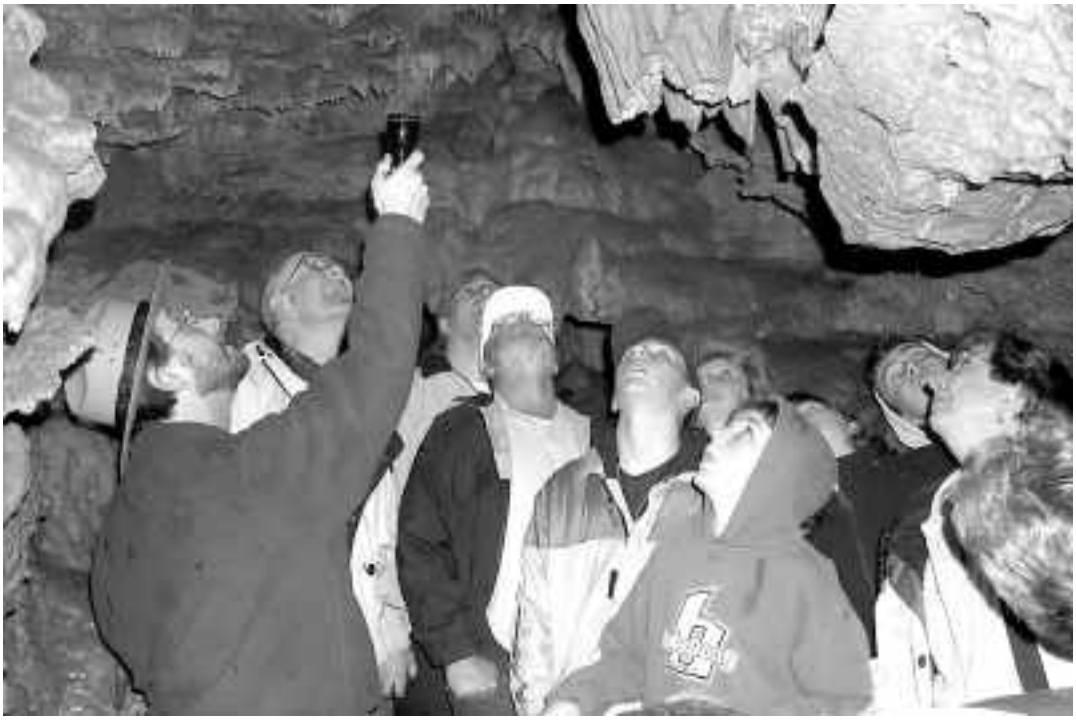
National Park Service
U.S. Department of the Interior

Visitor Services Project

Oregon Caves National Monument

Visitor Study



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United States Department of the Interior

NATIONAL PARK SERVICE
Oregon Caves National Monument
19000 Caves Highway
Cave Junction, Oregon 97523-9716

IN REPLY REFER TO:

July, 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 Oregon Caves National Monument. 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 only take a few minutes after your visit to complete.

When your visit is over, please complete the 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, 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,

Craig W. Ackerman
Superintendent

This visitor study is partially funded by Fee Demonstration funding.

DIRECTIONS

One adult in your group should complete the questionnaire. It should only take 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 ➡

YOUR VISIT TO OREGON CAVES NATIONAL MONUMENT

1. Prior to your visit, were you and your group aware that Oregon Caves National Monument (NM) is a unit of the National Park System?

_____ YES _____ NO _____ NOT SURE

2. a) **Prior to this trip**, how did you and your group obtain information about Oregon Caves NM? Please check (√) **all** that apply.

_____ RECEIVED NO INFORMATION PRIOR TO VISIT ➔ **Go on to Question 3**

_____ LIVE IN THE LOCAL AREA

_____ PREVIOUS VISIT(S)

_____ FRIENDS/RELATIVES/WORD OF MOUTH

_____ ILLINOIS VALLEY VISITOR CENTER

_____ OREGON STATE WELCOME CENTER

_____ TRAVEL GUIDE/TOUR BOOK

_____ MAPS/BROCHURES

_____ WRITTEN/TELEPHONE INQUIRY TO PARK

_____ NEWSPAPER/MAGAZINE ARTICLES

_____ INTERNET—OREGON CAVES NM HOME PAGE: www.nps.gov/orca/

_____ INTERNET—OTHER WEB SITE

_____ CHAMBER OF COMMERCE/VISITOR BUREAU

_____ HIGHWAY SIGNS

_____ TRAVEL AGENT

_____ OTHER (Please specify: _____)

b) From the sources check above, did you and your group receive the information about Oregon Caves NM that you needed?

