



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

Visitor Services Project

Lassen Volcanic National Park Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE
Lassen Volcanic National Park
P.O. Box 100
Mineral, CA 96063



IN REPLY REFER TO:

August 2012

Dear Visitor:

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

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

When your visit is over, please complete this questionnaire. Seal it in the postage-paid envelope provided and drop it in any U.S. mailbox.

If you have any questions, please contact Lena Le, VSP Assistant Director, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone: 208-885-2585, email: lenale@uidaho.edu.

We appreciate your help.

Sincerely,

Darlene M. Koontz
Superintendent

DIRECTIONS

At the end of your visit:

1. Please have the selected individual (at least 16 years old) complete this questionnaire.
2. Answer the questions carefully since each question is different.
3. For questions that use circles (O), please mark your answer by filling in the circle with **black or blue ink**. Please do not use pencil.

Like this:  Not like this:    

4. Seal it in the postage-paid envelope provided.
5. Drop it in a U.S. mailbox.

Paperwork Reduction Act Statement: The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have to respond. This information will be used by the National Park Service as authorized by 16 U.S.C. 1a-7. We will use this information to evaluate visitor services cooperatively managed by Lassen Volcanic National Park. Your response is voluntary. Your name and address have been requested for follow-up purposes only. At the completion of this collection all names and personal information will be destroyed and in no way be connected with the results of this survey. A Federal agency may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB Control Number. We estimate that it will take an average of 20 minutes to complete the survey associated with this collection of information. You may send comments concerning the burden estimates or any aspect of this information collection to Lena Le, Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; email: lenale@uidaho.edu.

Your Visit To Lassen Volcanic National Park

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

1. Prior to your visit, how did your personal group obtain information about Lassen Volcanic National Park (NP)? Please mark (●) **all** that apply.

- ☐ Did not obtain information prior to visit → **Go to Question 2**
- ☐ Chamber of commerce/visitors bureau/state welcome center
- ☐ Friends/relatives/word of mouth
- ☐ Highway signs
- ☐ Inquiry to park via phone, mail or email
- ☐ Lassen Volcanic NP website: www.nps.gov/lavo
- ☐ Local businesses (hotels/motels, restaurants, etc.)
- ☐ Maps/brochures
- ☐ Newspaper/magazine articles
- ☐ Other websites — which one(s)? _____
- ☐ Previous visits
- ☐ School class/program
- ☐ Social media (Facebook, Twitter, etc.)
- ☐ Television/radio programs/DVDs
- ☐ Travel guides/tour books (AAA, etc.)
- ☐ Other (Please specify) _____

2. On this trip, where did your personal group stay on the **night before** and the **night after** visiting Lassen Volcanic NP? If you stayed at home, please write the name of the town/city and state where you live.

a) BEFORE visit: Town/city _____ State _____

b) AFTER visit: Town/city _____ State _____

3. a) On this trip, did anyone in your personal group stay overnight, away from their **permanent residence**, either inside Lassen Volcanic NP or within the area (within 75 miles of the park)?

☐ Yes

☐ No → **Go to Question 4**

- b) If YES, please list the number of nights your personal group stayed in Lassen Volcanic NP and the area within 75 miles of the park.

_____ Number of nights inside Lassen Volcanic NP

_____ Number of nights in the **area** outside Lassen Volcanic NP

- c) & d) In which types of lodging did your personal group spend the night(s) in Lassen Volcanic NP and/or in the area within 75 miles of the park? Please mark (●) **all** that apply.

c) Inside park	d) Outside park (within 75 miles)	Accommodation
☐	☐	Lodge, hotel, motel, vacation rental, B&B, etc.
☐	☐	RV/trailer camping
☐	☐	Tent camping in developed campground
n/a	☐	Camping in an undeveloped roadside campsite
☐	☐	Backpacking in backcountry
☐	☐	Cabin
☐	☐	Guest ranch
☐	n/a	Other (Specify) _____
n/a	☐	Other (Specify) _____

4. On this trip, what was the **primary** reason that your personal group came to the Lassen Volcanic NP **area** (within 75 miles of the park)? Please mark (●) **one**.

