



**Social Science Program
National Park Service
U.S. Department of the Interior**

Visitor Services Project

Zion National Park

Visitor Study



OMB Approval 1024-0224 (NPS #06-37)
Expiration Date: 04/01/2007



United States Department of the Interior

NATIONAL PARK SERVICE

Zion National Park

SR 9

Springdale, Utah 84767-1099

IN REPLY REFER TO:

August, 2006

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Zion National Park. This information will assist us in our efforts to better manage this site and to serve you, our visitors.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should take about 20 minutes to complete.

Please complete the questionnaire when your visit is over. Seal it with the stickers provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, NPS VSP Coordinator, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

Jock Whitworth
Superintendent

DIRECTIONS

Please have the individual, who was randomly selected from your group, complete the following questionnaire. It should take about 20 minutes. When you have completed the questionnaire, please seal it with the stickers 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Burden estimate statement: Public reporting burden for this form is estimated to average 20 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; fax: 208-885-4261.

Please go on to the next page →

Your Visit to Zion National Park

1. a) Prior to this visit, how did you and your group obtain information about Zion National Park? Please check (✓) **all** that apply in the **left** column.
- b) On future trips to Zion National Park, what sources would you and your group prefer to use to obtain information in planning your visit? Please check (✓) **all** that apply in the **right** column.

a) Prior to this visit? (✓)

b) Prior to future visits? (✓)

_____ Obtained no information prior to visit → **Go on to Part b of this Question**

_____ Previous visits _____

_____ Friends/relatives/word of mouth _____

_____ Travel guides/tour books/publications _____

_____ Brochures/maps _____

_____ Telephone/written/email inquiry to park _____

_____ Newspaper/magazine articles _____

_____ Videos/television/radio programs _____

_____ Park website: www.nps.gov/zion _____

_____ Other websites _____

_____ Other National Park Service sites _____

_____ Chamber of Commerce/Visitor Bureau _____

_____ Local businesses _____

_____ Other (Please specify below) _____

a) _____ b) _____

- c) From the sources you used prior to this visit, did you and your group receive the type of information about the park that you needed?

_____ No

_____ Yes

_____ Not sure



Go on to Question 2

- d) If NO, what type of park information did you and your group need that was not available? Please be specific.

2. On this trip, what was the primary reason that you and your group visited the Zion National Park **area** (within a 1-hour drive of the park)? Please check (✓) **only one**.

_____ Resident of area → **Go on to Question 3**

_____ Visit Zion National Park

_____ Visit other attractions in the area

_____ Visit friends/relatives in the area

_____ Traveling through to another destination

_____ Business

_____ Other (Please specify: _____)

3. On this trip, how did Zion National Park fit into your travel plans? Please check (✓) **only one**.

_____ Zion National Park was the primary destination

_____ Zion National Park was one of several destinations

_____ Zion National Park was not a planned destination

4. On this visit to Zion National Park, how long did you and your group spend visiting the park? Please list partial hours/days as 1/4, 1/2, or 3/4.

_____ Number of hours **if less than 24 hours**

_____ Number of days **if 24 hours or more**

5. a) On this trip, where did you and your group stay on the night prior to visiting Zion National Park?

Nearest city/town: _____ State: _____

- b) Where did you stay on the night after leaving Zion National Park?

Nearest city/town: _____ State: _____

6. On this visit to Zion National Park, how many times did you and your group enter the park?

_____ Number of entries

7. On this visit to Zion National Park, which entrance did you and your group **first** use to enter the park? Please check (✓) **only one**.

_____ Kolob Canyons entrance (Northwest entrance)

_____ Zion Canyon entrance (South entrance)

_____ East entrance (through the tunnel)

Please go on to the next page →

8. a) On this trip, did you and your group stay overnight **away from home** in Zion National Park or in the **area** (within a 1-hour drive of the park)?

_____ Yes

_____ No → **Go on to Question 9**



- b) If YES, please list the number of nights you and your group stayed.

_____ Number of nights stayed in the **park**

_____ Number of nights stayed in the **area** (within a 1-hour drive of the park)

- c) In what type of lodging did you and your group spend the nights inside the park? Please check (√) **all** that apply in the **left** column.

- d) In what type of lodging did you and your group spend the nights in the area (within a 1-hour drive of the park)? Please check (√) **all** that apply in the **right** column.

c) Inside park (√)	d) In the area (√)	Lodging
_____	_____	Lodge, motel, hotel, cabin, rented condo, B&B, etc.
_____	_____	Developed campground/RV trailer park
_____	_____	Backcountry camping
_____	_____	Personal seasonal residence
_____	_____	Residence of friends or relatives
_____	_____	Other (Please specify below)

c) _____ d) _____

9. a) Please check (√) **all** the visitor facilities that you and your group **used** during this visit to Zion National Park.

