Biscayne National Park

Visitor Study

The Visitor Services Project

OMB Approval: #1024-0224 (NPS01-006)
Expiration Date: 09-30-01

United States Department of the Interior

NATIONAL PARK SERVICE
Biscayne National Park
9700 S.W. 328 Street
Homestead, Florida 33033

IN REPLY REFER TO:

March, 2001

Dear Visitor:

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

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

When your visit is over, please complete the questionnaire. Seal it with the sticker provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, VSP Coordinator, Cooperative Park Studies Unit, College of Natural Resources, P.O. Box 441133, University of Idaho, Moscow, Idaho 83844-1133, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

Linda Canzanelli
Superintendent

DIRECTIONS

One adult in your group should complete the questionnaire. It should take a few minutes. When you have completed the questionnaire, please seal it with the sticker 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 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Office of Information and Regulatory Affairs of OMB, Attention Desk Officer for the Interior Department, Office of Management and Budget, Washington, D.C. 20503; and 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 ➡

YOUR VISIT TO BISCAYNE NATIONAL PARK

1. a) Prior to your visit, how did you and your group get information about Biscayne National Park? Please check (√) **all** that apply.

_____ RECEIVED NO INFORMATION PRIOR TO VISIT ➡ **GO ON TO QUESTION 2**
_____ PREVIOUS VISIT(S)
_____ FRIENDS/ RELATIVES/ WORD OF MOUTH
_____ TRAVEL GUIDE/ TOUR BOOK
_____ CABLE TV VISITOR CHANNEL
_____ VIDEOS/ TELEVISION/ RADIO PROGRAMS
_____ TELEPHONE, E-MAIL OR WRITTEN INQUIRY TO PARK
_____ NEWSPAPER/ MAGAZINE ARTICLES
_____ INTERNET—BISCAYNE NP HOME PAGE (www.nps.gov/bisc/)
_____ INTERNET—OTHER WEB SITE
_____ CHAMBER OF COMMERCE
_____ CONVENTION/ VISITOR'S BUREAU
_____ DIVE SHOPS
_____ INFORMATION AT MARINA
_____ TACKLE OR BAIT SHOPS
_____ OTHER (Please specify: _____)

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

_____ NO _____ YES _____ NOT SURE

GO ON TO QUESTION 2

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

_____

2. On this trip, what were the reasons that you and your group visited Biscayne National Park? Please check (√) **all** that apply.

_____ PASSING THROUGH THE PARK

_____ VIEWING SCENERY/ SIGHTSEEING

_____ BOATING

_____ FISHING

_____ PARTICIPATING IN OTHER WATER SPORTS (sailing, canoeing, water skiing, diving, snorkeling, swimming)

_____ PICNICKING

_____ WALKING/ HIKING

_____ BIRD WATCHING

_____ OTHER (Please specify: _____)

3. a) How did this visit to Biscayne National Park fit into your travel plans? Please check (√) only **one**.

_____ BISCAYNE NP WAS THE PRIMARY DESTINATION ➔ **GO ON TO QUESTION 4**

_____ BISCAYNE NP WAS ONE OF SEVERAL DESTINATIONS

_____ BISCAYNE NP WAS NOT A PLANNED DESTINATION

b) If Biscayne National Park was not your primary destination on this trip, what was your primary destination?

_____

4. On this visit, what forms of transportation did you and your group use to visit Biscayne National Park? Please check (√) **all** that apply.

