SEM VISITOR INTERCEPT SURVEY

INTERCEPT OPENING SCRIPT

Script: Hello, I am working with Bent's Old Fort NHS conducting a ten minute survey to improve visitor experiences in the park. Have you or anyone in your personal travel group taken a visitor survey at Bent's Old Fort NHS recently?

- ○ No
- ○ Yes - previously participated in survey (ineligible)
- ○ Minor (under 18), ineligible to participate
- ○ Language barrier / unable to communicate
- ○ Ineligible for another reason (please specify): _____

➔ If the visitor answered No

➔ Which best describes what brought you to Bent's Old Fort NHS today?

- ○ Visiting Bent's Old Fort NHS (for any purpose such as scenic driving, sightseeing, nature, cultural/historic interest, attending an event) (eligible)
- ○ Only passing through (ineligible)
- ○ Working today on official park duty (ineligible)

➔ If the visitor **is eligible**, continue below. If the visitor is ineligible, record the reason, and thank them for their time.

Script: May I ask you some questions about your Bent's Old Fort NHS experience?

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

Ok, may I ask three quick questions?

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

➔ If the visitor says **YES**, ask the non-response bias questions (note: all NRB questions have Yes/No answer choices):

1. Are you a permanent, seasonal, or temporary resident of the local area around Bent's Old Fort NHS?
2. Was visiting Bent's Old Fort NHS the primary purpose for your overall trip away from home?
3. On this trip away from home, will you [and your personal group] stay overnight away from your permanent within the local area? (Please refer to map of local area)

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

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. Secondly, your participation is voluntary, and your name will never be connected with your individual responses. This survey will only take about ten minutes of your time today.

[Continue by showing the following statement regarding the Paperwork Reduction and Privacy Act.].

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 Bent's Old Fort NHS in future initiatives related to visitor use and resource management within the site. The data collected will be summarized to evaluate visitor uses and expectations during their visit at Bent's Old Fort NHS. 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 purpose. 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. We estimate that it will take about ten 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 (email); or Bret Meldrum, NPS Social Science Program Manager, at bret_meldrum@nps.gov (email).

1. **Is this your first time visiting Bent's Old Fort NHS?**

   - ○ Yes
   - ○ No
     - ➢ Including this visit, how many visits have you made to Bent's Old Fort NHS over the past 12 months?

       _____ visits
     - ➢ Including this visit, how many visits have you made to Bent's Old Fort NHS over the past five years?

       _____ visits

2. **During this visit, in which of the following activities have you or will you personally participate within Bent's Old Fort NHS? Please mark (●) all that apply.**

   - ☐ Viewing scenery, natural features
   - ☐ Viewing wildlife
   - ☐ Viewing night skies
   - ☐ Creative arts (photography, drawing, painting, writing, etc.)
   - ☐ Visiting a cultural or historic site
   - ☐ Driving for pleasure
   - ☐ Walking
   - ☐ Trail hiking
   - ☐ Biking (mountain biking, road cycling, e-biking, etc.)
   - ☐ Fishing
   - ☐ Picnicking
   - ☐ Other (Please specify: _____)

3. **And which is your *primary activity* within Bent's Old Fort NHS today?**

   - ○ Carry forward choices from previous question (*all selected options, including other*)

4. **Considering your visit *today*, will you visit any of the following locations within Bent's Old Fort NHS? Please mark (●) all that apply. (Please refer to park map)**

   - ○ Orientation Plaza (1a)
   - ○ Wayside parking at DAR Monument / Trail access (2)
   - ○ The Fort (3)
   - ○ Big Loop Trail (4)
   - ○ South Loop Trail (5)

5. **Which was the most recent entrance you used to enter Bent's Old Fort NHS?**

   - ○ Park Road entrance (1)
   - ○ Wayside parking at DAR Monument / Trail access (2)
   - ○ Other (Please specify: _____)

6. **From the list below, select all forms of transportation you personally used to travel from your home to Bent's Old Fort NHS on this trip. Please mark (●) all that apply.**

