

## SEM VISITOR SURVEY

### INTERCEPT SURVEY

#### INTERCEPT OPENING SCRIPT

*"Hello, I am working with Pinnacles National Park conducting a 5-minute survey to improve visitor experiences in the park. May I ask you some questions about your Pinnacles experience?"*

→ If the visitor says **YES**, read the following script:

*Before we begin, I would like to let you know that this survey has been approved by the Office of Management and Budget. It is important to note that a Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it has a valid OMB control number. The control number for this collection is 1024-0224 and this number is valid through 5/31/2023. Secondly, your participation is voluntary, and your name will never be connected with your individual responses. This survey will only take about five minutes of your time today.*

→ If the visitor says **NO**, read the following script:

*Ok, would you please answer just three short questions for us?*

→ If the visitor says **NO**, thank them for their time.

→ If the visitor says **YES**, ask the non-response bias questions:

1. "Are you a permanent or seasonal resident of the local area around Pinnacles?"
2. "Do you currently live in the United States?"
3. "On this trip away from home, have you stayed, or will you stay overnight away from your permanent residence in Pinnacles and/or within the local area? (Show map)"

**PAPERWORK REDUCTION and PRIVACY 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. We are authorized by the National Park Service Protection Interpretation and research in System (54 USC §100702) to collect this information. The routine uses of this information will be for the benefit of NPS Managers and Planning staff in Pinnacles in future initiatives related to the visitor use and resource management within the site. The data collected will be summarized to evaluate visitor uses and expectations during their visit at Pinnacles. Your responses to this collection are completely voluntary and will remain anonymous. You can end the process at any time and will not be penalized in any way for choosing to do so. All contact information collected for the purpose of the follow-up survey will be destroyed at the end of the collection period and no personal identifiable records will be maintained or stored for any purposes. Data collected will only be reported in aggregates and no individually identifiable responses will be reported. 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 (1024-0224). We estimate that it will take about 5 minutes to complete this on-site questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Dr. Jake Jorgenson, RRC Associates, at [jake@rrcassociates.com](mailto:jake@rrcassociates.com) (email); or Bret Meldrum, NPS Chief of Social Science Program, at [bret\\_meldrum@nps.gov](mailto:bret_meldrum@nps.gov) (email).

1. Are you a permanent or seasonal/second home resident of the local area around Pinnacles?  
(Show map)

Please mark (●) one

- ☐ Yes, I am a permanent resident
- \_\_\_\_\_ What is your ZIP code in the local area?
- ☐ Yes, I am a seasonal/second home resident
- \_\_\_\_\_ What is your ZIP code in the local area?
- ☐ No, I am not a permanent or seasonal resident of the local area around Pinnacles

2. (If not permanent or seasonal resident) Do you currently live in the United States?

- ☐ No
- What is your country of origin? \_\_\_\_\_ (Drop-down list)
- ☐ Yes
- What is the ZIP code of your permanent residence? \_\_\_\_\_ zip code

3. (If Permanent or Seasonal Residence = NO) Was your visit to Pinnacles the primary purpose for your overall trip away from home?

- ☐ Yes
- ☐ No
- Was your visit to Pinnacles...? \_\_\_\_\_
- ☐ The primary reason you came to the local area
- ☐ One of two or more equally important reasons you came to the local area
- ☐ An incidental or spontaneous stop

4. (If Permanent or Seasonal Residence = NO) How many days are you planning to spend in the local area (including the days you spend in Pinnacles) on this trip away from home? (Show Map)

\_\_\_\_\_ days

5. On this trip away from home, have you stayed, or will you stay overnight away from your permanent residence in Pinnacles and/or within the local area? (Show Map).

Please mark (●) one

- ☐ Yes
- ☐ No

6. (If Overnight = YES) On this trip, what type of accommodations do you expect to use while in the local area, including any nights spent in Pinnacles? Please mark (●) all that apply

- ☐ Camping in Pinnacles
  - \_\_\_\_\_ # of nights
- ☐ Camping outside Pinnacles in the local area
  - \_\_\_\_\_ # of nights
- ☐ Lodging outside Pinnacles in the local area (e.g., hotels, cabins, vacation rentals)
  - \_\_\_\_\_ # of nights
- ☐ Unpaid accommodations (e.g., family and friends)
  - \_\_\_\_\_ # of nights

7. (IF ACCOMMODATION = IN Pinnacles) What time did you arrive in Pinnacles on the first day of your stay?

\_\_\_\_\_ Hour (1-12)

- ☐ AM
- ☐ PM

8. (IF ACCOMMODATION = IN Pinnacles) What time of day do you plan to leave Pinnacles on the last day of your stay?

