



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

**Visitor Services Project**

# **Apostle Islands National Lakeshore Visitor Study**



**OMB Approval 1024-0224 (NPS #04-035)****Expiration Date: 03/31/2005****United States Department of the Interior**

NATIONAL PARK SERVICE  
Apostle Islands National Lakeshore  
Route 1, Box 4  
Bayfield, Wisconsin 54814

IN REPLY REFER TO:

July-August, 2004

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Apostle Islands National Lakeshore. 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, NPS 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](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

Robert J. Krumenaker  
Superintendent

**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 ➡



NOTE: In this questionnaire, a **visit** means visiting the National Park Service facilities on the mainland, stepping foot on an island inside the park boundary, or coming within 1/4-mile (about 4 football fields) of any park land in a boat. This information applies to **all** questions.

3. On this visit, how much time did you and your group spend in Apostle Islands NL, including the waters immediately surrounding the islands (but excluding Madeline Island)? Please list partial hours or days as 1/4, 1/2, 3/4.

If **less** than 24 hours: \_\_\_\_\_ NUMBER OF HOURS

If 24 hours **or more**: \_\_\_\_\_ NUMBER OF DAYS

4. If you live more than 30 miles (or about a 45-minute drive) from Bayfield, how long did you and your group stay in the **area** surrounding Apostle Islands NL, including Bayfield, Ashland, Washburn, Cornucopia, Herbster, Port Wing, Madeline Island, or points in between? Please list partial hours or days as 1/4, 1/2, 3/4. Do not include time spent in Apostle Islands NL.

LIVE WITHIN 30 MILES → **Go on to Question 5**

If **less** than 24 hours: \_\_\_\_\_ NUMBER OF HOURS

If 24 hours **or more**: \_\_\_\_\_ NUMBER OF DAYS

5. On this trip, what was your **primary** reason for visiting this part of Northern Wisconsin? Please check (✓) **only one**.

\_\_\_\_\_ VISIT APOSTLE ISLANDS NL

\_\_\_\_\_ VISIT OTHER AREA ATTRACTIONS

\_\_\_\_\_ VISIT FRIENDS/RELATIVES

\_\_\_\_\_ BUSINESS TRIP

\_\_\_\_\_ TRAVELING THROUGH (no planned destination in area)

\_\_\_\_\_ RECREATION (camping, fishing, hunting, etc.)

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

6. What were you and your group's reasons for visiting the visitor center(s) at Apostle Islands NL? Please check (✓) all that apply.

\_\_\_\_\_ DID NOT VISIT A VISITOR CENTER → **Go on to Question 7**

\_\_\_\_\_ USE THE TELEPHONE \_\_\_\_\_ VIEW EXHIBITS

\_\_\_\_\_ OBTAIN A MAP \_\_\_\_\_ PURCHASE BOOKS/SALES ITEMS

\_\_\_\_\_ OBTAIN CAMPING PERMIT

\_\_\_\_\_ OBTAIN INFORMATION FROM PARK STAFF

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

7. a) On this trip, in what activities did you and your group participate at Apostle Islands NL? Please check ( ) **all** that apply.

\_\_\_\_\_ SIGHTSEEING

\_\_\_\_\_ VISITING VISITOR CENTER(S)

\_\_\_\_\_ VISITING LIGHTHOUSE(S)

VISITING OTHER HISTORIC SITES

\_\_\_\_\_ VISITING HOKENSON FISHERY

\_\_\_\_\_ VISITING MANITOU FISH CAMP

\_\_\_\_\_ VISITING HISTORIC BROWNSTONE QUARRIES

BOATING

\_\_\_\_\_ SAILING

\_\_\_\_\_ KAYAKING

\_\_\_\_\_ BOATING (motorized)

\_\_\_\_\_ CANOEING

\_\_\_\_\_ CRUISE BOAT TOUR

\_\_\_\_\_ SWIMMING

\_\_\_\_\_ WALKING BEACHES

\_\_\_\_\_ SCUBA DIVING

\_\_\_\_\_ VISITING SEA CAVES

\_\_\_\_\_ FISHING

\_\_\_\_\_ ATTENDING INTERPRETIVE/RANGER-GUIDED ACTIVITIES

\_\_\_\_\_ NATURE STUDY (wildlife watching, geology, botany, etc.)