- b) For the facilities that you and your group **used**, please rate from 1 to 5 how crowded you felt during this visit to Zion National Park. Please circle **only one** response for each facility.

a) Use facility?		b) How crowded?				
Check (√)		Not at all crowded	A little crowded	Moderately crowded	Very crowded	Extremely crowded
_____	Trails	1	2	3	4	5
_____	Scenic drive	1	2	3	4	5
_____	Visitor centers	1	2	3	4	5
_____	Entrance stations	1	2	3	4	5
_____	Shuttle bus stops	1	2	3	4	5
_____	Campgrounds	1	2	3	4	5
_____	Picnic areas	1	2	3	4	5

10. For this visit, please check (✓) **all** the sites that you and your group visited in Zion National Park.

- | | |
|---|---|
| ☐ Zion Canyon Visitor Center | ☐ Zion Lodge |
| ☐ Zion Human History Museum | ☐ Pa'rus Trail |
| ☐ Zion Canyon Scenic Drive | ☐ Lava Point |
| ☐ Canyon Overlook Trail | ☐ Checkerboard Mesa |
| ☐ Kolob Canyons Visitor Center | ☐ Kolob Canyons Scenic Drive |
| ☐ Trails from/in Zion Canyon (Watchman, Emerald Pools, Angels Landing, Weeping Rock, Echo & Hidden Canyons, Kayenta, Riverside Walk) | |
| ☐ Kolob Terrace Road (from Virgin) | |
| ☐ Maintained trails from Kolob Terrace Road (Connector, Wildcat Canyon, Northgate Peaks) | |
| ☐ Maintained trails from Kolob Canyons Scenic Drive (Taylor Creek, South Fork, North Fork, La Verkin Creek, Timber Creek) | |



Please go on to the next page →

11. This question lists activities available to visitors at Zion National Park.

- a) As you were planning your trip, what activities did you and your group expect to include on this visit? Please check (✓) **all** that apply in the **left** column.
- b) On this visit, what activities did you and your group participate in? Please check (✓) **all** that apply in the **right** column.

a) Activities expected (✓)	b) Activities on this visit (✓)
_____ Sightseeing/scenic driving	_____
_____ Hiking under 2 hours	_____
_____ Hiking over 2 hours	_____
_____ Attending ranger-led programs/activities	_____
_____ Horseback riding	_____
_____ Bicycling	_____
_____ Backpacking	_____
_____ Camping in developed campgrounds	_____
_____ Picnicking	_____
_____ Technical rock climbing	_____
_____ Canyoneering (climbing, rappelling, waterfall jumping)	_____
_____ Nature/environment study	_____
_____ Shopping in gift shops/bookstores inside park	_____
_____ Other (Please specify below)	_____
a) _____	b) _____

- c) Which one of the above activities was the **primary** reason you visited Zion National Park on this visit? Please list **only one** response.

12. a) Currently, the entrance fee to Zion National Park is \$20/7 days per vehicle or \$10/7 days per pedestrian/bike, but not to exceed \$20 per family. In your opinion, how appropriate is the fee amount? Please circle **only one**.

Too low

About right

Too high

- b) How would you and your group rate the value for the entrance fee you paid? Please circle **only one**.

Very poor

Poor

Average

Good

Very good

13. a) Please check (√) **all** the information services and facilities that you and your group **used** during this visit to Zion National Park.

b) Next, for only those services and facilities that you and your group **used**, please rate their importance from 1-5.

c) Finally, for only those services and facilities that you and your group **used**, please rate their quality from 1-5.

a) Used service/facility?	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
Check (√)		
_____ Park brochure/map	_____	_____
_____ Park newspaper	_____	_____
_____ Backcountry planner guide	_____	_____
_____ Museum orientation film/movie	_____	_____
_____ Zion Canyon Visitor Center exhibits	_____	_____
_____ Kolob Canyons Visitor Center exhibits	_____	_____
_____ Roadside/trailside exhibits	_____	_____
_____ Assistance from entrance station staff	_____	_____
_____ Assistance from visitor center staff	_____	_____
_____ Assistance from park staff (other than visitor center information desk staff)	_____	_____
_____ Junior Ranger program	_____	_____
_____ Ranger-led programs	_____	_____
_____ Radio information station (1610 AM)	_____	_____
_____ Park website: www.nps.gov/zion/ (used before or during this visit)	_____	_____

d) If your group **did not** participate in the Junior Ranger program, please indicate the reason. Please check (√) **all** that apply.

