



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

Visitor Services Project

Agate Fossil Beds National Monument

Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE
Agate Fossil Beds National Monument
301 River Road
Harrison, NE 69346

IN REPLY REFER
TO:

July 2007

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Agate Fossil Beds National Monument. This information will assist us in our efforts to better manage this park and to serve you, the visitor.

This questionnaire is only being given to a small proportion 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 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 Director, 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,

Blanca Alvarez Stransky

Blanca Alvarez Stransky
Superintendent

This visitor study is partially funded by Fee Demonstration funding.

DIRECTIONS

At the end of your visit:

- 1) Please have the selected individual 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, or a pencil with dark (e.g. #2) lead.

Like this:  Not like this:   

- 4) Seal it with the stickers provided.
- 5) Drop it in a U.S. mailbox.

Thank you!

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; email: littlej@uidaho.edu.

Please go on to the next page →

Your Visit To Agate Fossil Beds National Monument

NOTE: In this questionnaire, your **personal group** is defined as anyone that 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, scout, or tour groups.

1. Prior to your visit, were you and your personal group aware that Agate Fossil Beds National Monument (NM) has the historic Cook Collection of American Indian artifacts in its collection, with part of the collection on display?

☐ Yes☐ No

2. a) Prior to your visit, how did you and your personal group get information about the park? Please mark (●) **all** that apply.

☐ Obtained no information prior to visit → **Go on to Question 3**

☐ Previous visits

☐ Friends/relatives/word of mouth

☐ Travel guides/tour books (such as AAA, etc.)

☐ Maps/brochures

☐ Television/radio programs/videos

☐ Newspaper/magazine articles

☐ E-mail/telephone/written inquiry to park

☐ Park website: www.nps.gov/agfo/

☐ Other websites

☐ State welcome center

☐ Chamber of Commerce

☐ Information from airport, motel or other business

☐ Other (Please specify: _____)

- b) From the sources checked above, did you and your personal group receive the type of information about the park that you needed?

☐ No☐ Yes → **Go on to Question 3**

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

3. For this trip, what was the **primary** reason that you and your personal group visited the Agate Fossil Beds NM **area** (within 100 miles of the park including Scottsbluff, Mitchell, Harrison, Crawford, Chadron, and Lusk)? Please mark (●) **one**.

- ☐ Resident of area → **Go on to Question 4**
- ☐ Visit Agate Fossil Beds NM
- ☐ Visit other attractions in the area
- ☐ Visit friends/relatives in the area
- ☐ Research family genealogy or history
- ☐ Travel through to other destinations
- ☐ Business
- ☐ Other reasons (Please specify: _____)

4. For this trip, what were the reasons that you and your personal group visited Agate Fossil Beds NM? Please mark (●) **all** that apply.

- ☐ View mammal fossils
- ☐ Attend a school program
- ☐ View Cook Collection of American Indian artifacts exhibit
- ☐ Visit a unit of the National Park System
- ☐ Obtain a National Park Passport stamp
- ☐ Saw the highway signs
- ☐ Other reasons (Please specify: _____)

5. a) Where did your trip begin on the day you and your personal group visited Agate Fossil Beds NM?

Nearest town/city: _____ State: _____

b) Where was your planned destination on the day you and your personal group left Agate Fossil Beds NM?

Nearest town/city: _____ State: _____

c) In which community did you obtain support services (e.g. information, gas, food, lodging) for this visit to Agate Fossil Beds NM? Please mark (●) **all** that apply.

- ☐ Harrison ☐ Crawford ☐ Chadron
☐ Scottsbluff ☐ Mitchell ☐ Fort Robinson
☐ Lusk ☐ Other (Specify: _____)

d) Were you and your personal group able to obtain all of the services that you needed in these communities?

- ☐ No
 ↓
☐ Yes → **Go on to Question 6**

e) If NO, what services did you and your personal group need that were not available?

<u>Service (List)</u>	<u>Comments (Please be specific.)</u>
_____	_____
_____	_____

6. On this trip, which of the following sites in the Agate Fossil Beds NM **area** (within 100 miles of the park) did you and your personal group visit? Please mark (●) **all** that apply.