\_\_\_\_\_ HIKING

\_\_\_\_\_ OVERNIGHT CAMPING ON ISLANDS

\_\_\_\_\_ OVERNIGHT ANCHORING/DOCKING ON BOATS

\_\_\_\_\_ TAKING PHOTOGRAPHS

\_\_\_\_\_ PICNICKING

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

- b) Which one of the above activities was your **primary** reason for visiting Apostle Islands NL on this visit? Please list one.

\_\_\_\_\_



11. a) Apostle Islands NL consists of 21 islands and a 12-mile strip of the mainland. Please check (✓) **all** of the islands and mainland locations that you visited **on this trip**, including Madeline Island and the City of Bayfield, which are not in the park. Use the map on the next page to help you locate the sites.

b&c) Please list the amount of time you spent at each location (please list partial hours or days). See the definition of a visit on page 5 of this questionnaire.

a) Visited on this trip? (✓)	b) Time spent on island or at dock		c) Time spent on water near island	
	Hours	Days	Hours	Days
_____ BASSWOOD ISLAND	_____	_____	_____	_____
_____ BEAR ISLAND	_____	_____	_____	_____
_____ CAT ISLAND	_____	_____	_____	_____
_____ DEVILS ISLAND	_____	_____	_____	_____
_____ EAGLE ISLAND	_____	_____	_____	_____
_____ GULL ISLAND	_____	_____	_____	_____
_____ HERMIT ISLAND	_____	_____	_____	_____
_____ IRONWOOD ISLAND	_____	_____	_____	_____
_____ LONG ISLAND	_____	_____	_____	_____
_____ MANITOU ISLAND	_____	_____	_____	_____
_____ MICHIGAN ISLAND	_____	_____	_____	_____
_____ NORTH TWIN ISLAND	_____	_____	_____	_____
_____ OAK ISLAND	_____	_____	_____	_____
_____ OTTER ISLAND	_____	_____	_____	_____
_____ OUTER ISLAND	_____	_____	_____	_____
_____ RASPBERRY ISLAND	_____	_____	_____	_____
_____ ROCKY ISLAND	_____	_____	_____	_____
_____ SAND ISLAND	_____	_____	_____	_____
_____ SOUTH TWIN ISLAND	_____	_____	_____	_____
_____ STOCKTON ISLAND	_____	_____	_____	_____
_____ YORK ISLAND	_____	_____	_____	_____
_____ MADELINE ISLAND (not in park)	_____	_____	_____	_____
<u>Time spent at locations other than islands</u>		<u>Hours</u>	<u>Days</u>	
_____ LITTLE SAND BAY		_____	_____	
_____ MEYERS BEACH AND SEA CAVES		_____	_____	
_____ CITY OF BAYFIELD, WI		_____	_____	



12. a) On this trip, did you and your group stay overnight **away from home** in Apostle Islands NL or within a 30-mile (or 45-minute) drive of Bayfield?

YES                       NO → **Go on to Question 13**



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

NUMBER OF NIGHTS INSIDE APOSTLE ISLANDS NL \_\_\_\_\_

NUMBER OF NIGHTS IN AREA BUT OUTSIDE PARK  
(within 30 miles, or a 45-minute drive from Bayfield) \_\_\_\_\_

**Please go on to the next page ➡**

c) In what type of lodging did you and your group spend the night(s) in Apostle Islands NL? Please check ( ) **all** that apply in the left column below.

d) For the area within 30 miles of Bayfield, what type of lodging did you and your group use? Please check ( ) **all** that apply on the right column below.

c) Within Apostle Islands NL ( )	d) In Bayfield or within 30 miles of Bayfield ( )
MOTEL	_____
CABIN	_____
RENTED CONDO/ HOME	_____
B&B	_____
CAMPGROUND (W/ CAR OR RV)	_____
_____ ISLAND CAMPSITE (NPS)	
_____ ON A BOAT	_____
_____ PERSONAL SEASONAL RESIDENCE	_____
_____ RESIDENCE OF FRIENDS OR RELATIVES	_____
OTHER (Please specify: _____)	_____

e) Where did you and your group stay on the night before you arrived at Apostle Islands NL?