_____ Did not have any children in the group → **Go on to Question 14**

_____ Did not know about the program

_____ Did not have enough time

_____ Not interested

_____ Other reasons (Please specify: _____)

Please go on to the next page →

14. a) Please check (√) **all** the visitor services and facilities that you and your group **used** during this visit to Zion National Park.

b) Next, for only those services and facilities that you and your group **used**, please rate their importance from 1-5.

c) Finally, for only those services and facilities that you and your group **used**, please rate their quality from 1-5.

a) Used service/facility?	b) If used, how important?	c) If used, what quality?
	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
Check (√)		
_____ Zion Canyon Visitor Center (excluding exhibits and bookstore)	_____	_____
_____ Kolob Canyons Visitor Center (excluding exhibits)	_____	_____
_____ Zion Human History Museum	_____	_____
_____ Restrooms	_____	_____
_____ Picnic areas	_____	_____
_____ Campgrounds	_____	_____
_____ Trails	_____	_____
_____ Zion Lodge gift shop	_____	_____
_____ Zion Canyon Visitor Center bookstore	_____	_____
_____ Scenic pullouts/overlooks	_____	_____
_____ Directional signs – inside park	_____	_____
_____ Directional signs – outside park	_____	_____
_____ Zion Lodge	_____	_____
_____ Food services	_____	_____
_____ Horseback riding	_____	_____
_____ Access for persons with disabilities	_____	_____

15. a) Currently, Zion National Park provides a shuttle bus system to transport visitors along the Zion Canyon Scenic Drive from April to October. On this visit, did you and your group use the shuttle bus system?

_____ Yes

_____ No → **Go on to Question 16**



b) If YES, where did you park your vehicle before boarding the shuttle bus?
Please check (√) **only one**.

_____ In Springdale

_____ At Zion Canyon Visitor Center

_____ At Zion Human History Museum

_____ Other (Please specify: _____)

- c) Why did you choose to park at the above location? Please check (✓) **all** that apply.

_____ Visitor center parking lot was full

_____ Wanted to park there

_____ Staying in a motel/hotel in Springdale

_____ Was advised by park staff/local people/friends/relatives

_____ Other (Please specify:_____)

- d) On this visit how many times did you and your group use the shuttle bus to commute between shuttle stops? (Use of the shuttle bus is counted from the time you board the bus at one shuttle stop to the time you get off at another shuttle stop).

_____ Number of times

- e) Please rate the quality of the shuttle bus system. Circle **only one** number for each component of the shuttle bus system.

	Very poor	Poor	Average	Good	Very good
Bus driver	1	2	3	4	5
Vehicle	1	2	3	4	5
Shuttle stops/signs	1	2	3	4	5
Bus schedule	1	2	3	4	5

16. a) On a future visit to Zion National Park, would you like to have interpretive narrations about the park available on the shuttle bus?

_____ Yes, likely _____ No, unlikely _____ Not sure

- b) Currently, Zion National Park provides a shuttle bus system to commute visitors along the Zion Canyon Scenic Drive from April through October. To reduce traffic congestion in crowded areas and protect park vegetation from vehicle parking off roads, an extended period for a shuttle bus system (from March to November) is being proposed. Visitors would park in/near Springdale and ride a shuttle bus in the park. Would you be willing to use the shuttle bus on a future visit to the park during March through November?

_____ Yes, likely _____ No, unlikely _____ Not sure

- c) Please provide any additional comments that you and your group may have about the shuttle bus system.

Please go on to the next page ➔

17. It is the National Park Service's responsibility to protect the natural, scenic, and cultural resources at Zion National Park while providing for public enjoyment. Choose **five** items from the list below that were the most important to you and your group during your visit to Zion National Park, and rank them from 1-5 (1=Most important and 5=Fifth in importance). Leave the rest blank.

Rank from 1 to 5 the most important attributes/resources

- | | |
|---|---|
| _____ Clean air | _____ Native plants |
| _____ Scenic views | _____ Native animals |
| _____ Clean water | _____ Archeological sites |
| _____ Natural quiet/sounds of nature | _____ Historic buildings |
| _____ Night sky | _____ Recreational opportunities |
| _____ Solitude | _____ Educational opportunities |
| _____ Protection of threatened/
endangered species | _____ Unspoiled scenic corridor
approaching the park |

In this questionnaire, your personal group is defined as anyone who you are visiting the park with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

18. On this visit, what kind of personal group (not guided tour/school/organized group) were you with? Please check (✓) **only one**.

- | | |
|------------------------------------|--------------------------|
| _____ Alone | _____ Family |
| _____ Friends | _____ Family and friends |
| _____ Other (Please specify:_____) | |

19. a) On this visit, how many people were in your personal group, including yourself?

_____ Number of people

- b) On this visit, please list the number of vehicles in which you and your group arrived at the park (including the town of Springdale).

_____ Number of vehicles

20. On this visit, were you and your personal group with the following types of groups?

- | | | |
|--|-----------|----------|
| a) Commercial guided tour group | _____ Yes | _____ No |
| b) School/educational group | _____ Yes | _____ No |
| c) Other organized groups
(business, church groups, etc.) | _____ Yes | _____ No |

21. For you and your personal group, please fill in the items below. If you do not have information for any group member, please leave that line blank.

	Current age	U.S. Zip code or name of country other than U.S.	Before 2000	Number of visits made to this park 2000 and after (including this visit)
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

22. a) Does anyone in your group have a physical condition that made it difficult to access or participate in park activities or services?