\_\_\_\_\_ Hour (1-12)

- ☐ AM
- ☐ PM

9. Including yourself, how many people are in your personal group as you visit Pinnacles?

*Note: Your personal group is you and companions with whom you visited Pinnacles on this trip, such as a spouse, family, friends, etc. This does not include the larger group that you might have traveled with, such as a school, church, scout, or tour group.*

\_\_\_\_\_ Adults (18 years or older)

\_\_\_\_\_ Children (under 18 years)

10. What are the ages of each of the adults in your group? *Note: ages will be collected for a max of 6 adults per group*

|             | Your Age | Adult 2 | Adult 3 | Adult 4 | Adult 5 | Adult 6 |
|-------------|----------|---------|---------|---------|---------|---------|
| Age (years) |          |         |         |         |         |         |

11. (If at least 1 child in the group) What are the ages of each of the children in your group? *Note: ages will be collected for a max of 6 children per group*

|             | Child 1 | Child 2 | Child 3 | Child 4 | Child 5 | Child 6 |
|-------------|---------|---------|---------|---------|---------|---------|
| Age (years) |         |         |         |         |         |         |

**12. Including yourself, how many people in your personal group split the trip expenses?**

\_\_\_\_\_ number of people

**13. On this trip, do you plan to visit Pinnacles for more than one day?**

**Please mark (●) one**

☐ Yes

➤ **How many days do you plan to spend within Pinnacles on this trip?**

\_\_\_\_\_ Days

➤ **On how many different days do you expect to enter the park?**

\_\_\_\_\_ Different Days Entered Pinnacles

☐ No

➤ **How many hours do you plan to spend within Pinnacles today?**

\_\_\_\_\_ hours

**14. Did you, or do you plan to, leave and re-enter the park today?**

**Please mark (●) one**

☐ Yes

➤ **How many times?**

\_\_\_\_\_ # of Times

☐ No

**15. Which was the most recent entrance you used to enter the park? (Show Map)**

**Please mark (●) one**

☐ West Entrance

☐ East Entrance

☐ Other (please specify): \_\_\_\_\_

**16. Considering your visit *today*, have you been to or do you plan to visit any of the following locations within Pinnacles? Please mark (●) all that apply**

☐ West side of park

☐ West Visitor Contact Station

☐ Chaparral Parking Area

☐ Balconies Cave Trail

☐ East side of park

☐ Pinnacles Campground

☐ Bench Trail

☐ Bear Gulch

☐ Old Pinnacles Parking Area

**17. Which of the following forms of transportation did you personally use to enter Pinnacles today?  
Please mark (●) one**

- |                                                                                                       |                                                                    |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="radio"/> Car, truck, or SUV (e.g., standard private vehicle)<br>➤ Number of people _____ | <input type="radio"/> Electric Bicycle<br>➤ Number of people _____ |
| <input type="radio"/> Recreational vehicle or motorhome<br>➤ Number of people _____                   | <input type="radio"/> Motorcycle<br>➤ Number of people _____       |
| <input type="radio"/> Commercial tour bus                                                             | <input type="radio"/> Walk/hike                                    |
| <input type="radio"/> Commercial tour van                                                             | <input type="radio"/> Other (Please specify: _____)                |
| <input type="radio"/> Shuttle                                                                         |                                                                    |
| <input type="radio"/> School bus or church bus/van                                                    |                                                                    |
| <input type="radio"/> Bicycle                                                                         |                                                                    |

**18. (If COMMERCIAL TOUR BUS OR VAN = SELECTED) Was your commercial tour bus or tour van booked as a package vacation? Please mark (●) one**

*Note: Package tours commonly include transportation, meals, lodging, and activities sold as a pre-set itinerary from a single company. You may have purchased a package tour directly from the company providing the service, or you may have worked with a travel agent who booked you on a package tour.*

- ☐ Yes
- What is the total cost of the package vacation for your personal group? \$ \_\_\_\_\_
  - What is the total length of your package vacation? \_\_\_\_\_ days
  - Did your package vacation include lodging (e.g., hotels, lodges, house)? Yes, No, Unsure
  - How many people in your personal group were on the package vacation? \_\_\_\_\_ people
- ☐ No

**19. Are you a first-time visitor to Pinnacles? Please mark (●) one**

- ☐ Yes
- ☐ No
- Including this visit, how many visits have you made to Pinnacles over the past 12 months? \_\_\_\_\_ visits
  - Including this visit, how many visits have you made to Pinnacles over the past five years? \_\_\_\_\_ visits

**20. How many visits have you made to other NPS sites over the past 12 months?**  
\_\_\_\_\_ visits

***Interviewer script:***

Thank you for your time. To record a more complete picture of your Pinnacles visit, we ask you to please take this mail-back survey and complete it after your trip. You can participate either by completing the paper form and mailing it in the postage-paid envelope, or online through a password-protected website. The website information is provided on a slip of paper inside the survey packet.

Because your opinion is important to us, we send replacement surveys if you lost your survey and reminders if you forgot to complete it when you returned home. Would you be willing to share your home address or email to send a reminder or replacement survey in the following weeks? Your information is confidential, and your results will be only reported in the aggregate.

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_