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

f) Where did you and your group stay on the night after you left Apostle Islands NL?

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

13. a) What did you like **most** about your visit to Apostle Islands NL?

\_\_\_\_\_

\_\_\_\_\_

b) What did you like **least** about your visit to Apostle Islands NL?

\_\_\_\_\_

\_\_\_\_\_

14. a) What did you and your group like **most** about the information signs/panels at Apostle Islands NL?

\_\_\_\_\_

b) What did you and your group like **least** about the information signs/panels at Apostle Islands NL?

\_\_\_\_\_

15. a) Please check all ( ) of the visitor services that you or your group **used** during this visit to Apostle Islands NL.
- b) Next, for only those services that you or your group used, please rate their importance from 1-5.
- c) Finally, for only those services that you or your group used, please rate their quality from 1-5.

a) Use facility/ service? Check ( )	b) If used, how important?					c) If used, what quality?				
	Not important 1	2	3	Extremely important 4	5	Very poor 1	2	3	4	Very good 5
_____ PARK BROCHURE/ MAP										
_____ PARK NEWSPAPER– <i>Around the Archipelago</i>										
_____ NORTHERN GREAT LAKES VISITOR CENTER										
_____ BAYFIELD VISITOR CENTER										
_____ LITTLE SAND BAY VISITOR CENTER										
_____ RANGER PROGRAMS/TOURS										
_____ FILM/VIDEOS IN VISITOR CENTERS										
_____ VAULT TOILETS/OUTHOUSES										
_____ TRAILS										
_____ TRAILHEAD BULLETIN BOARDS										
_____ INFORMATION SIGNS/PANELS										
_____ TRAIL OR TOUR BROCHURES										
_____ CAMPSITES										
_____ PUBLIC DOCKS										
_____ CRUISE BOAT TOUR										
_____ KAYAK OUTFITTERS										
_____ WEB SITE ( <a href="http://www.nps.gov/apis">www.nps.gov/apis</a> ) used before or during visit										

16. Overall, how would you rate the quality of the visitor services provided to you and your group at Apostle Islands NL during this visit? Please circle only **one**.

VERY GOOD      GOOD      AVERAGE      POOR      VERY POOR

Please go on to the next page ➡

17. a) For any of the following elements that you and your group experienced while at Apostle Islands NL, please indicate how they affected your park experience. Check ( ) **one** answer for each element.

Affect your park experience?	Added to	No effect	Detracted from	Did not experience
ACCESS TO LAKE	_____	_____	_____	_____
BEARS	_____	_____	_____	_____
CROWDING AT SEA CAVES	_____	_____	_____	_____
CROWDING AT PARKING LOTS	_____	_____	_____	_____
CROWDING AT DOCKS	_____	_____	_____	_____
VISIBLE HUMAN WASTE	_____	_____	_____	_____
LITTER	_____	_____	_____	_____
CAMPING RESERVATION SYSTEM	_____	_____	_____	_____
UNCLEAR RULES & REGULATIONS	_____	_____	_____	_____
UNLEASHED PETS	_____	_____	_____	_____
FINDING A PLACE TO PICNIC	_____	_____	_____	_____
ENCOUNTERS WITH RANGERS	_____	_____	_____	_____
LIGHTHOUSE TOURS	_____	_____	_____	_____
INFORMATION ON PARK ISSUES	_____	_____	_____	_____

b) Please comment on any of the above elements that "detracted from" your experience.