_____ Yes

_____ No → **Go on to Question 23**



- b) If YES, on this visit, what activities or services did the person(s) have difficulty accessing or participating in? Please check (√) **all** that apply.

_____ None → **Go on to Question 23**

_____ Ranger-led programs _____ Restrooms _____ Trails

_____ Campgrounds _____ Zion Lodge _____ Restaurant

_____ Visitor centers _____ Exhibits

_____ Other (Specify: _____)

- c) Because of the physical condition, what specific problems did the person(s) have? Please check (√) **all** that apply.

_____ Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff even with hearing aid)

_____ Visual (difficulty in seeing exhibits, directional signs, visual aids that are part of programs even with prescribed glasses or due to blindness)

_____ Mobility (difficulty in accessing facilities, services, or programs even with walking aid and/or wheelchairs)

_____ Other (Please describe: _____)

23. a) What is the **one** language you and/or members of your personal group prefer to use for the following?

Speaking?

Reading?

Please go on to the next page →

b) What services in the park would you and your groups like to have provided in languages other than English?

c) Which language? _____

24. a) For you only, are you Hispanic or Latino?

_____ Yes _____ No

b) For you only, which of these categories best indicates your race? Please check (✓) **one or more**.

_____ American Indian or Alaska Native _____ Asian
 _____ Black or African American _____ White
 _____ Native Hawaiian or other Pacific Islander

25. For you and your group, please report all expenditures for the items listed below for this visit to Zion National Park and the surrounding area (within 1-hour drive). **Please write "0" if no money was spent in a particular category.**

a) Please list your group's total expenditures inside Zion National Park.

b) Please list your group's total expenditures outside the park (within 1-hour drive).

NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to Zion National Park

Category	Expenditures	
	a) Inside park	b) Outside park
Hotels, motels, cabins, B&B, etc.	\$ _____	\$ _____
Camping fees and charges	\$ _____	\$ _____
Guide fees and charges (including horseback riding)	\$ _____	\$ _____
Restaurants and bars	\$ _____	\$ _____
Groceries and takeout food	n/a	\$ _____
Gas and oil (auto, RV, boat, etc.)	n/a	\$ _____
Tunnel Escort Fee	\$ _____	n/a
Other transportation expenses (rental car, taxis, auto repairs, but NOT airfare)	\$ _____	\$ _____
Admission, recreation, entertainment fees	\$ _____	\$ _____
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
Donations	\$ _____	\$ _____

c) How many people do the above expenses cover? If you do not have any children in the group, please write 0.

_____ Adults (18 years or over) _____ Children (under 18 years)

Please go on to the next page →

26. On a future visit, how would you and your group prefer to learn about cultural and natural history/features of Zion National Park? Please check (✓) **all** that apply.

_____ Not interested in learning about the park → **Go on to Question 27**

_____ Zion Canyon Field Institute	_____ Indoor exhibits
_____ Park website (www.nps.gov/zion)	_____ Outdoor exhibits
_____ Ranger-led activities	_____ Junior Ranger program
_____ Interactive computer programs	_____ Volunteer opportunities
_____ Audiovisual programs (video, movie, etc.)	_____ Self-guided tours
_____ Electronic media (downloadable digital files, MP3 players, etc.)	
_____ Printed materials (brochures, books, maps, etc.)	
_____ Children's programs (other than Junior Ranger program)	
_____ Other (Please specify: _____)	

27. What did you and your group like **most** about your visit to Zion National Park?

28. What did you and your group like **least** about your visit to Zion National Park?

29. If you were planning for the future of Zion National Park, what would you and your group propose? Please be specific.

30. Is there anything else you and your group would like to tell us about your visit to Zion National Park?

31. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your group at Zion National Park during this visit? Please circle **only one**.

Very poor Poor Average Good Very good

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

OFFICIAL BUSINESS

Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139



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Expiration Date: 04/01/2007

**United States Department of the Interior****NATIONAL PARK SERVICE**

Zion National Park

SR 9

Springdale, Utah 84767-1099

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November, 2006

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We appreciate your help.

Sincerely,

Jock Whitworth
Superintendent

DIRECTIONS

Please have the individual, who was randomly selected from your group, complete the following questionnaire. It should take about 20 minutes. When you have completed the questionnaire, please seal it with the stickers provided and drop it in any U.S. mailbox. We appreciate your help.

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Please go on to the next page →

Your Visit to Zion National Park

1. a) Prior to this visit, how did you and your group obtain information about Zion National Park? Please check (✓) **all** that apply in the **left** column.
- b) On future trips to Zion National Park, what sources would you and your group prefer to use to obtain information in planning your visit? Please check (✓) **all** that apply in the **right** column.

a) Prior to this visit? (✓)

b) Prior to future visits? (✓)

- | | |
|---|---|
| ☐ Obtained no information prior to visit | → Go on to Part b of this Question |
| ☐ Previous visits | ☐ |
| ☐ Friends/relatives/word of mouth | ☐ |
| ☐ Travel guides/tour books/publications | ☐ |
| ☐ Brochures/maps | ☐ |
| ☐ Telephone/written/email inquiry to park | ☐ |
| ☐ Newspaper/magazine articles | ☐ |
| ☐ Videos/television/radio programs | ☐ |
| ☐ Park website: www.nps.gov/zion | ☐ |
| ☐ Other websites | ☐ |
| ☐ Other National Park Service sites | ☐ |
| ☐ Chamber of Commerce/Visitor Bureau | ☐ |
| ☐ Local businesses | ☐ |
| ☐ Other (Please specify below) | ☐ |

a) _____ b) _____

- c) From the sources you used prior to this visit, did you and your group receive the type of information about the park that you needed?

