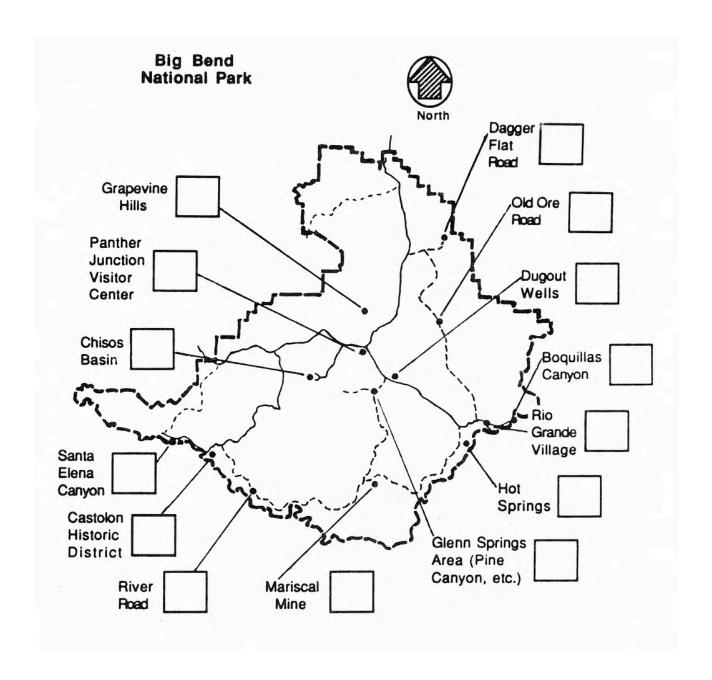
Burden estimate statement: Public reporting burden for this form is estimated to average 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Service Information Collection Clearance Officer, National Park Service, P.O. Box 37127, Washington, D.C. 20014-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-0099, Washington, D.C. 20503.



VISITING BIG BEND

1.	Prior to this visit, how did you and your group get information about Big Bend National Park? Please check ($$) all that apply.		
	DID NOT GET INFORMATION PRIOR TO VISIT - GO ON TO		
	QUESTION 2 ADVICE FROM FRIENDS OR RELATIVES		
	PREVIOUS VISIT(S)		
TRAVEL GUIDE/TOUR BOOK(S)			
MAPS OR BROCHURES			
	NEWSPAPER/MAGAZINE ARTICLE(S)		
	WRITTEN INQUIRY TO PARK		
	TELEPHONE INQUIRY TO PARK		
	OTHER (Please specify:		
 Please check the places you and your group traveled through, visited or will travel through during this visit to Big Bend National Park. Please check (√) all that apply. 			
	ALPINE FT. STOCKTON		
	MARFA MARATHON		
	STUDY BUTTE SANDERSON		
	TERLINGUA FT. DAVIS		
	PRESIDIO BOQUILLAS, MEXICO		
	LAJITAS SANTA ELENA, MEXICO		
BLACK GAP WILDLIFE AREA			
	BIG BEND RANCH STATE NATURAL AREA		
	STILL WELL'S RANCH/PARK/MLISELIM		

3. On the map below, please check the sites you and your group visited during this visit to Big Bend National Park. Simply check ($\sqrt{}$) the box beside each place you visited. If you did not visit a site, leave the box blank.



YOUR ACTIVITIES

4.	On the list below, please check all of the activities that you and your group did during this visit to Big Bend National Park. Please check ($$) all that apply.			
	VIEW SCENERY			
	VISIT VISITOR CENTER(S)			
	BIRDWATCH			
	DAYHIKE ON TRAILS			
	DAYHIKE CROSSCOUNTRY (not on trails)			
	ATTEND RANGER-LED PROGRAMS			
	OVERNIGHT BACKPACK			
	CAMP ALONG BACKCOUNTRY ROAD			
	BICYCLE ON PAVED ROADS			
	BICYCLE ON UNPAVED ROADS			
	RAFT/CANOE/BOAT			
	FISH			
	HORSEBACK RIDE			
	PICNIC			
	OTHER (Please describe:)			

YOU AND YOUR OPINIONS

5. On this visit, how much time did you and your group spend at Bi National Park?			spend at Big Bend		
	If less than 24	hours:	_ NUMBER OF HOUF	RS	
	If 24 hours or r	nore:	_ NUMBER OF DAYS nearest 1/4 day, e.	(Please list the g. 2-1/4, 2-1/2, etc.)	
6.	How many peo	ple were in your	group?		
	NUME	BER OF PEOPLE	Ξ		
7.	What kind of group were you with? Please check ($$) only one.				
	ALON	ALONE			
	FAMIL	_Y			
	FRIENDS				
	FAMILY AND FRIENDS				
	GUIDED TOUR GROUP				
	OTHE	ER (Please descr	ibe:)	
8.	For you and your group, please indicate:				
		CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY		
	YOURSELF				
	MEMBER #2				
	MEMBER #3				
	MEMBER #4				
	MEMBER #5				
	MEMBER #6				
	MEMBER #7				

- 9. a) Please check ($\sqrt{}$) the visitor services which you and your group **used** during this visit to Big Bend National Park.
 - b) Next, for only those services which you and your group used, please rate their **importance** from 1-5 using the list below.
 - c) Finally, for only those services which you and your group used, please rate their quality from 1-5 using the list below.

