

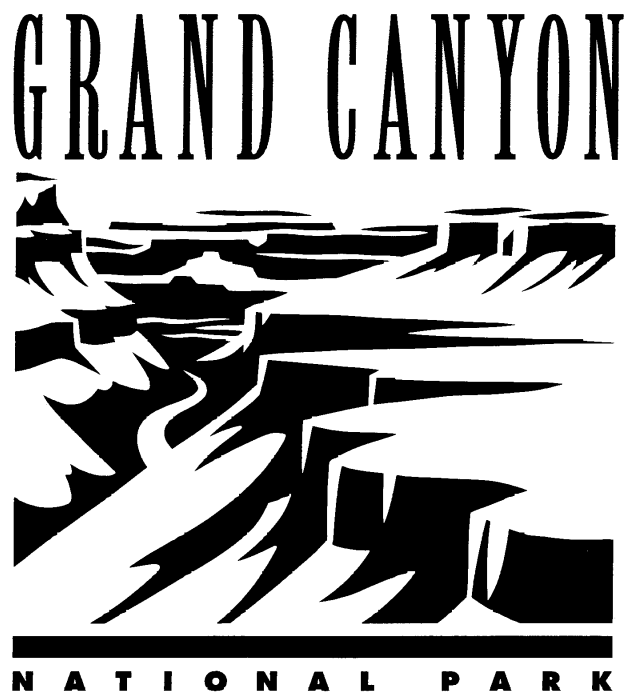


National Park Service
U.S. Department of the Interior

Visitor Services Project

Grand Canyon National Park South Rim

Visitor Study



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

Grand Canyon National Park
P.O. Box 129
Grand Canyon, Arizona 86023

IN REPLY REFER TO:

June, 2003

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Grand Canyon National Park (NP). This information will assist us in our efforts to better manage the park and to serve you, the visitor.

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

When your visit is over, please complete the questionnaire. Seal it with the stickers provided on the last page (do not staple) 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,

Joseph F. Alston
Superintendent

DIRECTIONS

One adult in your group should complete the questionnaire. It should take only a few 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. 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. 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 the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

Please go on to the next page ➡

2. Prior to your visit, were you aware that three different government agencies^¾ National Park Service, U.S. Forest Service and Bureau of Land Management^¾ each with different land management goals, manage land in and around Grand Canyon NP?
- _____ YES _____ NO _____ NOT SURE
3. For this trip, when did you and your group make the decision to visit Grand Canyon NP? Please check (✓) **only one**.
- _____ AFTER ARRIVING IN NORTHERN ARIZONA ON THIS TRIP
- _____ LESS THAN 1 MONTH AGO
- _____ 2 - 6 MONTHS AGO
- _____ 7 - 11 MONTHS AGO
- _____ 1 YEAR AGO OR MORE
4. On this trip, what was the primary reason that you and your group visited the Grand Canyon NP **area**? Please check (✓) **only one**.
- _____ VISIT GRAND CANYON NP
- _____ VISIT OTHER ATTRACTIONS IN THE AREA
- _____ VISIT FRIENDS/RELATIVES IN THE AREA
- _____ BUSINESS OR OTHER REASONS
5. How did this visit to Grand Canyon NP fit into your travel plans? Please check (✓) **only one**.
- _____ GRAND CANYON NP WAS PRIMARY DESTINATION
- _____ GRAND CANYON NP WAS ONE OF SEVERAL DESTINATIONS
- _____ GRAND CANYON NP WAS NOT A PLANNED DESTINATION
6. a) What forms of transportation did you use to arrive at Grand Canyon NP? Please check (✓) **all** that apply.
- _____ PRIVATE VEHICLE (car, SUV, pickup, RV, motorcycle, etc.)
- _____ RENTAL VEHICLE _____ COMMERCIAL TOUR BUS
- _____ AIRPLANE _____ AIRPLANE/BUS TOUR PACKAGE
- _____ TRAIN _____ OTHER (Please describe: _____)
- b) If you entered through an entrance station, which **one** did you first enter?
- _____ NORTH RIM _____ EAST ENTRANCE (Desert View)
- _____ SOUTH ENTRANCE (Tusayan)
- c) On this trip, how many times did you and your group enter Grand Canyon NP?
- _____ NUMBER OF TIMES YOU ENTERED THE PARK
- _____ DON'T KNOW/DON'T REMEMBER

Please go on to the next page ➡

7. a) On this visit, in what activities did you and your group participate at Grand Canyon NP and the nearby area? Please check (✓) **all** that apply.