☐ No ↓ ↓	☐ Yes ↓ Go on to Question 2	☐ Not sure ↓
---------------------------------------	---	--

- d) If NO, what type of park information did you and your group need that was not available? Please be specific.

2. On this trip, what was the primary reason that you and your group visited the Zion National Park **area** (within a 1-hour drive of the park)? Please check (✓) **only one**.

_____ Resident of area → **Go on to Question 3**
_____ Visit Zion National Park
_____ Visit other attractions in the area
_____ Visit friends/relatives in the area
_____ Traveling through to another destination
_____ Business
_____ Other (Please specify: _____)

3. On this trip, how did Zion National Park fit into your travel plans? Please check (✓) **only one**.

_____ Zion National Park was the primary destination
_____ Zion National Park was one of several destinations
_____ Zion National Park was not a planned destination

4. On this visit to Zion National Park, how long did you and your group spend visiting the park? Please list partial hours/days as 1/4, 1/2, or 3/4.

_____ Number of hours **if less than 24 hours**
_____ Number of days **if 24 hours or more**

5. a) On this trip, where did you and your group stay on the night prior to visiting Zion National Park?

Nearest city/town: _____ State: _____

- b) Where did you and your group stay on the night after leaving Zion National Park?

Nearest city/town: _____ State: _____

6. On this visit to Zion National Park, how many times did you and your group enter the park?

_____ Number of entries

7. On this visit to Zion National Park, which entrance did you and your group **first** use to enter the park? Please check (✓) **only one**.

_____ Kolob Canyons entrance (Northwest entrance)
_____ Zion Canyon entrance (South entrance)
_____ East entrance (through the tunnel)

Please go on to the next page →

8. a) On this trip, did you and your group stay overnight **away from home** in Zion National Park or in the **area** (within a 1-hour drive of the park)?

_____ Yes

_____ No → **Go on to Question 9**



- b) If YES, please list the number of nights you and your group stayed.

_____ Number of nights stayed in the **park**

_____ Number of nights stayed in the **area** (within 1-hour drive of the park)

- c) In what type of lodging did you and your group spend the nights inside the park? Please check (√) **all** that apply in the **left** column.

- d) In what type of lodging did you and your group spend the nights in the area (within a 1-hour drive of the park)? Please check (√) **all** that apply in the **right** column.

c) Inside park (√)	d) In the area (√)	Lodging
_____	_____	Lodge, motel, hotel, cabin, rented condo, B&B, etc.
_____	_____	Developed campground/RV trailer park
_____	_____	Backcountry camping
_____	_____	Personal seasonal residence
_____	_____	Residence of friends or relatives
_____	_____	Other (Please specify below)