On land	On water
_____ PRIVATE VEHICLE	_____ PRIVATE MOTOR BOAT
_____ RENTAL VEHICLE	_____ PRIVATE SAILBOAT
_____ BICYCLE	_____ RENTAL MOTOR BOAT
_____ CHARTER BUS	_____ RENTAL SAIL BOAT
	_____ FISHING GUIDE BOAT
	_____ CONCESSION TOUR BOAT
	_____ CANOE/ KAYAK
_____ OTHER	_____ OTHER

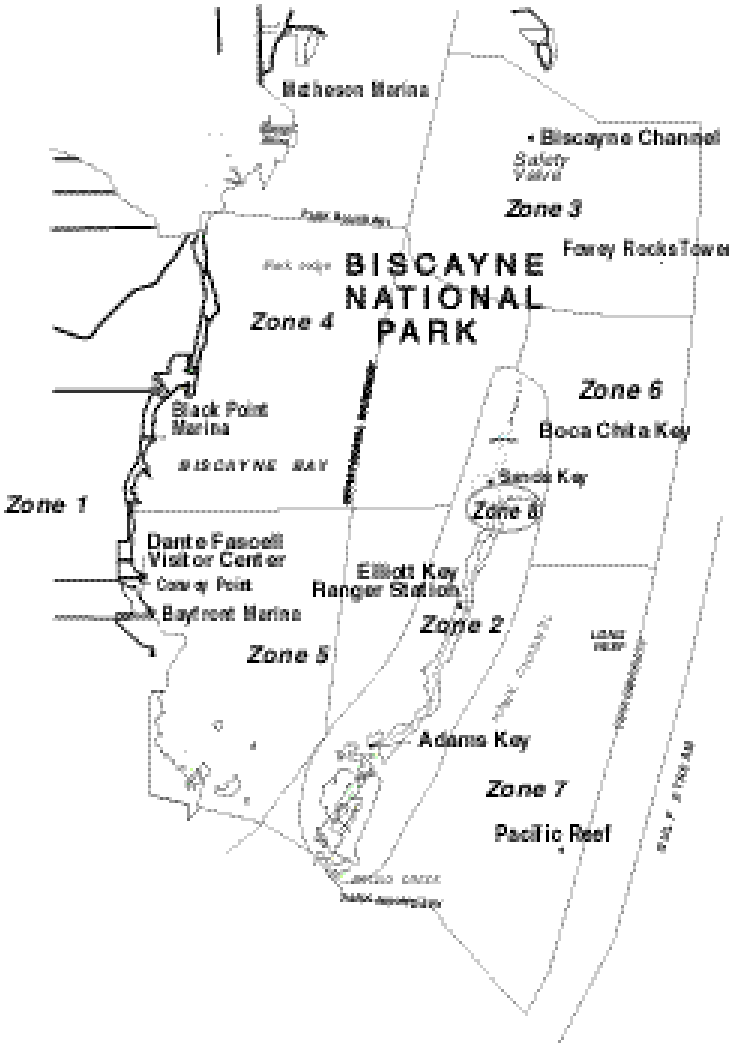
(Please specify: _____)

PLEASE GO ON TO THE NEXT PAGE ➡

5. a) On this visit to Biscayne National Park, what activities did you and your group participate in? Please check (√) **all** that apply.

   b) Please list the general zones where you and your group did the following activities. Use the map on the next page to find the location zone or list the place name from the park brochure/ map.

(√) Activity	Please list location zone(s)
_____ WALKING/ HIKING	_____
_____ NATURE VIEWING:	
_____ birding	_____
_____ fish/ coral	_____
_____ general scenery	_____
_____ DIVING/ SNORKELING:	
_____ reef	_____
_____ shipwreck	_____
_____ CAMPING:	
_____ on boat	_____
_____ on island	_____
_____ CANOEING/ KAYAKING	_____
_____ SAILING	_____
_____ SEEKING SOLITUDE	_____
_____ POWER BOATING	_____
_____ PICNICKING	_____
_____ WINDSURFING	_____
_____ SWIMMING	_____
_____ FISHING:	
_____ shell	_____
_____ game	_____
_____ spear	_____
_____ other:_____	_____
_____ WATERSKIING	_____
_____ PHOTOGRAPHY:	
_____ underwater	_____
_____ above water	_____
_____ OTHER ACTIVITY (Please describe: _____)	



Zone 1: Mainland

Zone 2: Islands

Zone 3: Safety Valve

Zone 4: North Biscayne Bay

Zone 5: South Biscayne Bay

Zone 6: North Coral Reef Platform

Zone 7: South Coral Reef Platform

Zone 8: Sands Cut

6. For this visit, please list the order you visited the following places in Biscayne National Park. Please write 1, 2, 3, and so forth on the line beside each place you visited. If you did not visit a place, please leave that line blank. Use the map above to help you locate the places you visited.