   - ○ Car, truck, or SUV (e.g., standard private vehicle)
   - ○ Recreational vehicle (RV) or motorhome
   - ○ Motorcycle
   - ○ Taxi/rideshare
   - ○ Commercial tour bus
   - ○ Commercial tour van
   - ○ Shuttle
   - ○ School bus or church bus/van
   - ○ City bus or subway
   - ○ Train or long-distance passenger bus
   - ○ Bicycle
   - ○ Electric bicycle
   - ○ Electric scooter
   - ○ Walk/hike
   - ○ Airplane
   - ○ Cruise ship
   - ○ Ferry
   - ○ Sailboat, canoe, kayak, personal boat
   - ○ Other (Please specify: _____)

7. **Which form of transportation did you personally use to enter Bent's Old Fort NHS today?**

   - **Carry forward choices from previous question (all selected options, including other)**
     - (If Car, truck, or SUV) Including yourself, how many people were traveling in your vehicle when you entered Bent's Old Fort NHS? _____ people
     - (If Recreational Vehicle) Including yourself, how many people were traveling in your RV when you entered Bent's Old Fort NHS? _____ people
     - (If Motorcycle) Including yourself, how many people were traveling on your motorcycle when you entered Bent's Old Fort NHS? _____ people

8. **Will you spend one hour or more within Bent's Old Fort NHS today?**

   - Yes
     - **How many hours will you spend within Bent's Old Fort NHS today?**
       _____ hours *(validation requires a number between 1 and 24, whole numbers only)*
   - No
     - **How many minutes will you spend within Bent's Old Fort NHS today?**
       _____ minutes *(validation requires a number between 1 and 59, whole numbers only)*

9. **Will you leave and re-enter the park today?**

   - Yes
     - **How many times?**
       _____ times *(validation requires a number greater than or equal to 1, whole numbers only)*
   - No

10. **Will you spend more than one day visiting Bent's Old Fort NHS during this trip?**

    - **Yes**
      - **How many total days will you spend visiting Bent's Old Fort NHS?**
        _____ days *(validation requires a number greater than or equal to 2, whole numbers only)*
    - **No**

Script: The next few questions are about your time in the communities surrounding Bent's Old Fort NHS. Our goal is to understand how Bent's Old Fort NHS affects the local economy.

11. **Are you a permanent, seasonal, or temporary resident of the local area around Bent's Old Fort NHS? (Please refer to map of local area)**

    - Yes, I am a permanent resident
      - _____**What is your ZIP code in the local area?**
    - Yes, I am a seasonal or temporary resident
      - _____ **What is your ZIP code in the local area?**
    - No, I am not a permanent or seasonal resident of the local area around Bent's Old Fort NHS
      - **Do you currently live in the United States?**
        - No
          - **What is your country of origin?**_____ *(tablet survey includes drop-down list)*
        - Yes
          - **What is the ZIP code of your permanent residence?** _____zip code

12. Is visiting Bent's Old Fort NHS…?_____

- ○ The primary [**reason you came to the local area** / **purpose for your trip away from home today**]
- ○ One of several reasons [**you came to the local area** / **for your trip away from home today**]
- ○ An incidental or spontaneous stop

13. (If Permanent or Seasonal Resident = NO) On this trip, how many days altogether will you spend in the local area, including time spent in Bent's Old Fort NHS? (Please refer to map of local area)

_____ days *(validation requires a number greater than or equal to 1, whole numbers only)*

14. (If Permanent or Seasonal Resident = NO) Is your visit to the local area part of an inclusive package vacation that includes lodging? *Note: Package tours commonly include lodging, transportation, meals, 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.*

- ○ No
- ○ Yes - Part of an inclusive vacation package
  - ➢ **(If Package Vacation = YES) How many nights have you or will you spend in the local area?**
    _____nights *(validation requires a number greater than or equal to 0, whole numbers only)*

15. (If Package Vacation = YES) In addition to lodging, which of the following expenses are covered by your package vacation? Please mark (●) all that apply.

- ☐ **Airline**
- ☐ **Local transportation**
- ☐ **Meals**
- ☐ **Park pass**
- ☐ **Guided activities, tours, and entertainment**
- ☐ **Gear and outfitting (e.g., bicycles, fishing poles, waders)**

16. (If Package Vacation = YES) Including yourself, how many people in your personal group were covered by your [package vacation] costs? _____ people

Package Vacation respondents skip to Question 23 (→ Including yourself, how many people in your personal group contributed money toward trip expenses?).