- ☐ Resident of the area (within 75 miles of the park)
- ☐ Visit Lassen Volcanic NP (includes use of park facilities/services/activities)
- ☐ Visit other attractions in the area
- ☐ Visit friends/relatives in the area
- ☐ Traveling through – unplanned visit
- ☐ Business
- ☐ Other (Please specify) _____

5. On this trip through which of the following towns did your personal group travel to arrive at Lassen Volcanic NP? Please mark (●) **all** that apply.

☐ Burney ☐ Chico ☐ Red Bluff ☐ Shingletown

☐ Chester ☐ Redding ☐ Reno ☐ Susanville

6. a) On this visit, in which activities did your personal group participate within Lassen Volcanic NP? Please mark (●) **all** that apply in column (a).
 b) If you were to visit the park in the future, in which activities would your personal group prefer to participate within the park? Please mark (●) **all** that apply in column (b).

a) This visit	b) Future visit	Activity
☐	☐	Attending living history demonstrations
☐	☐	Attending ranger-led talks/programs
☐	☐	Camping
☐	☐	Creative arts (photography/drawing/painting/writing)
☐	☐	Enjoying solitude/quiet
☐	☐	Exploring the hydrothermal areas
☐	☐	Fishing
☐	☐	Horseback trips
☐	☐	Nature study (birdwatching, wildlife viewing, stargazing)
☐	☐	Picnicking
☐	☐	Scenic drive/byway
☐	☐	Visiting visitor center
☐	☐	Walking/hiking/backpacking
☐	n/a	Other – this visit (Specify) _____
n/a	☐	Other – future visit (Specify) _____

- c) Which one of the above activities was the **primary** reason your personal group visited Lassen Volcanic NP on this visit? Please list **one**.

7. a) On this visit to Lassen Volcanic NP, which park trails did your personal group walk/hike? Please mark (●) **all** that apply in column (a).
- b) For the trails that your personal group walked/hiked, please rate from 1-4 how crowded you felt.

b) If you walked/hiked trails, how crowded?

1=Not at all crowded

2=Slightly crowded

3=Moderately crowded

4=Extremely crowded

a) Trails walked/hiked

- | | | |
|-----------------------|-------------------------|-------|
| ☐ | Brokeoff Mountain Trail | _____ |
| ☐ | Bumpass Hell Trail | _____ |
| ☐ | Cinder Cone Trail | _____ |
| ☐ | Kings Creek Trail | _____ |
| ☐ | Lassen Peak Trail | _____ |
| ☐ | Manzanita Lake Trail | _____ |
| ☐ | Devils Kitchen Trail | _____ |

8. a) On this visit, how long did your personal group stay at Lassen Volcanic NP? Please list partial hours or days as 1/4, 1/2, or 3/4.

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

- OR -

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

- b) On this visit, how many times did your personal group enter the park?

