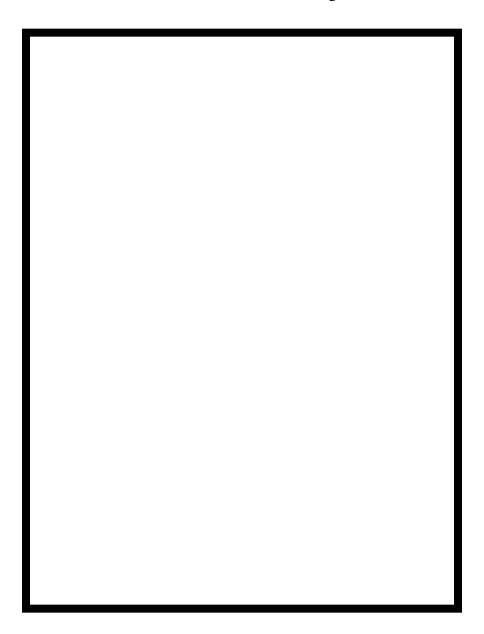
# New River Gorge National River Visitor Study



The Visitor Services Project

OMB Approval 1024-0098 Expiration Date: 9-30-92

July, 1991

Dear Visitor:

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

<u>This questionnaire is only being given to a select number of visitors. Your participation is very important!</u> It should only take a few minutes of your time during your visit to New River Gorge National River.

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,

Joe Kennedy 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 the 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 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, 1024-0098, Washington D.C. 20503.



1.	How did you and your group get information about New River Gorge National River? Please check ( ) <b>all</b> that apply.
	TRAVEL AGENT
	HIGHWAY SIGNS
	NEWSPAPER/ MAGAZINE ARTICLES
	RECREATIONAL OUTFITTER
	ADVICE FROM FRIENDS OR RELATIVES
	PREVIOUS VISIT(S)
	NATIONAL PARK SERVICE BROCHURES/MAPS
	VISITOR INFORMATION RADIO STATION
	NO INFORMATION PRIOR TO VISIT
	OTHER (Please describe:

at

## YOUR ACTIVITIES

2. On the list below, please check the activities that you and your group did New River Gorge National River this visit. Please check ( ) <b>all</b> that apply.						
	SIGHTSEEING					
	FISHING					
	SWIMMING					
	HIKING					
	CAMPING					
	MOUNTAIN BIKE RIDING					
	HORSEBACK RIDING					
	PICNICKING					
	NATURE STUDY					
	ROCK CLIMBING					
	VISITING HISTORIC SITES					
	ATTENDING THE OUTDOOR THEATER					
	OTHER (Please describe:)					



	During this visit to New River Gorge National River did you and your group a boating or rafting trip? Please check ( ) <b>only one</b> .
a)	NO - GO ON TO QUESTION 4
	YES
b)	What type of boating/rafting trip did you and your group take this visit? Please <b>check</b> ( ) <b>one</b> .
	Personally OwnedCommercially Operated ( ) ( )
	CANOE
	RAFT
	KAYAK
	BOAT
	OTHER
	(Please describe:)
	REASONS YOU VISITED
4. Pleas	What was your <b>primary</b> reason for visiting New River Gorge National River? e check ( ) <b>only one</b> .
	WHITE WATER RECREATION
	TO SEE NEW RIVER GORGE BRIDGE
	SIGHTSEEING
	FISHING/HUNTING
	CAMPING
	ROCK CLIMBING
	NATURE STUDY
	OTHER (Please describe:

## YOU AND YOUR OPINIONS

If less than 24 hours:  NUMBER OF HOURS If 24 hours or more:  NUMBER OF DAYS  6. How many people were in your group?  NUMBER OF PEOPLE  7. What kind of group were you with? Please check ( ) one.  ALONE  FAMILY  FRIENDS  FAMILY AND FRIENDS  BUS TOUR GROUP  YOUTH GROUP  OTHER (Please describe:)	5.	How much time did you and your group spend at New River Gorge National River this visit?			
If 24 hours or more:  NUMBER OF DAYS  6. How many people were in your group?  NUMBER OF PEOPLE  7. What kind of group were you with? Please check ( ) one.  ALONE  FAMILY  FRIENDS  FAMILY AND FRIENDS  BUS TOUR GROUP  YOUTH GROUP		If less than 24 hours:			
NUMBER OF DAYS  6. How many people were in your group? NUMBER OF PEOPLE  7. What kind of group were you with? Please check ( ) one. ALONE FAMILY FRIENDS FAMILY AND FRIENDS BUS TOUR GROUP YOUTH GROUP		NUMBER OF HOURS			
6. How many people were in your group?  NUMBER OF PEOPLE  7. What kind of group were you with? Please check ( ) one.  ALONE  FAMILY  FRIENDS  FAMILY AND FRIENDS  BUS TOUR GROUP  YOUTH GROUP		If 24 hours or more:			
NUMBER OF PEOPLE  7. What kind of group were you with? Please check ( ) one ALONE FAMILY FRIENDS FAMILY AND FRIENDS BUS TOUR GROUP YOUTH GROUP		NUMBER OF DAYS			
7. What kind of group were you with? Please check ( ) one.  ALONE  FAMILY  FRIENDS  FAMILY AND FRIENDS  BUS TOUR GROUP  YOUTH GROUP	6.	How many people were in your group?			
ALONE FAMILY FRIENDS FAMILY AND FRIENDS BUS TOUR GROUP YOUTH GROUP		NUMBER OF PEOPLE			
FAMILY FRIENDS FAMILY AND FRIENDS BUS TOUR GROUP YOUTH GROUP	7.	What kind of group were you with? Please check ( ) one.			
FRIENDS FAMILY AND FRIENDS BUS TOUR GROUP YOUTH GROUP		ALONE			
FAMILY AND FRIENDS BUS TOUR GROUP YOUTH GROUP		FAMILY			
BUS TOUR GROUP  YOUTH GROUP		FRIENDS			
YOUTH GROUP		FAMILY AND FRIENDS			
		BUS TOUR GROUP			
OTHER (Please describe:)		YOUTH GROUP			
)		OTHER (Please describe:			
		)			



8. For you and your group, please indicate:

		CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	# TIMES VISITED (INCLUDING THIS VISIT)
	YOURSELF			
	MEMBER #2			
	MEMBER #3			
	MEMBER #4			
	MEMBER #5			
	MEMBER #6			
	MEMBER #7			
9.	Where did you National River?		e day you visited New Ri	ver Gorge
		TO	WN	
		ST/	ATE	
10. Natio	Where is your   onal River?	olanned destinat	ion on the day you leave	New River Gorge
		TO	WN	
		ST/	ATE	
11.	During this visit night in the area	to New River G ? Please check	orge National River did yo (  ) <b>only one</b> .	ou spend the
	NO -	GO ON TO QUE	STION 12	
	YES			
		vernight accomn ) <b>all</b> that apply.	nodations did you and you	ur group use?
	MOTE	L/HOTEL		
	LODG	E/CABIN		
	TENT			
	RECR	EATIONAL VEI	HICLE	
	OTHER	R (Please descri	be:	
				)

12.	a)	interpretive s	isit did you and your group <b>use</b> a services at New River Gorge Nati k ( ) <b>all</b> that apply.	ny of the following onal River?		
	b) your (	Next rate (frogroup <b>used</b> du	om 1-5) the quality of each facility uring this visit to New River Gorge	or service you or National River		
				1= VERY GOOD 2= GOOD 3= AVERAGE 4= POOR 5= VERY POOR		
		Use service ( )		What quality? (1-5)		
			PARK FOLDER/MAP			
			PARK NEWSPAPER			
			VISITOR CENTER EXHIBITS			
			INTERACTIVE VIDEO			
			RANGER LED WALK/TALK			
			SALES PUBLICATIONS			
			PARK SLIDE SHOW			
			BULLETIN BOARDS			
			GORGE MODEL			
			SURROUNDING AREA INFO	)		
			OTHER (Please describe:			
				)		



13.	information/ir	g this visit did you and your group unterpretive brochures at New River e check ( ) <b>all</b> that apply.	se any of the follov Gorge National	ving
	brochures yo	e rate the usefulness of the interpretou and your group used during this vall River. Mark each service used fr	visit to New River	
			1= EXTREMELY 2= VERY USEF 3= MODERATE 4= SOMEWHAT 5= NOT USEFU	UL LY USEFUL USEFUL
Us	e service ()		ı	How Useful? (1-5)
		WHITE WATER ACTIVITIES S	ITE BROCHURE	S
		FISHING BROCHURES		
		HUNTING BROCHURES		
		HIKING BROCHURES		
		NATURE STUDY BROCHURE	S	
		COAL MINING BROCHURES		

OTHER Please Describe:

10 11011 111101	Gorge Hallon	arriiver:	tell us about yo	

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