☐ SIGHTSEEING/SCENIC DRIVE
☐ SELF-GUIDED RIM WALK
☐ DAY HIKING BELOW RIM
☐ CAMPING IN DEVELOPED CAMPGROUND
☐ BACKPACKING/CAMPING BELOW RIM
☐ MULE RIDE
☐ ATTENDING RANGER-LED PROGRAMS
☐ PARTICIPATING IN JUNIOR RANGER PROGRAM
☐ PHOTOGRAPHY/PAINTING/DRAWING
☐ TAKING COMMERCIAL BUS TOUR THAT STARTS IN PARK
☐ TAKING PLANE/HELICOPTER OVERFLIGHT TOUR (Grand Canyon Airport)
☐ VIEWING IMAX MOVIE (in Tusayan)
☐ SHOPPING
☐ DINING
☐ OTHER (Please describe: _____)

- b) From the list above, please list the three **most important** activities that enhanced your visit.

1. _____ 2. _____ 3. _____

8. How many times did you board the free shuttle buses during this visit?

☐ DID NOT RIDE FREE SHUTTLE BUS
☐ NUMBER OF TIMES BOARDED

9. a) On this visit, how long did you and your group stay at Grand Canyon NP? (Please list partial hours or days, for example: 6-1/2 hours; 1-3/4 days).

If **less** than 24 hours: _____ NUMBER OF HOURS

If 24 hours or **more**: _____ NUMBER OF DAYS

- b) On this visit, how long did you and your group stay in the Grand Canyon NP area (Flagstaff, Williams, Cameron)?

If **less** than 24 hours: _____ NUMBER OF HOURS

If 24 hours or **more**: _____ NUMBER OF DAYS

10. a) On this trip, did you and your group stay overnight away from home within Grand Canyon NP, in Tusayan, or the surrounding area (Flagstaff, Williams, Cameron)?

_____ YES

_____ NO → **Go on to Question 11**



- b) Please list the number of nights you and your group stayed in the following areas.

NUMBER OF NIGHTS in Grand Canyon NP _____

NUMBER OF NIGHTS in Tusayan _____

NUMBER OF NIGHTS outside Grand Canyon NP in the surrounding area (Flagstaff, Williams, Cameron) _____

- c) In what type of lodging did you and your group spend the night(s)? Please check (✓) **all** that apply.

In Grand Canyon NP (✓)	Outside park in surrounding area (✓)	
	Tusayan	Flagstaff, etc.
_____ LODGE, MOTEL, CABIN, RENTED CONDO/HOME, OR BED & BREAKFAST	_____	_____
_____ RV/TRAILER CAMPING	_____	_____
_____ TENT CAMPING IN DEVELOPED CAMPGROUND	_____	_____
_____ BACKCOUNTRY CAMPSITE	_____	_____
_____ PERSONAL SEASONAL RESIDENCE	_____	_____
_____ RESIDENCE OF FRIENDS OR RELATIVES	_____	_____
_____ OTHER (Please specify: _____)	_____	_____

11. a) Were you easily able to find your way around Grand Canyon NP?

_____ NO

_____ YES

_____ NOT SURE



- b) What sources did you use to find your way? Please check (✓) **all** that apply.

_____ MAP RECEIVED AT PARK ENTRANCE _____ VISITOR CENTER STAFF

_____ PLACE MATS AT RESTAURANTS _____ ROAD SIGNS

_____ TRAVELERS INFORMATION RADIO (AM 530 and 1610)

_____ OTHER (Please describe: _____)

- c) Please describe any problems you had in finding your way.

Please go on to the next page →

12. Grand Canyon NP ranger-led interpretive programs discuss the following topics: formation of the canyon and its layers, ancient human history, modern human history, and plants and animals.

a) During this visit, did you and your group learn about any of these topics?

_____ YES

_____ NO

_____ NOT SURE



Go on to Question 13

b) If YES, please check (✓) **all** of the topics you learned about on this visit.