_____ Number of times entered

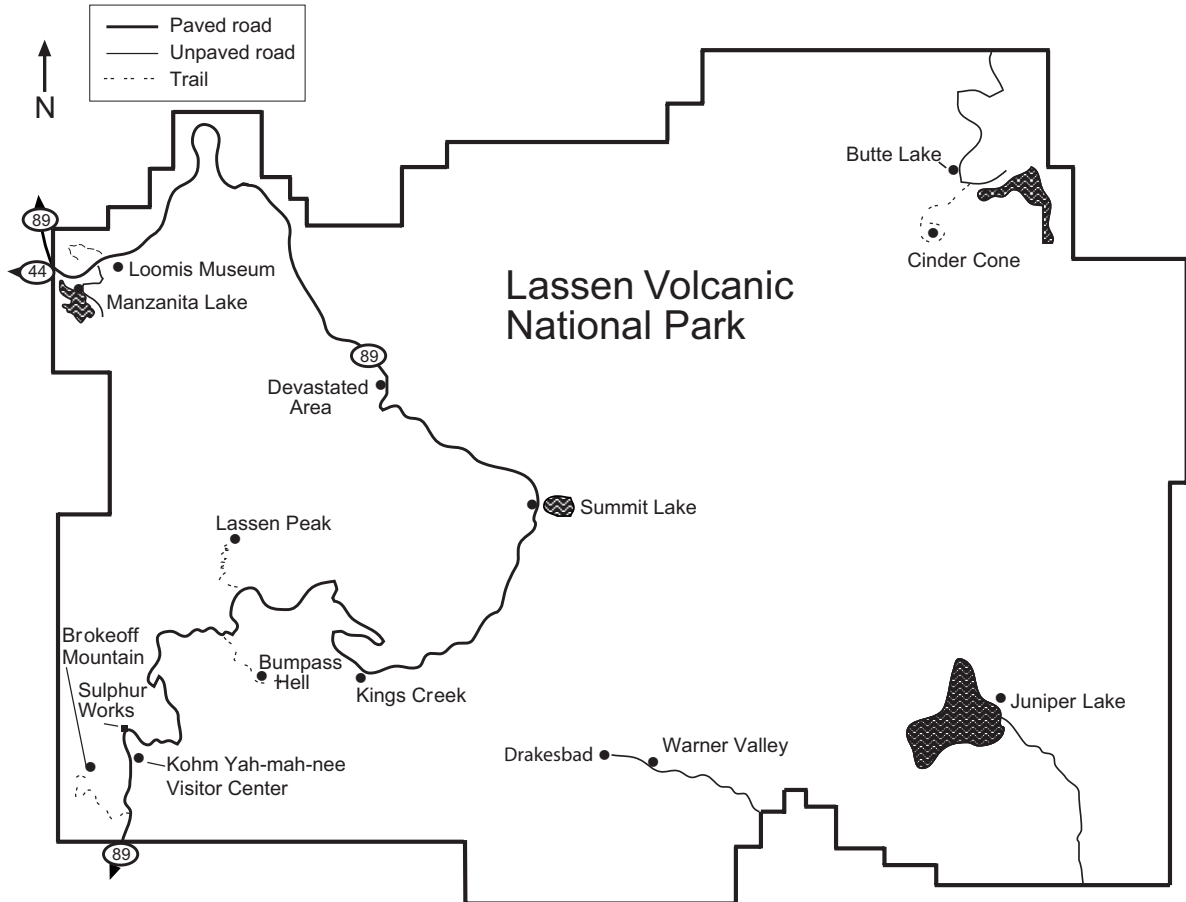
9. a) For the safety issues below, please indicate how safe your personal group felt from crime and accidents during this visit to Lassen Volcanic NP. Please mark (●) **one** answer for each issue.

How safe did you feel in the park?

Safety issue	Very unsafe	Unsafe	Neither safe nor unsafe	Safe	Very safe
Personal safety—from crime	☐	☐	☐	☐	☐
Personal safety—from accidents	☐	☐	☐	☐	☐
Personal property—from crime	☐	☐	☐	☐	☐

b) If you marked that you felt “very unsafe” or “unsafe” regarding any of these issues, please explain why.

10. On this visit to Lassen Volcanic NP, which park sites did your personal group visit? Please mark (●) **all** that apply.



- | | | |
|--|-------------------------------------|---|
| ☐ Brokeoff Mountain | ☐ Drakesbad | ☐ Manzanita Lake |
| ☐ Bumpass Hell | ☐ Juniper Lake | ☐ Sulphur Works |
| ☐ Butte Lake | ☐ Lassen Peak | ☐ Summit Lake |
| ☐ Cinder Cone | ☐ Loomis Museum | ☐ Warner Valley |
| ☐ Devastated Area | ☐ Kings Creek | ☐ Kohm Yah-mah-nee Visitor Center |
| ☐ Other (Please specify) _____ | | |

11. a) Please mark (●) **all** the information services and facilities that your personal group **used** at Lassen Volcanic NP during this visit.
- b) For only those services and facilities that your personal group **used**, please rate their importance to your visit from 1-5.
- c) For only those services and facilities that your personal group **used**, please rate their quality from 1-5.