1=EXTREMELY IMPORTANT 2=VERY IMPORTANT 3=MODERATELY IMPORTANT 3=AVERAGE QUALITY 4=SOMEWHAT IMPORTANT 5=NOT IMPORTANT

1=VERY GOOD QUALITY 2=GOOD QUALITY 4=POOR QUALITY 5=VERY POOR QUALITY

Use se $()$	ervice?	Importance? (1-5)	Quality? (1-5)	
	PARK BROCHURE/MAP			
	PARK NEWSPAPER (Big Bend Paisano)			
	VISITOR CENTER PERSONNEL			
	VISITOR CENTER SALES PUBLICATIONS	<u> </u>		
	VISITOR CENTER EXHIBITS/SLIDE SHOW	V		
	RANGER/VOLUNTEER-LED PROGRAMS			
	SELF-GUIDED NATURE TRAILS/ROADS			
	ROADSIDE EXHIBITS			
	BULLETIN BOARDS			
	SAFETY INFORMATION BROCHURES			
	OTHER INFORMATIONAL BROCHURES			
	EMERGENCY SERVICES			
	HORSEBACK RIDES			
	COMMERCIAL RAFT/CANOE TRIPS			

- 10. a) Please check (√) the maintenance or concession services or facilities which you and your group **used** during this visit to Big Bend National Park.
 - b) Next, for only those services which you and your group **used**, please rate their **importance** from 1-5 using the list below.
 - c) Finally, for only those services which you and your group **used**, please rate their **quality** from 1-5 using the list below.

1=EXTREMELY IMPORTANT 2=VERY IMPORTANT 3=MODERATELY IMPORTANT 4=SOMEWHAT IMPORTANT 5=NOT IMPORTANT 1=VERY GOOD QUALITY 2=GOOD QUALITY 3=AVERAGE QUALITY 4=POOR QUALITY 5=VERY POOR QUALITY

Use se (√)	rvice?	mportance? (1-5)	Quality? (1-5)
	HIGHWAY DIRECTIONAL SIGNS		
	DEVELOPED CAMPGROUNDS		
	UNPAVED ROADS		
	RESTROOMS		
	TRAILS		
	PICNIC AREAS		
	PARKING AREAS		
	HANDICAPPED ACCESSIBILITY		
	GARBAGE DISPOSAL		
	SERVICE STATIONS		
	CAMPER STORES		
	MOTEL IN CHISOS BASIN		
	RESTAURANT/GIFT SHOP IN CHISOS BAS	SIN	
	SHOWERS/LAUNDROMAT		

PLEASE GO ON TO NEXT PAGE



11. On this visit, what were you and your group's reasons for visiting National Park? Please check ($$) all that apply.			s for visiting Big Bend
		SCENIC VIEWS/DRIVES	
		DESERT EXPERIENCE	
		RECREATIONAL OPPORTUNITIES (hiking horseback rides,	
		EDUCATIONAL OPPORTUNITIES	
		FAVORABLE WEATHER	
		SOLITUDE/QUIET	
		NTERNATIONAL BORDER/CULTURE	
		WILDERNESS ENVIRONMENT/OPEN SPA	ACE
		VISIT NPS AREA	
		VISIT BIOSPHERE RESERVE	
		VIEW PARK WILDLIFE	
		OTHER (Please specify:)
12.	surround or closer	Id your group stayed overnight in Big Bend N ding area (within 100 miles, i.e. Alpine, Marat r), please write the number of nights you sper odation inside and outside the park.	hon, Marfa, Presidio
ı	# NIGHTS INSIDE BIG BEND		# NIGHTS OUTSIDE BIG BEND (within 100 miles)
		MOTEL/HOTEL	
		CAMPGROUND WITH HOOKUPS	
		CAMPGROUND WITHOUT HOOKUPS	
		BACKCOUNTRY/PRIMITIVE CAMPSITE	
		OTHER (Please describe:	
			1

13. During this visit, how much did you and your group spend for lodging, travel, food, and other items inside Big Bend National Park and outside the park (within 100 miles)? Please write "0" if you did not spend any money.

II	ISIDE PARK		(within 100 miles)
	\$	LODGING (motel, camping, etc.)	\$
	\$	TRAVEL (gas, air/bus/train fare, etc.)	\$
	\$	FOOD (restaurant, groceries, etc.)	\$
	\$	OTHER (tours, film, gifts, books, etc.)	\$
14.	biology, geo	ational Park educational programs address logy, history, environmental concerns and s ost important to you and your group during	so forth. What topics
15.	· · · · · · · · · · · · · · · · · · ·	thing else you and your group would like to end National Park and the surrounding are	

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

STAMP

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