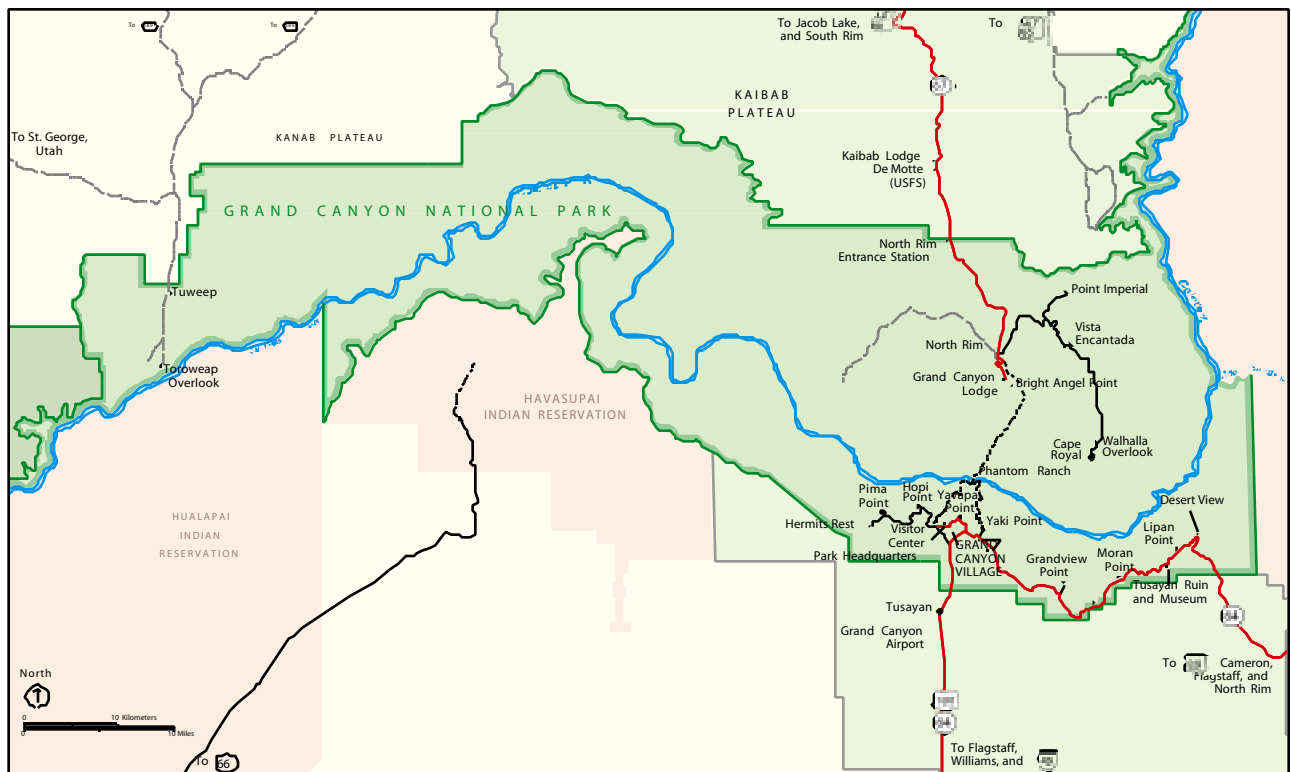
c) Next, please indicate how much your level of understanding of each topic improved during your visit. Please circle **one** answer for each topic.

Learned about on this visit? (✓)	Level of understanding improvement				
	Not at all	A little	Somewhat	A lot	Don't know
_____ FORMATION OF CANYON	1	2	3	4	DK
_____ ANCIENT HUMAN HISTORY	1	2	3	4	DK
_____ MODERN HUMAN CULTURES	1	2	3	4	DK
_____ PLANTS AND ANIMALS	1	2	3	4	DK

Map will be spread over pages 8 & 9 (see page 9)

13. For this visit, please list the order (1, 2, 3, etc.) that you and your group visited the following places in and around Grand Canyon NP. If you did not visit a place, please leave that line blank. Use the map below to help you locate the places you visited.

- | | |
|---|--|
| _____ MATHER POINT/CANYON VIEW VISITOR CENTER | _____ YAVAPAI POINT |
| _____ MARKET PLAZA (store, post office) | _____ EL TOVAR HOTEL/
HOPI HOUSE/VERKAMPS
CURIOS/BRIGHT ANGEL
LODGE/KOLB STUDIO |
| _____ TRAIN DEPOT | _____ HERMITS REST/HERMIT
ROAD OVERLOOKS |
| _____ INDIAN GARDEN | _____ PHANTOM RANCH |
| _____ TUSAYAN (community outside park) | _____ TUSAYAN MUSEUM (in park) |
| _____ DESERT VIEW POINT (Watchtower) | _____ NORTH RIM |
| _____ OTHER (Please describe: _____) | |



Please go on to the next page ➡

16. a) Please check (✓) **all** of the park visitor services and facilities that you or your group used during this visit to Grand Canyon NP.
- b) Next, for only those services and facilities that you or your group used, please rate their importance to your visit from 1-5.
- c) Finally, for only those services and facilities that you or your group used, please rate their quality from 1-5.