_____ DANTE FASCELL VISITOR CENTER	_____ CONVOY POINT (area around visitor center)
_____ BAYFRONT MARINA	_____ MATHESON MARINA
_____ BLACK POINT MARINA	_____ BISCAYNE CHANNEL
_____ FOWEY ROCKS TOWER	_____ BOCA CHITA KEY
_____ SANDS KEY	_____ ELLIOT KEY
_____ ADAMS KEY	_____ PACIFIC REEF

_____ OTHER (Please describe: _____)

PLEASE GO ON TO THE NEXT PAGE ➡

7. a) On this trip, did you and your group stay overnight away from home within the Miami and/or the Florida City/ Homestead areas?

_____ YES _____ NO ➔ **GO ON TO QUESTION 8**

b) Please list the number of nights you and your group stayed in the Miami and/or Florida City/ Homestead areas.

NUMBER OF NIGHTS IN FLORIDA CITY/ HOMESTEAD AREA

_____

NUMBER OF NIGHTS IN MIAMI AREA _____

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

Outside park

Miami area(√)		Florida City/ Homestead area(√)
_____	LODGE, MOTEL, CABIN, RENTED CONDO/ HOME, B&B	_____
_____	CAMPGROUND/ TRAILER PARK	_____
_____	SEASONAL RESIDENCE	_____
_____	RESIDENCE OF FRIENDS OR RELATIVES	_____
_____	OTHER (Please specify: _____)	_____

8. a) Did you and your group start this visit to Biscayne National Park at a marina?

_____ YES _____ NO ➔ **GO ON TO PART 8c**

b) If YES, at which of the following marinas did you begin your trip? Please check (√) only **one**.

_____ BAYFRONT MARINA _____ BLACK POINT MARINA

_____ MATHESON MARINA _____ CRANDON PARK MARINA

_____ OTHER (Please specify: _____)

c) If you did **not** start this visit to Biscayne National Park at a marina, where did you and your group start from? Please check (√) only **one**.

_____ PARK VISITOR CENTER ➔ **GO ON TO QUESTION 9**

_____ FOLLOWING INTRACOASTAL WATERWAY ➔ **GO ON TO QUESTION 9**

_____ OTHER LOCATION (Please specify: _____)

9. On this visit, how long did you and your group stay at Biscayne National Park? Please list partial hours or days as 1/4, 1/2, etc.

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

If 24 hours or **more**: _____ NUMBER OF DAYS
(Please list partial days as 1/4, 1/2, etc.)

10. a) Please check (√) the visitor services and facilities that you or your group used during this visit to Biscayne National Park.

    b) Next, for only those services and facilities which you or your group used, please rate their importance from 1-5.

    c) Finally, for only those services and facilities which you or your group used, please rate their quality from 1-5.