c) _____ d) _____

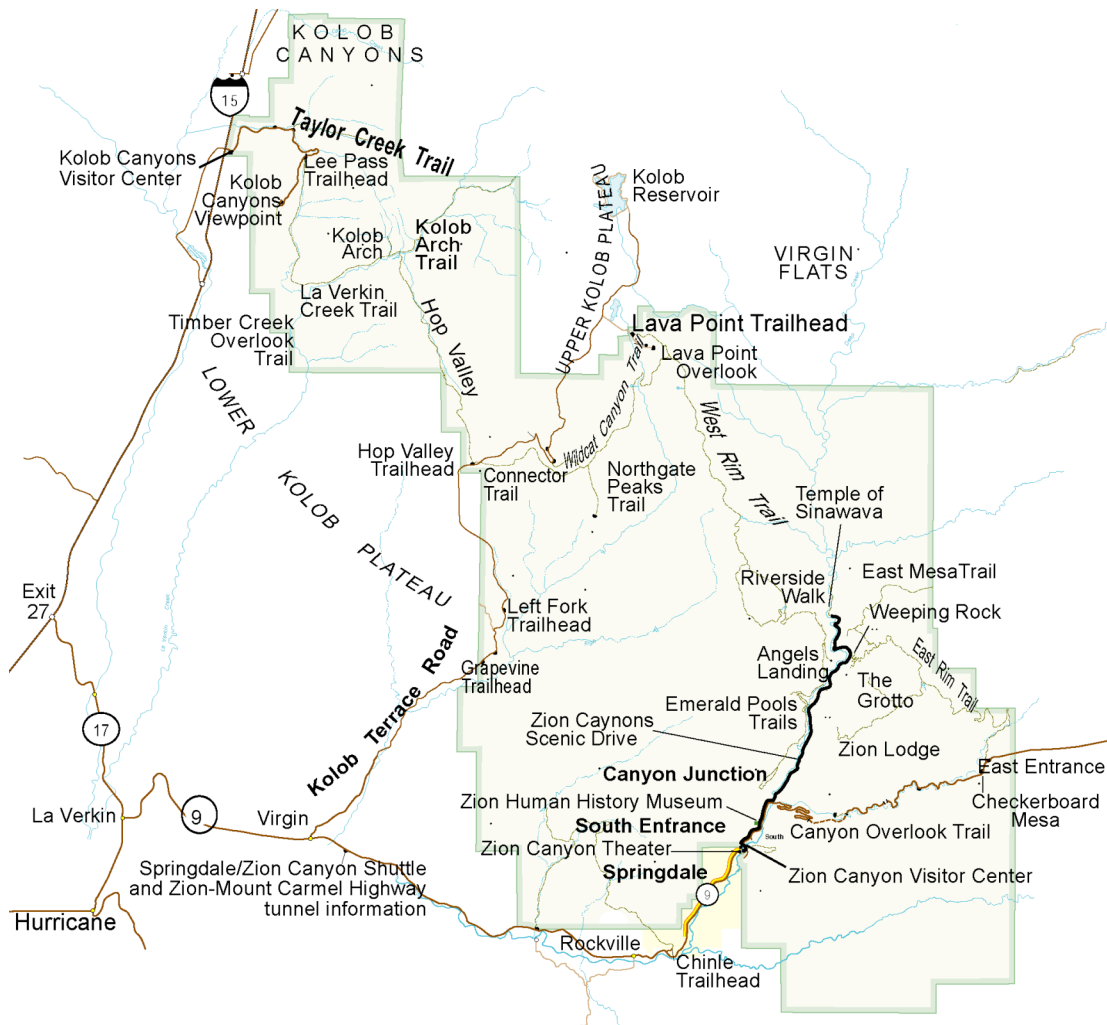
9. a) Please check (√) **all** the visitor facilities that you and your group **used** during this visit to Zion National Park.

- b) For the facilities that you and your group used, please rate from 1 to 5 how crowded you felt during this visit to Zion National Park. Please circle **only one** response for each facility.

a) Use facility?		b) How crowded?				
Check (√)		Not at all crowded	A little crowded	Moderately crowded	Very crowded	Extremely crowded
		1	2	3	4	5
_____	Trails	1	2	3	4	5
_____	Scenic drive	1	2	3	4	5
_____	Visitor centers	1	2	3	4	5
_____	Entrance stations	1	2	3	4	5
_____	Shuttle bus stops	1	2	3	4	5
_____	Campgrounds	1	2	3	4	5
_____	Picnic areas	1	2	3	4	5

10. For this visit, please check (✓) **all** the sites that you and your group visited in Zion National Park.

- | | |
|---|---|
| ☐ Zion Canyon Visitor Center | ☐ Zion Lodge |
| ☐ Zion Human History Museum | ☐ Pa'rus Trail |
| ☐ Zion Canyon Scenic Drive | ☐ Lava Point |
| ☐ Canyon Overlook Trail | ☐ Checkerboard Mesa |
| ☐ Kolob Canyons Visitor Center | ☐ Kolob Canyons Scenic Drive |
| ☐ Trails from/in Zion Canyon (Watchman, Emerald Pools, Angels Landing, Weeping Rock, Echo & Hidden Canyons, Kayenta, Riverside Walk) | |
| ☐ Kolob Terrace Road (from Virgin) | |
| ☐ Maintained trails from Kolob Terrace Road (Connector, Wildcat Canyon, Northgate Peaks) | |
| ☐ Maintained trails from Kolob Canyons Scenic Drive (Taylor Creek, South Fork, North Fork, La Verkin Creek, Timber Creek) | |



Please go on to the next page →

11. This question lists activities available to visitors at Zion National Park.

- a) As you were planning your trip, what activities did you and your group expect to include on this visit? Please check (√) **all** that apply in the **left** column.
- b) On this visit, what activities did you and your group participate in? Please check (√) **all** that apply in the **right** column.

a) Activities expected (√)	b) Activities on this visit (√)
☐ Sightseeing/scenic driving	☐
☐ Hiking under 2 hours	☐
☐ Hiking over 2 hours	☐
☐ Attending ranger-led programs/activities	☐
☐ Horseback riding	☐
☐ Bicycling	☐
☐ Backpacking	☐
☐ Camping in developed campgrounds	☐
☐ Picnicking	☐
☐ Technical rock climbing	☐
☐ Canyoneering (climbing, rappelling, waterfall jumping)	☐
☐ Nature/environment study	☐
☐ Shopping in gift shops/bookstores inside park	☐
☐ Other (Please specify below)	☐

a) _____ b) _____

- c) Which one of the above activities was the **primary** reason you visited Zion National Park on this visit? Please list **only one** response.