Use service/facility?	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
Check (✓)	1	2	3	4	5	1	2	3	4	5
_____ PARK DIRECTIONAL SIGNS (in park)										
_____ ROADS										
_____ PULLOUTS										
_____ TRAILS										
_____ BACKCOUNTRY CAMPSITES										
_____ DEVELOPED CAMPGROUNDS										
_____ PICNIC AREAS										
_____ PARKING AREAS										
_____ ACCESS FOR DISABLED PERSONS										
_____ RESTROOMS										
_____ TRASH CANS										
_____ RECYCLING										
_____ FREE SHUTTLE BUSES										

Please go on to the next page ➡

17. a) During this visit, please check (✓) **all** of the commercial concession services and facilities that you or your group used **inside** Grand Canyon NP.
- b) Next, for only those services and facilities that you or your group used, please rate their importance to your visit from 1-5.
- c) Finally, for only those services and facilities that you or your group used, please rate their quality from 1-5.

Use concession service/facility inside park?	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
Check (✓)	1	2	3	4	5	1	2	3	4	5
_____ LODGING (inside park)										
_____ GIFT SHOPS										
_____ MARKET (general store)										
_____ RESTAURANTS										
_____ SHOWERS/LAUNDROMAT										
_____ GAS STATION (Desert View)										
_____ ASSISTANCE FROM CONCESSION STAFF										
_____ CAMPGROUND WITH FULL HOOKUPS (trailer village)										

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

_____ ALONE _____ FAMILY

_____ FRIENDS _____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

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

Guided tour group _____ YES _____ NO

School/educational group _____ YES _____ NO

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

_____ NUMBER OF PEOPLE

- b) For this visit, please list the number of vehicles in which you and your group arrived.

_____ NUMBER OF VEHICLES

21. For you and your personal group, please indicate:

	Current age	U.S. Zip Code or name of country other than U.S.	Number of visits made to this park (including this visit)	
			past 5 years	lifetime
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

22. a) Is English the **primary** language you and your group prefer to speak and write?

_____ NO

_____ YES → **Go on to Question 23**



b) If NO, what language do you and your group prefer to speak and write?

c) What services in the park would you like to have provided in languages other than English?

23. a) Does anyone in your personal group have any disabilities/impairments that limited their ability to visit/enjoy Grand Canyon NP?

_____ YES

_____ NO → **Go on to Question 24**



b) If yes, what kind of disability? Please check (√) **all** that apply.

_____ HEARING

_____ VISUAL

_____ MOBILITY

_____ LEARNING

_____ MENTAL/EMOTIONAL

_____ OTHER (specify: _____)

c) Because of the disability/impairment, did you and your group encounter any access/service problems in the park?

_____ YES

_____ NO → **Go on to Question 24**



d) If YES, what were the problems? _____

Please go on to the next page →

24. For you and your group, please estimate all expenditures for the items listed below for this visit to Grand Canyon NP and the **surrounding** area including Tusayan, Flagstaff, Williams and Cameron. Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures inside Grand Canyon NP.

b) Please list your group's total expenditures in the **surrounding area** outside the park including Tusayan, Flagstaff, Williams and Cameron.

Surrounding area residents should only include expenditures that were **directly related** to this visit to the park.

	EXPENDITURES	
	Inside park	In surrounding area outside park
HOTELS, MOTELS, CABINS, B&B, etc.	\$ _____	\$ _____
CAMPING FEES AND CHARGES	\$ _____	\$ _____
GUIDE FEES AND CHARGES	\$ _____	\$ _____
RESTAURANTS AND BARS	\$ _____	\$ _____
GROCERIES AND TAKE OUT FOOD	\$ _____	\$ _____
GAS AND OIL (auto, RV, boat, etc.)	\$ _____	\$ _____
OTHER TRANSPORTATION EXPENSES (rental cars, auto repairs, taxies, but not including airfare)		\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES	\$ _____	\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
DONATIONS	\$ _____	\$ _____

c) How many people do the above expenses cover?

ADULTS (18 years or over) _____

CHILDREN (under 18 years) _____

25. a) What did you like **most** about your visit to Grand Canyon NP?

b) What did you like **least** about your visit to Grand Canyon NP?

26. a) On a future trip, if the number of vehicles in Grand Canyon NP needs to be limited at some times of the year, would you and your group be willing to park your vehicle and use a transportation system to visit major park attractions? Please check (✓) **only one**.

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

- b) On a future trip, would you and your group be willing to park your vehicle and pay up to \$15/person including the park entrance fee to use a transportation system to visit major park attractions at Grand Canyon NP? Please check (✓) **only one**.

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

27. If you were a manager planning for the future of Grand Canyon NP, what would you propose? Please be specific.

28. Is there anything else you and your group would like to tell us about your visit to Grand Canyon NP?

29. Overall, how would you rate the quality of the **visitor services** provided to you and your group at Grand Canyon NP during this visit? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY POOR

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
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