- | | |
|---|---|
| ☐ Scotts Bluff National Monument | ☐ Fort Robinson State Park |
| ☐ Oglala National Grassland | ☐ Chadron State Park |
| ☐ Lake Minatare State Recreation Area | ☐ Chimney Rock National Historic Site |
| ☐ Museum of Fur Trade in Chadron | ☐ Box Butte Reservoir |
| ☐ Mammoth Site | ☐ Wildcat Hills State Park |
| ☐ Ft. Laramie National Historic Site | |
| ☐ Other (Please specify: _____) | |

7. a) On this trip, did you and your personal group stay overnight **away from home** within the Agate Fossil Beds NM **area**?

- ☐ Yes ☐ No → **Go on to Question 8**

- b) Please list the number of nights you and your personal group stayed in the Agate Fossil Beds NM **area** (within 100 miles including Scottsbluff, Harrison, Crawford, Mitchell, Chadron, and Lusk).

Number of nights in Agate Fossil Beds NM **area** _____

- c) In what type of lodging did you and your personal group spend the night(s)? Please mark (●) **all** that apply for outside the park.

- ☐ Lodge, motel, cabin, rented condo/home, or bed & breakfast
- ☐ Camping in developed campground
- ☐ Backcountry campsite
- ☐ Personal seasonal residence
- ☐ Residence of friends or relatives
- ☐ Other (Please specify:_____)

8. a) On this visit, were the signs directing you and your personal group to Agate Fossil Beds NM adequate? Please mark (●) **one** answer for each of the following.

- | | | |
|----------------------------------|---------------------------|--------------------------|
| Signs on interstates | ☐ Yes | ☐ No |
| Signs on state highways | ☐ Yes | ☐ No |
| City street signs in communities | ☐ Yes | ☐ No |

- b) If you answered NO for any of the above, please explain:_____

9. On this visit to Agate Fossil Beds NM, how long did you and your personal group spend visiting the park? List partial hours or days as 1/4, 1/2, 3/4.

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

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

10. In 2008, the entrance fee to visit Agate Fossil Beds NM will increase to \$10/vehicle (or \$5/person if traveling alone). In your opinion, how appropriate is the amount of the increased fee? Please mark (●) **one**.

- | | | |
|-----------------------|-----------------------|-----------------------|
| Too low | About right | Too high |
| ☐ | ☐ | ☐ |

11. a) Did you and your personal group visit the park bookstore in the visitor center?

☐ Yes



☐ No → **Go on to Question 12**

b) If YES, did you find the types of sales items that you and your personal group wanted?

☐ Not interested in sales items → **Go on to Question 12**

☐ No



☐ Yes

c) If NO, what types of sales items would you and your personal group like to have available?

12. a) As you were planning your trip, what activities did you and your personal group expect to include on this visit? Please mark (●) **all** that apply column a.

b) On this visit, what activities did you and your personal group participate in within Agate Fossil Beds NM? Please mark (●) **all** that apply in column b.

a) Activities expected (●) _____ **b) Activities on this visit (●)**

- | | |
|---|-----------------------|
| ☐ Viewing mammal fossils | ☐ |
| ☐ Visiting visitor center | ☐ |
| ☐ Viewing exhibits on Cook Collection of Indian artifacts | ☐ |
| ☐ Walking park trails | ☐ |
| ☐ Viewing trailside exhibits | ☐ |
| ☐ Viewing roadside exhibits | ☐ |
| ☐ Attending ranger-led walks/talks/programs | ☐ |
| ☐ Nature study (viewing plants/wildlife, including birds) | ☐ |
| ☐ Shopping in park bookstore | ☐ |
| ☐ Picnicking | ☐ |
| ☐ Painting/drawing/taking photographs | ☐ |
| ☐ Other (Please specify below.) | ☐ |

a) _____

b) _____

- c) Which **one** of the above activities was the primary activity you and your personal group participated in at Agate Fossil Beds NM on this visit? Please list **one** answer.
-

13. a) During this visit to Agate Fossil Beds NM, did you and your personal group learn about the following topics? Please mark (●) YES or NO for each topic.