a) Information service/facility used	b) If used, how important? 1=Not at all important 2=Slightly 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
☐ Assistance from park staff	_____	_____
☐ Bookstore sales items (selection, price, etc.)	_____	_____
☐ Bulletin boards	_____	_____
☐ Exhibits in Kohm Yah-mah-nee Visitor Ctr.	_____	_____
☐ Junior Ranger program	_____	_____
☐ Living history demonstrations	_____	_____
☐ Loomis Museum exhibits	_____	_____
☐ Park brochure/map	_____	_____
☐ Park newspaper: <i>Peak Experiences</i>	_____	_____
☐ Park website: www.nps.gov/lavo used before or during visit	_____	_____
☐ Ranger-led programs	_____	_____
☐ Road guide booklet	_____	_____
☐ Self-guided trail brochures	_____	_____
☐ Videos/films	_____	_____

12. a) On this visit, what did your personal group like **most** about the roadside displays/exhibits along the main park road at Lassen Volcanic NP?

- b) On this visit, what did your personal group like **least** about the roadside displays/exhibits along the main park road at Lassen Volcanic NP?

13. a) Please mark (●) **all** the visitor services and facilities that your personal group **used** at Lassen Volcanic NP during this visit.

- b) For only those services and facilities that your personal group **used**, please rate their importance to your visit from 1-5.

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

a) Visitor service/facility used	b) If used, how important? 1=Not at all important 2=Slightly 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
☐ Access for people with disabilities	_____	_____
☐ Camper store	_____	_____
☐ Campgrounds	_____	_____
☐ Guest ranch	_____	_____
☐ Kohm Yah-Mah-Nee Visitor Center	_____	_____
☐ Parking lots	_____	_____
☐ Picnic areas/shelters	_____	_____
☐ Pull outs	_____	_____
☐ Restrooms	_____	_____
☐ Road directional signs (inside park)	_____	_____
☐ Roads	_____	_____
☐ Trail signs	_____	_____
☐ Trails	_____	_____

14. a) Please mark (●) **all** the concession (commercial) services and facilities that your personal group **used** at Lassen Volcanic NP during this visit.

b) For only those services and facilities that your personal group **used**, please rate their importance to your visit from 1-5.

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

a) Concession service/facility used	b) If used, how important? 1=Not at all important 2=Slightly 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
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Drakesbad Guest Ranch

☐ Fly fishing lessons	_____	_____
☐ Food service/restaurant	_____	_____
☐ Guided horseback trips	_____	_____
☐ Hot springs-fed swimming pool	_____	_____
☐ Massage	_____	_____
☐ Overnight lodging	_____	_____

Manzanita Lake

☐ Cabin	_____	_____
☐ Equipment/kayak rentals	_____	_____
☐ Food service	_____	_____
☐ Gas station	_____	_____
☐ Gifts	_____	_____

d) How could the concession services and facilities better serve your personal group on a future visit to Lassen Volcanic NP? Please be specific.

15. On this visit, was your personal group part of the following types of organized groups? Please mark (●) **one** for each.

- | | | | | |
|---------------------------------------|-----------------------|-----|-----------------------|----|
| a) Commercial guided tour group | ☐ | Yes | ☐ | No |
| b) School/educational group | ☐ | Yes | ☐ | No |
| c) Other group (Please specify below) | ☐ | Yes | ☐ | No |

d) If you were with one of these organized groups, how many people, including yourself, were in this group?

_____ Number of people in organized group

16. a) On this visit, what kind of personal group (not guided tour/school/other organized group) were you with? Please mark (●) **one**.

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

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

_____ Number of people in personal group

c) On this visit, how many vehicles did your personal group use to arrive at the park? Please write "0" if you did not arrive by vehicle.

_____ Number of vehicles

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

- | | |
|---------------------------|---|
| ☐ Yes | ☐ No → Go to Question 18 |
|---------------------------|---|

b) If YES, what services or activities were difficult to access/participate in?