_____ NO _____ YES ➔ **Go on to Question 3**

c) If NO, what information did you need that was not available? _____

_____

3. Oregon Caves NM is a small site that does not appear on all maps. Prior to your visit, were you able to locate Oregon Caves NM on a map?

_____ YES _____ NO _____ DID NOT LOOK AT A MAP

4. a) Prior to your trip to Oregon Caves NM, were you and your group aware of the on-call shuttle from the Illinois Valley Visitor Center?

_____ YES _____ NO

b) On a future visit, would you and your group use the on-call shuttle to get to the monument?

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

5. Prior to your visit, what information would you have liked to have regarding height restrictions and the wait for the tour prior to your visit to Oregon Caves National Monument?

_____

_____

6. On this trip, what was the **primary** reason that you and your group visited **southwestern Oregon**? Please check (√) **only one**.

_____ VISIT OREGON CAVES NATIONAL MONUMENT

_____ VISIT REDWOOD NATIONAL AND STATE PARKS

_____ VISIT CRATER LAKE NATIONAL PARK

_____ VACATION TRAVELS THROUGHOUT SW OREGON

_____ VISIT FRIENDS OR RELATIVES IN THE AREA

_____ BUSINESS OR OTHER REASONS

7. On this trip, in which of the following towns did you and your group stop/visit before arriving at Oregon Caves NM? Please check (√) **all** that apply.

_____ ASHLAND _____ HAPPY CAMP

_____ BROOKINGS _____ JACKSONVILLE

_____ CRESCENT CITY _____ MEDFORD

_____ EUREKA _____ ROSEBURG

_____GRANTS PASS

Please go on to the next page ➡

8. On this trip, what other Southwest Oregon attractions did you and your group visit or do you plan to visit? Please check (√) **all** that apply.

_____ ILLINOIS VALLEY VISITOR CENTER

_____ OREGON WINERIES

_____ CRATER LAKE NATIONAL PARK

_____ OREGON COVERED BRIDGES

_____ REDWOOD NATIONAL AND STATE PARKS

_____ OREGON BEACHES

_____ OTHER (Please specify: _____)

9. On this visit, how much time did you and your group spend in **Oregon Caves** NM? (Please list partial hours or days, for example 6-1/2 hours and 1-3/4 days).

_____ NUMBER OF HOURS

_____ NUMBER OF DAYS

10. On this visit, how much time did you and your group spend in **Illinois Valley** (including Cave Junction, Selma, Kerby and O'Brien)? (Please list partial hours or days, for example 6-1/2 hours and 1-3/4 days).

_____ NUMBER OF HOURS

_____ NUMBER OF DAYS

11. a) On this trip, did you and your group stay overnight away from home within 1 hour of Oregon Caves NM?

_____ YES _____ NO ➔ **Go on to Question 12**

⬇

b) Please list the number of nights your group stayed.

NUMBER OF NIGHTS AT OREGON CAVE CHATEAU _____

NUMBER OF NIGHTS OUTSIDE OREGON CAVES NM (within 1-hour drive) _____

c) In what type of lodging did you and your group spend the night(s)? Please check (√) **all** that apply for the area within a 1-hour drive of Oregon Caves NM.

In Oregon Caves NM (√)		within 1-hour drive of Oregon Caves NM (√)
_____	LODGE, MOTEL, CABIN, RENTED CONDO/ HOME, B&B	_____
	CAMPGROUND/ TRAILER PARK	_____
	BACKCOUNTRY CAMPSITE	_____
	PERSONAL SEASONAL RESIDENCE	_____
	RESIDENCE OF FRIENDS OR RELATIVES	_____
	OTHER (Please specify: _____)	_____

d) During your stay in the area, how many times did you and your group enter Oregon Caves NM?

NUMBER OF TIMES YOU ENTERED OREGON CAVES NM _____

DON'T KNOW (√) _____

12. On the list below, please check all of the activities in which you and your group participated at Oregon Caves NM during this visit. Please check (√) **all** that apply.

_____ TAKING CAVE TOUR

_____ TAKING SPECIAL TOUR (off-trail tour/candlelight)

_____ ATTENDING RANGER TALK

_____ VISITING HISTORIC CHATEAU

_____ DINING IN CHATEAU

_____ TRAIL ACTIVITIES FOR CHILDREN (self-guided booklet)

_____ JUNIOR RANGER PROGRAM

_____ HIKING

_____ CAMPING (USFS campgrounds adjacent to park)

_____ PICNICKING

_____ VIEWING WILDLIFE/BIRDING

_____ OTHER (Please describe: _____)

Please go on to the next page ➡

13. a) On this trip, did you and your group take the cave tour?