- b) Next, would you and your personal group be interested in learning about each topic during a future visit to Agate Fossil Beds NM? Please mark (●) YES or NO for each topic.

Topic	a) This visit		b) Future visit?	
	Yes (●)	No (●)	Yes(●)	No (●)
Mammal fossils	☐	☐	☐	☐
American Indian history/culture	☐	☐	☐	☐
Pioneer/settler history (ranching, etc.)	☐	☐	☐	☐
Short grass prairie ecology	☐	☐	☐	☐

- c) Please list any additional topics you and your personal group are interested in learning about at Agate Fossil Beds NM.
-
-

14. a) On this visit, did you and your personal group view the visitor center exhibits?

☐ Yes
↓

☐ No → **Go on to Question 15**

If YES, please provide one response to each of the following questions.

- b) Did you and your group find the exhibit objects interesting?
 c) Please rate the length of the exhibit text.
 d) Was the exhibit lighting adequate to see the objects on display and read the text?

Exhibit	b) Objects interesting?		c) Length of text?	d) Exhibit lighting adequate?	
	Mark (●)		1=Too short 2=About right 3=Too long	Mark (●)	
	Yes	No		Yes	No
Mammalian fossils	☐	☐	_____	☐	☐
Cook Collection of Indian artifacts	☐	☐	_____	☐	☐

Please go on to the next page →

15. a) Please mark (●) visitor services and facilities that you or your group **used** in Agate Fossil Beds NM during this visit.
- 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.

a) Please mark (●) if you used a 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
☐ Visitor center	_____	_____
☐ Assistance from visitor center staff	_____	_____
☐ Sales items in visitor center bookstore (selection, quality, price, etc.)	_____	_____
☐ Fossil exhibits in visitor center	_____	_____
☐ Cook Collection of Indian artifacts exhibits	_____	_____
☐ Fossil Hills Trail	_____	_____
☐ Daemonelix (Devils Corkscrew) Trail	_____	_____
☐ Trailside exhibits	_____	_____
☐ Roadside exhibits	_____	_____
☐ Road	_____	_____
☐ Ranger-led walks/talks/hikes	_____	_____
☐ Picnic area	_____	_____
☐ Restrooms	_____	_____
☐ Park website: www.nps.gov/agfo (used before or during visit)	_____	_____

d) Do you have any comments about the above visitor services?

Service (list)

Comment (please be specific)

16. Overall, how would you rate the quality of the visitor facilities, services, and recreational opportunities provided to you and your personal group at Agate Fossil Beds NM during this visit? Please mark (●) **one**.

Very poor Poor Average Good Very good

○ ○ ○ ○ ○

17. For you and your personal group, please report all expenditures for the items listed below during this visit to Agate Fossil Beds NM and surrounding area (within 100 miles, including Scottsbluff, Harrison, Crawford, Mitchell, Chadron, and Lusk).

Please write "0" if no money was spent in a particular category.

- a) Please list your group's total expenditures inside Agate Fossil Beds NM.
b) Please list your group's total expenditures in the **area outside** the park (within 100 miles).

NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to Agate Fossil Beds NM.

	EXPENDITURES	
	a) Inside Agate Fossil Beds NM	b) In surrounding area outside park
Lodge/hotel/motel/cabins	n/a	\$ _____
Camping fees and charges	n/a	\$ _____
Guide fees and charges	n/a	\$ _____
Restaurants and bars	n/a	\$ _____
Groceries and takeout food	n/a	\$ _____
Gas and oil (auto, RV, boat, etc.)	n/a	\$ _____
Other transportation expenses: (including rental cars, etc., but not airfare)	n/a	\$ _____
Admission, recreation, entertainment fees	\$ _____	\$ _____
All other purchases (souvenirs, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
Donations	\$ _____	\$ _____

- c) How many people do the above expenses cover?

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

Please write "0" if the expenditures did not include any children.