12. a) Currently, the entrance fee to Zion National Park is \$20/7 days per vehicle or \$10/7 days per pedestrian/bike, but not to exceed \$20 per family. In your opinion, how appropriate is the fee amount? Please circle **only one**.

Too low

About right

Too high

- b) How would you and your group rate the value for the entrance fee you paid? Please circle **only one**.

Very poor

Poor

Average

Good

Very good

13. a) Please check (✓) **all** the information services and facilities that you and your group **used** during this visit to Zion National Park.

b) Next, for only those services and facilities that you and your group used, please rate their importance from 1-5.

c) Finally, for only those services and facilities that you and your group used, please rate their quality from 1-5.

a) Used service/facility?	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Excellent
Check (✓)		
_____ Park brochure/map	_____	_____
_____ Park newspaper	_____	_____
_____ Backcountry planner guide	_____	_____
_____ Museum orientation film/movie	_____	_____
_____ Zion Canyon Visitor Center exhibits	_____	_____
_____ Kolob Canyons Visitor Center exhibits	_____	_____
_____ Roadside/trailside exhibits	_____	_____
_____ Assistance from entrance station staff	_____	_____
_____ Assistance from visitor center staff	_____	_____
_____ Assistance from park staff (other than visitor center or entrance station staff)	_____	_____
_____ Junior Ranger program	_____	_____
_____ Ranger-led programs	_____	_____
_____ Radio information station (1610 AM)	_____	_____
_____ Park website: www.nps.gov/zion/ (used before or during this visit)	_____	_____

d) If your group **did not** participate in the Junior Ranger program, please indicate the reason. Please check (✓) **all** that apply.

_____ Did not have any children in the group → **Go on to Question 14**

_____ Did not know about the program

_____ Did not have enough time

_____ Not interested

_____ Other reasons (Please specify: _____)

Please go on to the next page →

14. a) Please check (✓) **all** the visitor services and facilities that you and your group **used** during this visit to Zion National Park.
- b) Next, for only those services and facilities that you and your group used, please rate their importance from 1-5.
- c) Finally, for only those services and facilities that you and your group used, please rate their quality from 1-5.

a) Used service/facility?	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Excellent
Check (✓)		
_____ Zion Canyon Visitor Center (excluding exhibits)	_____	_____
_____ Kolob Canyons Visitor Center (excluding exhibits)	_____	_____
_____ Zion Human History Museum	_____	_____
_____ Restrooms	_____	_____
_____ Picnic areas	_____	_____
_____ Campgrounds	_____	_____
_____ Trails	_____	_____
_____ Zion Lodge gift shop	_____	_____
_____ Zion Canyon Visitor Center bookstore	_____	_____
_____ Scenic pullouts/overlooks	_____	_____
_____ Directional signs – inside/outside park	_____	_____
_____ Zion Lodge	_____	_____
_____ Food services	_____	_____
_____ Horseback riding	_____	_____
_____ Access for persons with disabilities	_____	_____

15. a) On **past visits**, did you or your group ride the shuttle bus in Zion National Park? Please check (✓) **only one**.
- _____ No, this is our first visit to the park.
- _____ No, we visited before, but during the time the shuttle wasn't running.
- _____ No, we visited before, but did not use the shuttle (when it was running).
- _____ Yes, we visited before and used the shuttle bus system.

- b) Currently, Zion National Park provides a shuttle bus system to commute visitors along the Zion Canyon Scenic Drive from April through October. To reduce traffic congestion in crowded areas and protect park vegetation from vehicles parking off roads, an extended period for a shuttle bus system (from March to November) is being proposed. Visitors would park in/near Springdale and ride a shuttle bus in the park. Would you be willing to use the shuttle bus on a future visit to the park during March through November?

_____ Yes, likely _____ No, unlikely _____ Not sure

- c) On a future visit to Zion National Park, would you like to have interpretive narrations about the park on the shuttle bus?

_____ Yes, likely _____ No, unlikely _____ Not sure

- d) Please provide any additional comments that you and your group may have about the shuttle bus system.

16. It is the National Park Service's responsibility to protect the natural, scenic, and cultural resources at Zion National Park while providing for public enjoyment. Choose **five** items from the list below that were the most important to you and your group during your visit to Zion National Park, and rank them from 1-5 (1=most important and 5=fifth in importance). Leave the rest blank.

Rank from 1 to 5 the most important attributes

- _____ Clean air
- _____ Scenic views
- _____ Clean water
- _____ Natural quiet/sounds of nature
- _____ Night sky
- _____ Solitude
- _____ Protection of threatened/endangered species
- _____ Unspoiled scenic corridor approaching the park
- _____ Historic buildings
- _____ Archeological sites
- _____ Plants/animals
- _____ Recreational opportunities
- _____ Educational opportunities

Please go on to the next page →

In this questionnaire, your personal group is defined as anyone who you are visiting the park with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

17. On this visit, what kind of personal group (not guided tour/school/organized group) were you with? Please check (√) **only one**.