_____ YES _____ NO ➔ **Go on to Question 15**

b) How long was your wait for the cave tour? _____

c) On a future visit, would you and your group be willing to tolerate a slightly longer wait for the cave tour in order to provide better protection of the cave?

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

14. a) Was this the first time you and your group have gone on a cave tour at Oregon Caves NM?

_____ NO _____ YES ➔ **Go on to Question 15**

b) Compared to your last Oregon Caves NM cave tour, did you and your group find THIS cave tour to be:

	More	Less	About the same
INFORMATIVE	_____	_____	_____
INTERESTING	_____	_____	_____
ENJOYABLE	_____	_____	_____

15. a) On a future visit, would your and your group use a reservation system to obtain cave tour tickets if it was available?

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

➥ **Go on to Question 16**

b) Would a reservation system for cave tours have made your trip planning easier?

_____ YES _____ NO _____ NOT SURE

c) Would you be willing to pay an extra $1.90/person (in addition to the cave tour fee) to use the reservation system?

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

16. Please rate the appropriateness of the current cave tour fees ($7.50/adult, $5/children 16 years and under, Golden Eagle, National Park, Golden Age or Golden Access passes¾FREE)

_____ ABOUT RIGHT _____ TOO LOW _____ TOO HIGH

17. a) For this visit, please rate how crowded you and your group felt on the cave tour. Please circle only **one** answer.

Extremely Crowded	Somewhat Crowded	No Opinion	Somewhat Uncrowded	Not at all Crowded

b) What do you think is the *maximum acceptable number* of people on each cave tour group before it becomes too crowded? Please check (√) **one** of the following:

_____ IT WOULD BE ACCEPTABLE TO SEE

_____ A MAXIMUM OF _____ PEOPLE.

_____ THE NUMBER OF PEOPLE IS IMPORTANT, BUT I CANNOT GIVE A MAXIMUM.

_____ IT WOULD NOT MATTER HOW MANY PEOPLE I SAW.

c) If cave tour size has to be reduced to protect cave resources, which of the following options would you prefer? Please check (√) only **one**.

_____ SEEING LESS OF THE CAVE

_____ CHARGING HIGHER PRICES FOR LONGER CAVE TOUR

_____ OFFERING MORE CANDLELIGHT TOURS

_____ OTHER (please specify: _____)

18. What would make you and your group stay longer in the Illinois Valley area? Please check (√) **all** that apply.

_____ WOULD NOT STAY LONGER IN AREA ➔ **Go on to Question 19**

_____ TRAILS THAT HAVE A FEATURE (waterfalls, views, big trees, etc.)

_____ EVENING PROGRAMS

_____ CHILDREN'S PROGRAMS

_____ OTHER (please specify: _____)

19. In your opinion, what was the **most interesting** information you learned during your visit to the Oregon Caves NM?

_____

_____

Please go on to the next page ➡

20. For each of the following attributes of Oregon Caves National Monument, please rate its importance (from 1 to 5, or DK for "don't know") in planning for the preservation of the park for future generations. Please circle **one** answer for each attribute.

How important?	Not Important		Somewhat important		Extremely important	Don't know
NATIVE PLANTS	1	2	3	4	5	DK
WILDLIFE	1	2	3	4	5	DK
CLEAN AIR/ WATER	1	2	3	4	5	DK
HISTORIC BUILDINGS	1	2	3	4	5	DK
OLD GROWTH FOREST	1	2	3	4	5	DK
RECREATIONAL FACILITIES (camping, trails, etc.)	1	2	3	4	5	DK
NATURAL QUIET/ SOUNDS OF NATURE	1	2	3	4	5	DK
CAVE FEATURES/ENVIRONMENT	1	2	3	4	5	DK
FOSSILS	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
EDUCATIONAL PROGRAMS	1	2	3	4	5	DK

21. a) In some national parks, the National Park Service follows a prescribed burn policy. This policy involves setting fires under specific weather and fire conditions to reduce the buildup of undergrowth and help prevent catastrophic fires. Prior to this visit to Oregon Caves NM, were you aware of this burn policy?

_____ YES _____ NO _____ NOT SURE

b) Would you and your group be willing to tolerate short periods (up to 2 days) of smoke or reduced visibility during a future visit to Oregon Caves NM?

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

22. a) Please (√) check all of the facilities that you and your group **used** during this visit to Oregon Caves National Monument.