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

- | |
|--|
| ☐ Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff, even with hearing aid) |
| ☐ Mobility (difficulty accessing facilities, services, or programs, even with walking aid and/or wheelchair) |
| ☐ Visual (difficulty seeing exhibits, directional signs, or visual aids that are part of programs, even with prescribed glasses or due to blindness) |
| ☐ Other (Please specify) _____ |

- [illegible]

- | | Youself | Member #2 | Member #3 | Member #4 | Member #5 | Member #6 | Member #7 |
|---|---------|-----------|-----------|-----------|-----------|-----------|-----------|
| r | O | O | O | O | O | O | O |
| c | O | O | O | O | O | O | O |

- | Yourselves | Member #2 | Member #3 | Member #4 | Member #5 | Member #6 | Member #7 |
|------------|-----------|-----------|-----------|-----------|-----------|-----------|
| ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ |

20. When visiting an area such as Lassen Volcanic NP, which language(s) do most members of your personal group prefer to use for the following?

a) Speaking: ☐ English ☐ Other (Specify) _____

b) Reading: ☐ English ☐ Other (Specify) _____

c) What **services** in the park need to be provided in languages other than English? Please mark (●) "None" or specify a service(s).

☐ None -OR- ☐ Service (Specify) _____

21. For your personal group, please estimate all expenditures for the items listed below for this visit to Lassen Volcanic NP and the surrounding area (within 75 miles of the park). **Please write "0" if no money was spent in a particular category.**

a) Please list your personal group's total expenditures inside Lassen Volcanic NP.

b) Please list your personal group's total expenditures in the **surrounding area** outside the park (within 75 miles of the park).

NOTE: Surrounding area residents should only include expenditures that were **just for this visit** to Lassen Volcanic NP.

EXPENDITURES

a) **Inside park** b) **Outside park**

	☐ → Go to (b)	☐ → Go to (c)
Spent no money (●)	☐	☐
Lodge, hotel, motel, cabin, B&B, etc.	\$ _____	\$ _____
Camping fees and charges	\$ _____	\$ _____
Guide fees and charges	\$ _____	\$ _____
Restaurants and bars	\$ _____	\$ _____
Groceries and takeout food	\$ _____	\$ _____
Gas and oil (auto, RV, boat, etc.)	\$ _____	\$ _____
Other transportation expenses (rental cars, taxis, auto repairs, but NOT airfare)	\$ _____	\$ _____
Admission, recreation, and entertainment fees	\$ _____	\$ _____
All other expenditures (souvenirs, books, postcards, sporting goods, clothing, donations, etc.)	\$ _____	\$ _____

c) How many people do the above expenditures cover? Please write "0" if no children were covered by the expenditures.

_____ Adults (18 years or over)

_____ Children (under 18 years)

22. a) For you only, if you had not chosen to visit Lassen Volcanic NP on this trip, what other recreation site would you have visited instead? Please mark (●) "None" or specify below.

☐ None (Specify) _____

b) How far is this alternative site from your home? _____ Number of miles

23. a) For you only, which category best represents your annual **household** income? Please mark (●) **only one**.

- | | | |
|--|---|---|
| ☐ Less than \$24,999 | ☐ \$50,000-\$74,999 | ☐ \$150,000-\$199,999 |
| ☐ \$25,000-\$34,999 | ☐ \$75,000-\$99,999 | ☐ \$200,000 or more |
| ☐ \$35,000-\$49,999 | ☐ \$100,000-\$149,999 | ☐ Do not wish to answer |

b) How many people are in your household? _____ Number of people

c) How much income did your household forgo to make this trip (due to taking unpaid time off from work)? Please mark (●) "None" or specify the amount forgone.

☐ None - **OR** - Amount forgone \$ _____

24. Is there anything else your personal group would like to tell us about your visit to Lassen Volcanic NP?

25. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to your personal group at Lassen Volcanic NP during this visit? Please mark (●) **one**.

Very poor	Poor	Average	Good	Very good
☐	☐	☐	☐	☐

Thank you for your help! Please seal the questionnaire in the postage-paid envelope provided and drop it in any U.S. mailbox.

OFFICIAL BUSINESS

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