Please go on to the next page ➔

18. On this trip, how important were the following features/qualities to you at Agate Fossil Beds NM? Please mark (●) **one** response for each feature/quality.

Feature/quality	Not important	Somewhat important	Moderately important	Very important	Extremely important
See mammal fossils	☐	☐	☐	☐	☐
View wildlife/birds/wildflowers	☐	☐	☐	☐	☐
Natural quiet/ sounds of nature	☐	☐	☐	☐	☐
Views without development	☐	☐	☐	☐	☐
Solitude	☐	☐	☐	☐	☐
Ranger-led programs	☐	☐	☐	☐	☐
Educational opportunities (other than ranger-led)	☐	☐	☐	☐	☐
Recreational opportunities (hiking, picnicking, etc)	☐	☐	☐	☐	☐

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

- a) Commercial guided tour group ☐ Yes ☐ No
- b) School/educational group ☐ Yes ☐ No
- c) Other organized group ☐ Yes ☐ No
(such as business group, scout group, etc.)

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

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

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

_____ Number of people

- b) On this visit, how many vehicles did you and your personal group use to enter the park?

_____ Number of vehicles

c) On this visit, how many times did you and your personal group enter Agate Fossil Beds NM during your stay in the area?

_____ Number of entries

22. For you and your personal group on this visit, please provide the following. (If you do not know the answer, leave blank).

	a) Current Age	b) U.S. Zip Code or name of country other than U.S.	c) Number of visits made to Agate Fossil Beds NM (including this visit) lifetime
Yourself	_____	_____	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____
Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____

23. What is your gender? Please mark (●) **one**.

☐ Male ☐ Female

24. a) Are you or members of your personal group Hispanic or Latino? Please mark (●) YES or NO for each group member.

b) What is your race? What is the race of each member of your personal group? Please mark (●) **one or more** for you and each group member.

	a) Hispanic or Latino?		b) American Indian or Alaska Native		Black or African American	Native Hawaiian or Pacific Islander	White
	Yes	No		Asian			
Yourself	☐	☐	☐	☐	☐	☐	☐
Member #2	☐	☐	☐	☐	☐	☐	☐
Member #3	☐	☐	☐	☐	☐	☐	☐
Member #4	☐	☐	☐	☐	☐	☐	☐
Member #5	☐	☐	☐	☐	☐	☐	☐
Member #6	☐	☐	☐	☐	☐	☐	☐
Member #7	☐	☐	☐	☐	☐	☐	☐

25. 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 on to Question 26**

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

☐ None → **Go on to Question 26**

☐ Visitor center

☐ Visitor center exhibits

☐ Ranger-led programs

☐ Restrooms

☐ Trails

☐ Other (Please specify: _____)

- 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)

☐ 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 wheelchair)

☐ Other (Please specify: _____)

26. a) What did you and your personal group like **most** about your visit to Agate Fossil Beds NM?

- b) What did you and your personal group like **least** about your visit to Agate Fossil Beds NM?

27. What advice would you give to family or friends who might visit Agate Fossil Beds NM?

28. On a future visit, how would you and your personal group prefer to learn about cultural and natural history/features of Agate Fossil Beds NM? Please mark (●) **all** that apply.

- ☐ Not interested in learning about the park → **Go on to Question 29**
- ☐ Participate in fossil dig
- ☐ Indoor exhibits
- ☐ Ranger-led activities
- ☐ Self-guided tours
- ☐ Park website: www.nps.gov/agfo
- ☐ In-depth lectures by experts on topics related to the park
- ☐ Observe an American Indian artist at work
- ☐ Audiovisual programs (video, movie, etc.)
- ☐ Printed materials (brochures, books, maps, etc.)
- ☐ Other (Please specify: _____)
- ☐ Attend a pow-wow at the park
- ☐ Outdoor exhibits
- ☐ Children's programs
- ☐ Interactive computer programs

29. If you were a manager planning for the future of Agate Fossil Beds NM, what would you propose? Please be specific.

30. Is there anything else you and your personal group would like to tell us about your visit to Agate Fossil Beds NM?

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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Park Studies Unit
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