_____ Alone

_____ Family

_____ Friends

_____ Family and friends

_____ Other (Please specify: _____)

18. a) On this visit, how many people were in your personal group, including yourself?

_____ Number of people

- b) On this visit, please list the number of vehicles in which you and your group arrived at the park (including the town of Springdale).

_____ Number of vehicles

19. On this visit, were you and your personal group with the following types of groups?

- a) Commercial guided tour group _____ Yes _____ No
- b) School/educational group _____ Yes _____ No
- c) Other organized groups _____ Yes _____ No
(business, church groups, etc.)

20. For you and your personal group, please fill in the items below. If you do not have information for any group member, please leave that line blank.

	Current age	U.S. Zip code or name of country other than U.S	Number of visits made to this park	
			Before 2000	2000 and after (including this visit)
Yourself				
Member #2				
Member #3				
Member #4				
Member #5				
Member #6				
Member #7				

21. a) Does anyone in your group have a physical condition that made it difficult to access or participate in park activities or services?

_____ Yes

_____ No → **Go on to Question 22**

- b) If YES, on this visit, what activities or services did the person(s) have difficulty accessing or participating in? Please check (✓) **all** that apply.

_____ None → **Go on to Question 22**

_____ Ranger-led programs

_____ Restrooms

_____ Trails

_____ Campgrounds

_____ Zion Lodge

_____ Restaurant

_____ Visitor centers

_____ Exhibits

_____ Other (Please specify: _____)

- c) Because of the physical condition, what specific problems did the person(s) have? Please check (✓) **all** that apply.

_____ Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff even with hearing aid)

_____ Visual (difficulty seeing exhibits, directional signs, visual aids that are part of programs even with prescribed glasses or due to blindness)

_____ Mobility (difficulty accessing facilities, services, or programs even with walking aid and/or wheelchairs)

_____ Other (Please describe: _____)

22. a) For you only, are you Hispanic or Latino?

_____ Yes

_____ No

- b) Which of these categories best indicates your race? Answer only for yourself. Please check (✓) **one or more**.

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ White

_____ Native Hawaiian or other Pacific Islander

23. a) What is the **one** language you and/or members of your personal group prefer to use for the following?

Speaking?

Reading?

- b) What services in the park would you and your groups like to have provided in languages other than English?

- c) Which language? _____

Please go on to the next page →

24. For you and your group, please report all expenditures for the items listed below for this visit to Zion National Park and the surrounding area (within 1-hour drive). **Please write "0" if no money was spent in a particular category.**

- a) Please list your group's total expenditures inside Zion National Park.
- b) Please list your group's total expenditures outside the park (within 1-hour drive).

NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to Zion National Park

Category	EXPENDITURES	
	a) Inside park	b) Outside park
Hotels, motels, cabins, B&B, etc.	\$_____	\$_____
Camping fees and charges	\$_____	\$_____
Guide fees and charges (including horseback riding)	\$_____	\$_____
Restaurants and bars	\$_____	\$_____
Groceries and takeout food		\$_____
Gas and oil (auto, RV, boat, etc.)		\$_____
Tunnel Escort Fee	\$_____	
Other transportation expenses (rental cars, taxis, auto repairs, but NOT airfare)	\$_____	\$_____
Admission, recreation, entertainment fees	\$_____	\$_____
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$_____	\$_____
Donations	\$_____	\$_____

- c) How many people do the above expenses cover? If you do not have any children in the group, please write 0.

_____ Adults (18 years or over) _____ Children (under 18 years)

25. a) What did you and your group like **most** about your visit to Zion National Park?

- b) What did you and your group like **least** about your visit to Zion National Park?

26. On a future visit, how would you and your group prefer to learn about cultural and natural history/features of Zion National Park? Please check (✓) **all** that apply.

- ☐ Not interested in learning about the park → **Go on to Question 27**
- ☐ Indoor exhibits
- ☐ Outdoor exhibits
- ☐ Audiovisual programs (video, movie, etc.)
- ☐ Electronic media (downloadable digital files, MP3 players, etc.)
- ☐ Printed materials (brochures, books, maps, etc.)
- ☐ Park website (www.nps.gov/zion)
- ☐ Interactive computer programs
- ☐ Self-guided tours
- ☐ Ranger-led activities
- ☐ Junior Ranger program
- ☐ Children's programs (other than Junior Ranger program)
- ☐ Volunteer opportunities
- ☐ Zion Canyon Field Institute
- ☐ Other (Please specify: _____)

27. If you were planning for the future of Zion National Park, what would you and your group propose? Please be specific.

28. Is there anything else you and your group would like to tell us about your visit to Zion National Park?

29. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your group at Zion National Park during this visit? Please circle **only one**.

Very poor Poor Average Good Very good

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

OFFICIAL BUSINESS

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