Element	Comment—why did it detract from your visit?
_____	_____
_____	_____
_____	_____

18. 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: \_\_\_\_\_)

19. On this visit, were you and your personal group with a guided tour group?

- YES
  NO

20. On this visit, how many people were in your personal group, including yourself?  
 \_\_\_\_\_ NUMBER OF PEOPLE

21. 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 (including this visit)	
			2004	lifetime
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____

22. 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 completed. 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	_____	_____	_____	_____	_____

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

	Current income level					
	\$30,000 or less	\$30,001-\$60,000	\$60,001-\$90,000	\$90,001-\$120,000	\$120,001 or more	Do not wish to answer <input type="checkbox"/>
YOURSELF	_____	_____	_____	_____	_____	_____
ADULT #2	_____	_____	_____	_____	_____	_____
ADULT #3	_____	_____	_____	_____	_____	_____
ADULT #4	_____	_____	_____	_____	_____	_____
ADULT #5	_____	_____	_____	_____	_____	_____

Please go on to the next page ➡

24. It is the National Park Service's responsibility to protect Apostle Islands NL's natural, scenic and cultural resources while at the same time providing for public enjoyment. How important is it to you that the NPS place an **increased** priority on the following resources/qualities/facilities in future park planning or budgeting issues? Please circle **one** response for each resource and specify where the facility/improvement is needed if requested.

<b>Resource/quality/facility</b>	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know
NATIVE PLANTS/ ANIMALS	1	2	3	4	5	DK
CLEAN WATER/AIR	1	2	3	4	5	DK
NATURAL QUIET/ SOUNDS OF NATURE	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	DK
HISTORIC BUILDINGS/ ARCHEOLOGICAL SITES	1	2	3	4	5	DK
NIGHT SKY/ STARGAZING	1	2	3	4	5	DK
HIKING TRAIL IMPROVEMENTS Where (specify)_____	1	2	3	4	5	DK
NEW HIKING TRAILS Where (specify)_____	1	2	3	4	5	DK
CAMPSITE IMPROVEMENTS Where (specify)_____	1	2	3	4	5	DK
NEW CAMPSITES Where (specify)_____	1	2	3	4	5	DK
NEW PICNIC FACILITIES Where (specify)_____	1	2	3	4	5	DK
DOCK REPAIRS/IMPROVEMENTS Where (specify)_____	1	2	3	4	5	DK
POTABLE DRINKING WATER Where (specify)_____	1	2	3	4	5	DK
NEW OR IMPROVED RESTROOMS Where (specify)_____	1	2	3	4	5	DK
OTHER (specify) _____	1	2	3	4	5	DK

25. For you and your group, please report all expenditures for the items listed below for this visit to Apostle Islands NL and the surrounding area (within a 30-mile, or 45-minute drive of Bayfield). Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures inside Apostle Islands NL.

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

NOTE: Surrounding area residents should only include expenditures that were directly related to **this visit** to Apostle Islands NL.

<b>EXPENDITURES</b>	<b>Inside park</b>	<b>Outside park</b>
HOTELS, MOTELS, CABINS, B&B, etc.		\$ _____
CAMPING FEES AND CHARGES	\$ _____	\$ _____
GUIDE FEES AND CHARGES (guided sailboat charters, kayak trips, and fishing charters)		\$ _____
RESTAURANTS AND BARS		\$ _____
GROCERIES AND TAKE OUT FOOD		\$ _____
GAS AND OIL (auto, RV, boat, etc.)		\$ _____
OTHER TRANSPORTATION EXPENSES (cruise boat trips, unguided sailboat charters, auto repairs, water taxies, kayak rentals, but NOT including airfare)		\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES		\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____

c) How many people do the above expenses cover?

NUMBER OF ADULTS \_\_\_\_\_  
(18 years or over)

NUMBER OF CHILDREN \_\_\_\_\_  
under 18 years)

26. Is there anything else you and your group would like to tell us about your visit to Apostle Islands NL?

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Thank you for your help! Please seal the questionnaire with the stickers provided and drop it in any U.S. mailbox.

**OFFICIAL BUSINESS**

**Visitor Services Project  
Park Studies Unit  
College of Natural Resources  
University of Idaho  
P.O. Box 441139  
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