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

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

Use park facility?	**If used, how important?**					**If used, what quality?**				
Check (√)	Very important 1	2	3	4	Not important 5	Very good 1	2	3	4	Very poor 5
_____ RESTROOMS	_____					_____				
_____ PARK DIRECTIONAL ROAD SIGNS (outside of park)	_____					_____				
_____ ILLINOIS VALLEY VISITOR CENTER (visitor center in Cave Junction)	_____					_____				
_____ PICNIC AREAS	_____					_____				
_____ GIFT SHOPS	_____					_____				
_____ LODGING AT CHATEAU	_____					_____				
_____ DINING ROOM (dinner only)	_____					_____				
_____ COFFEE SHOP	_____					_____				
_____ MONUMENT VISITOR CENTER	_____					_____				
_____ ACCESS FOR DISABLED PERSONS	_____					_____				

23. a) On this visit did you and your group eat in the coffee shop or dining room?

_____ YES _____ NO ➔ **Go on to Part d of this Question**

⬇

b) Please indicate how the following elements may have affected your dining experience. Please check (√) **one** for each element.

Affect your dining experience?	Added to	No effect	Detracted from
CHOICE OF MENU ITEMS	_____	_____	_____
PRICE	_____	_____	_____
LENGTH OF WAIT (specify: _____)	_____	_____	_____
COFFEE SHOP/DINING ROOM HOURS	_____	_____	_____

Please go on to the next page ➡

c) If you checked "detracted from," please explain. _____

_____

d) If you did not eat in the coffee shop/ dining room, please explain why not.

_____

_____

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

_____ ALONE _____ FAMILY

_____ FRIENDS _____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

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

Tour group _____ YES _____ NO

School/educational group _____ YES _____ NO

26. 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

27. 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** over your lifetime (including this visit)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

28. For you and each of the **adults** (age 18 or over) in your personal group on this visit, please indicate the highest level of education received. Please check (√) only **one** for each person.

	Highest level of education (√)				
	SOME HIGH SCHOOL	HIGH SCHOOL GRADUATE/GED	SOME COLLEGE	BACHELOR'S DEGREE	GRADUATE DEGREE
YOURSELF	_____	_____	_____	_____	_____
ADULT #2	_____	_____	_____	_____	_____
ADULT #3	_____	_____	_____	_____	_____
ADULT #4	_____	_____	_____	_____	_____
ADULT #5	_____	_____	_____	_____	_____
ADULT #6	_____	_____	_____	_____	_____
ADULT #7	_____	_____	_____	_____	_____

29. a) What did you and your group like **most** about your visit to the Oregon Caves NM?

_____

_____

b) What did you and your group like **least** about your visit to the Oregon Caves NM?

_____

_____

30. a) Currently there are no cave tours offered in the winter to protect the bat population. Would you be willing to travel to Oregon Caves NM in the winter to participate in other activities?

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

⬇

b) If YES, in which of the following activities would you be interested?

_____ SNOWSHOE WALKS

_____ CROSS COUNTRY SKIING

_____ WINTER TOUR OF HISTORIC CHATEAU

_____ OTHER (Please specify: _____)

Please go on to the next page ➡

31. For you and your group, please report all expenditures for the items listed below for this visit to Oregon Caves NM and the **Illinois Valley** area (including Cave Junction, Selma, Kirby and O'Brien**)**. Please write "0" if no money was spent in a particular category.

    a) Please list your group's total expenditures inside Oregon Caves NM.

    b) Please list your group's total expenditures in the **Illinois Valley area** outside the park.

    NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to Oregon Caves NM.

	EXPENDITURES	
	Inside Oregon Caves NM	**In Illinois Valley 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?

    NUMBER OF ADULTS (18 years or over) _____

    NUMBER OF CHILDREN (under 18 years) _____

32. On a future visit to Oregon Caves NM, what subjects would you and your group like to learn more about? Please check (√) **all** that apply.

_____ GEOLOGY	_____ PLANTS
_____ OLD GROWTH FOREST	_____ CAVE ANIMALS
_____ FOREST WILDLIFE	_____ PLATE TECTONICS
_____ WATER	_____ HUMAN HISTORY
_____ FOSSILS	

_____ OTHER (Please specify: _____)

33. If you were a manager planning for the future of the Oregon Caves NM, what would you propose? Please be specific.

_____

_____

_____

_____

_____

34. Is there anything else you and your group would like to tell us about your visit to Oregon Caves NM?

_____

_____

_____

_____

_____

_____

35. Overall, how would you rate the quality of the visitor services provided to you and your group at Oregon Caves NM on 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.

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OFFICIAL BUSINESS

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