17. On this trip, have you or will you stay overnight away from your [permanent residence / local/seasonal residence in the local area? (Please refer to map of local area). (tablet includes custom logic flag – if days in the local area is > 1, entered above, surveyor will be prompted to double check.)

- ○ No
- ○ Yes

18. (Overnight = YES) On this trip, what type(s) of accommodations will you use while in the local area? Please mark (●) all that apply. *(tablet includes custom logic flag - if total number of nights is not within +/-1 of the local days, entered above, surveyor will be prompted to double check.)*

- ○ Camping outside Bent's Old Fort NHS in the local area
  - ➢ **_____# of nights**
  - ➢ **_____Average Nightly Rate of Camping Outside Bent's Old Fort NHS**
- ○ Lodging in a hotel outside Bent's Old Fort NHS but within the local area
  - ➢ **_____# of nights**
  - ➢ **_____Average Nightly Rate of Lodging outside Bent's Old Fort NHS in the local area**

- ○ Lodging in other paid accommodations (e.g., cabins, vacation rentals, B&B, glamping) outside Bent's Old Fort NHS but within the local area
  - ➢ _____**# of nights**
  - ➢ _____**Average Nightly Rate of Lodging outside Bent's Old Fort NHS in the local area**
- ○ Unpaid accommodations (e.g., family and friends)
  - ➢ _____**# of nights**

19. (If Sum Average Nightly Rate = 0) You did not list any accommodation expenditures in the local area in the previous table. Please indicate why you did not answer. Please mark (●) one.

- ○ I did not spend any money
- ○ I used points, miles, or some other voucher
- ○ I do not know or remember
- ○ Prefer not to answer
- ○ N/A

20. Now I'd like to ask you about how much money you and your group (including anyone you shared or covered expenses for) have spent or will spend in Bent's Old Fort NHS and the local area during this trip.

Permanent & Seasonal Residents: Only include local area expenses directly related to this visit.]

Amount spent in Bent's Old Fort NHS and nearby communities *(Please refer to map of local area):*

[As a reminder you stated that you have or will be spending X days in the local area]

If you did not spend anything in a category, please enter "0".

In total, how much do you and your group expect to spend while in the local area on:

Expenses	$US/total
Restaurants, bars, and concessions	
Groceries and convenience foods	
Gas and oil (auto, RV, boat, etc.) or EV Charging	
Rental car	
Taxis, rideshares, shuttles, parking, and public transportation	
Equipment rental	
Guided activities and tours	
Other recreation and entertainment expenses (movies, miniature golf, shows/concerts, sporting events, etc.)	
Souvenirs, clothing, supplies, other retail	
Personal services (spa, massage, tattoo, etc.)	
National Park entrance fee or annual parks pass	
Other expenditures (please describe):	

21. (If Sum Expenditures = 0) You did not list any expenditures, please indicate why you did not answer. Please mark (●) one.

- ○ I did not spend any money
- ○ I used points, miles, or some other voucher
- ○ I do not know or remember
- ○ Prefer not to answer
- ○ N/A

22. How many people (adults and children), including yourself, are covered by these spending estimates?

_____ number of people *(validation requires a number greater than or equal to 1, whole numbers only)*

23. **Including yourself, how many people in your personal group contributed money toward trip expenses?** ***(For example: if a couple both paid for the trip, the answer should be "2.")***

    _____ number of people *(validation requires a number greater than or equal to 1, whole numbers only)*

24. **Considering your overall trip away from home that includes this visit to Bent's Old Fort NHS, what is the total length of your trip?**

    _____ days *(validation requires a number greater than or equal to 1, whole numbers only)*

25. **[VERSION B] As you know, some of the costs of travel such as gasoline, hotels, rental cars, and airline tickets often increase. If <u>your share</u> of the total trip costs were $X more, would you still have taken this trip to Bent's Old Fort NHS? Please mark (●) one.**

    ○ Yes, I would still take this trip.
    ○ No, I would not take this trip.

26. **What is your age? _____ years**

Surveyor script:

Thank you for your time. To record a more complete picture of your Bent's Old Fort NHS 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: _____