Use facility/ service?	**If used, how important?** Not important 1 2 3 4 5 Extremely important	**If used, what quality?** Very poor 1 2 3 4 5 Very good
Check (√)		
_____ PARK BROCHURE/ MAP	_____	_____
_____ PARK NEWSPAPER	_____	_____
_____ VISITOR CENTER	_____	_____
_____ VISITOR CENTER EXHIBITS	_____	_____
_____ VISITOR CENTER VIDEO	_____	_____
_____ VISITOR CENTER BOOKSTORE SALES ITEMS	_____	_____
_____ ASSISTANCE FROM PARK STAFF	_____	_____
_____ RANGER-LED PROGRAMS	_____	_____
_____ PARKING	_____	_____
_____ RESTROOMS	_____	_____
_____ ACCESS FOR PEOPLE WITH DISABILITIES	_____	_____
_____ CAMPGROUNDS	_____	_____
_____ DOCKS	_____	_____
_____ MOORING BUOYS	_____	_____
_____ NAVIGATIONAL AIDS	_____	_____
_____ CONCESSION BOAT TOUR	_____	_____

PLEASE GO ON TO THE NEXT PAGE ➡

11. For any of the following elements that you and your group experienced in Biscayne National Park, please indicate how they affected your park experience. Please check **one** answer for each element.

Affect your park experience?	Improved	No effect	Detracted from
Noise from:			
BOAT MOTORS	_____	_____	_____
AIRCRAFT ENGINES	_____	_____	_____
GENERATORS	_____	_____	_____
OTHER VISITORS	_____	_____	_____
OTHER: _____	_____	_____	_____
NUMBER OF BOATS AT ANCHORAGES	_____	_____	_____
FISH TAKE LIMIT	_____	_____	_____

12. It is the National Park Service's responsibility to protect Biscayne National Park's natural, scenic and cultural resources, while at the same time providing for public enjoyment. How important is protection of the following resources/ qualities to you? Please circle **one** response for each resource.

Resource	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know
CORAL REEFS	1	2	3	4	5	DK
ORIGINAL KEYS HABITAT	1	2	3	4	5	DK
SUBMERGED SHIPWRECKS	1	2	3	4	5	DK
OTHER HISTORIC AND ARCHEOLOGICAL SITES	1	2	3	4	5	DK
NATURAL QUIET	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
RECREATIONAL OPPORTUNITIES	1	2	3	4	5	DK
NATIVE PLANTS/ ANIMALS (both land and underwater)	1	2	3	4	5	DK
ENDANGERED SPECIES	1	2	3	4	5	DK
WATER QUALITY AND FLOW	1	2	3	4	5	DK

13. If you and your group were looking for solitude and quiet in Biscayne National Park, to what location would you go?

_____ DON'T KNOW

_____ Please specify location(s): _____

14. What language do you or members of your group prefer to speak and write? Please check (√) **only one**.

_____ ENGLISH _____ GERMAN

_____ SPANISH _____ CREOLE

_____ FRENCH

_____ OTHER (Please specify:_____ _____)

15. 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: _____)

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

_____ NUMBER OF PEOPLE

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

	GENDER M=Male F=Female	**CURRENT AGE**	**U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY**	**NUMBER OF VISITS MADE TO THIS PARK** (including this visit) Past 12 months	2 to 5 years ago
YOURSELF	_____	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____	_____

PLEASE GO ON TO THE NEXT PAGE ➡

18. For you and each of the **adults** in your group on this visit, please indicate the current income level. Please check only **one** answer for each person.

Current income level

	$20,000 or less	$20,001-$40,000	$40,001-$60,000	$60,001-$80,000	$80,001 or more
YOURSELF	_____	_____	_____	_____	_____
ADULT #2	_____	_____	_____	_____	_____
ADULT #3	_____	_____	_____	_____	_____
ADULT #4	_____	_____	_____	_____	_____
ADULT #5	_____	_____	_____	_____	_____
ADULT #6	_____	_____	_____	_____	_____
ADULT #7	_____	_____	_____	_____	_____

19. In what ethnicity and race would you place yourself?
a) Ethnicity: Please check (√) **one**.

_____ HISPANIC OR LATINO
_____ NOT HISPANIC OR LATINO

b) Race: Please check (√) **all** that apply.

_____ AMERICAN INDIAN OR ALASKA NATIVE
_____ ASIAN
_____ BLACK OR AFRICAN AMERICAN
_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
_____ WHITE

20. a) During this visit to Biscayne National Park, was there anything specific which you or your group expected to see or do, but were not able to?

_____ YES _____ NO ➔ **GO ON TO QUESTION 21**

⬇

b) If YES, what was it you expected to see or do? _____

_____

c) What kept you from seeing or doing what you expected to?

_____

_____

21. Do you think that recreational fishing is an appropriate activity to be allowed in Biscayne National Park?

_____ YES _____ NO _____ NOT SURE

22. As the number of recreational fishermen and number of fish harvested increase with increasing numbers of visitors, do you think Biscayne National Park managers should place additional controls on fishing activity?

_____ YES _____ NO _____ NOT SURE

23. If you went fishing on this visit to Biscayne National Park, what are the most important factors that result in a successful fishing experience to you? Please **rank** the factors below from 1 to 6 (most important to least important).

_____ DID NOT FISH ON THIS VISIT ➔ **GO ON TO QUESTION 24**

_____ NUMBER OF FISH CAUGHT

_____ SIZE OF FISH CAUGHT

_____ TYPE/ SPECIES OF FISH CAUGHT

_____ NUMBER OF LEGAL-SIZED FISH YOU CAN TAKE HOME

_____ NUMBER OF OTHER FISHERMEN ENCOUNTERED WHILE FISHING

_____ BOAT RAMP/ LAUNCHING CONDITIONS (degree of crowding, etc.)

_____ OTHER (Please specify: _____)

24. In order to protect the number of species of fish and shellfish, and numbers of each species, the following fisheries management techniques may be used in Biscayne National Park. What is your opinion about each of the following techniques? Please check **one** answer for each.

Technique	Strongly disapprove	Disapprove	No opinion	Approve	Strongly approve
No fishing zones to protect sensitive fish and/ or shellfish species					
Exclusion zones (closed to everyone) to protect sensitive fish and shellfish habitat					
Seasonally restricted zones to limit harassment of spawning fish					
Minimum size limits for taking of particular species of fish/ shellfish					
Maximum catch limits on number of fish or shellfish of a particular species					
Catch and release fishing only					

PLEASE GO ON TO THE NEXT PAGE ➔

25. a) On this visit, did you and your group use the mooring buoys at Biscayne National Park?

_____ YES _____ NO _____ CAN'T REMEMBER

GO ON TO QUESTION 26

b) If YES, what were your reasons for stopping at the mooring buoys on this visit? Please list **all** of your reasons.

_____ SHIPWRECK DIVING _____ SNORKELING

_____ REEF DIVING _____ FISHING

_____ PICNICKING/ EATING LUNCH

_____ OTHER (Please specify:_____ _____)

26. For this visit to Biscayne National Park, please report all expenditures you or your group members made for the items listed below while in the Florida City/ Homestead area. Please write "0" if you and your group did not spend any money.

a) Please list your group's total expenditures inside Biscayne National Park.

b) Please list your group's total expenditures in the Florida City/ Homestead area.

Florida City/ Homestead area residents should only include expenditures that were **directly related** to this visit to the park.

	Expenditures in Florida City/ Homestead Area	
	Inside park	**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 (excluding airfare)		$_____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES	$_____	$_____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	$_____	$_____

c) How many people do the above expenses cover?

ADULTS (18 years or over) _____

CHILDREN (under 18 years) _____

27. a) On this visit, what did you and your group like **most** about your visit to Biscayne National Park?

b) On this visit, what did you and your group like **least** about your visit to Biscayne National Park?

28. If you were a manager planning for the future of Biscayne National Park, what would you propose? Please be specific.

29. Is there anything else you and your group would like to tell us about your visit to Biscayne National Park?

30. Overall, how would you rate the quality of the visitor services provided to you and your group at Biscayne National Park 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 sticker provided and drop it in any U.S. mailbox.

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OFFICIAL BUSINESS

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