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

Visitor Services Project

City of Rocks National Reserve

Visitor Study

OMB Approval 1024-0224 (NPS# 08-049)
Expiration date: 02/28/2009

United States Department of the Interior

NATIONAL PARK SERVICE
City of Rocks National Reserve
P.O. Box 169
Almo, ID 83312

IN REPLY REFER TO:

September, 2008

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to City of Rocks National Reserve. This information will help us improve our management of this park and better serve you, our visitor.
This questionnaire will be given to only a select number of visitors, so your participation is very important! It should only take about 20 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.

Results of this study will be available to the public in 2009 and will be posted on the web at www.nps.gov/ciro and www.psu.uidaho.edu.

If you have any questions, please contact Margaret Littlejohn, NPS VSP Director, 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,

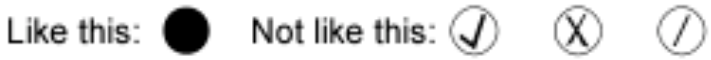
Wallace F. Keck
Superintendent
City of Rock National Reserve

This study is partially funded by the Recreational Fee Program.

DIRECTIONS

At the end of your visit:

1) Please have the selected individual complete this questionnaire.
2) Answer the questions carefully since each question is different.
3) For questions that use circles (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.



4) Seal it with the stickers provided.
5) Drop it in a U.S. mailbox.

Thank you!

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. 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 Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; email: littlej@uidaho.edu.

Please go to the next page ➔

Your Visit To City of Rocks National Reserve

NOTE: In this questionnaire, **personal group** is defined as anyone that you are visiting the reserve with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

1. a) Prior to your visit, how did you and your personal group obtain information to plan your visit to City of Rocks National Reserve? Please mark (●) **all** that apply in column (a).

   b) If you were to visit City of Rocks National Reserve in the future, what sources would you and your personal group prefer to use to obtain information in planning your visit? Please mark (●) **all** that apply in column (b).

a) Prior to this visit (●)		**b) On future visits** (●)
O	Obtained no information prior to visit ➔ **Go to part b of this question**	
O	Previous visits	O
O	Friends/relatives/word of mouth	O
O	Travel guides/tour books (such as AAA, etc.)	O
O	Maps/brochures	O
O	Newspaper/magazine articles	O
O	E-mail/telephone/written inquiry to the reserve	O
O	Television/radio programs/videos	O
O	City of Rocks National Reserve website: www.nps.gov/ciro/	O
O	Castle Rocks State Park website: www.idahoparks.org/parks/castlerocks.aspx	O
O	Other websites	O
O	Travel agency	O
O	State welcome center/Chamber of Commerce	O
O	Information from local motel or other business	O
O	School class/program	O
O	Other (Please specify below)	O

This visit: _____ Future visits: _____

c) From the sources marked in part (a), did you and your personal group receive the type of information about the reserve that you needed?

O No ↓ O Yes ➔ **Go to Question 2**

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

_____

2. City of Rocks National Reserve is managed by the Idaho Department of Parks and Recreation through a cooperative agreement with the National Park Service. While the reserve is a unit of the National Park System, there are 640 acres in the heart of the reserve that are designated state park land. Prior to this visit, were you aware that two different organizations administer this site? Please mark (●) **one.**

O Yes, aware of the two organizations managing City of Rocks

O No, thought City of Rocks is managed by National Park Service only

O No, thought City of Rocks is managed by the Idaho Department of Parks and Recreation only

O Not sure/not aware of either organization managing City of Rocks

3. On this visit, how many vehicles did you and your personal group use to arrive at the reserve?

_____ Number of vehicles

4. How did this visit to City of Rocks National Reserve fit into your travel plans? Please mark (●) **one.**

O City of Rocks National Reserve was primary destination

O City of Rocks National Reserve was one of several destinations

O City of Rocks National Reserve was not a planned destination

5. a) On this visit, how long did you and your personal group stay at City of Rocks National Reserve? Please list partial hours and days as 1/4, 1/2, or 3/4.

_____ Number of hours, **if less than 24 hours** (e.g. ¼ hr, 1 ½ hrs, 5 ¾ hrs)

OR

_____ Number of days, **if 24 hours or more** (e.g. 1 ¼ day, 2 ½ days, 3 ¾ days)

b) How long did you and your personal group stay in the City of Rocks National Reserve **area** (within a 50-mile radius of Almo)?

O Resident of the area ➔ **Go to Question 6**

_____ Number of hours **if less than 24 hours**

OR

_____Number of days **if 24 hours or more**

6. a) In what town/city did you and your group stay on the **night before your arrival** at City of Rocks National Reserve? If you stayed at home please write the name of the town and state where you live.

Nearest city/town _____ State _____

b) In what town/city did you and your group stay on the **night after your departure** from City of Rocks National Reserve? If you stayed at home please write the name of the town and state where you live.

Nearest city/town _____ State _____

7. a) In which communities did you and your personal group obtain support services (e.g. information, gas, food, lodging) for this visit to City of Rocks National Reserve? Please mark (●) **all** that apply.

O None ➔ **Go to part b of this question**

O Almo	O Albion	O Burley
O Declo	O Malta	O Oakley

O Other (Please specify) _____

b) Were you and your personal group able to obtain all of the services that you needed in these communities?

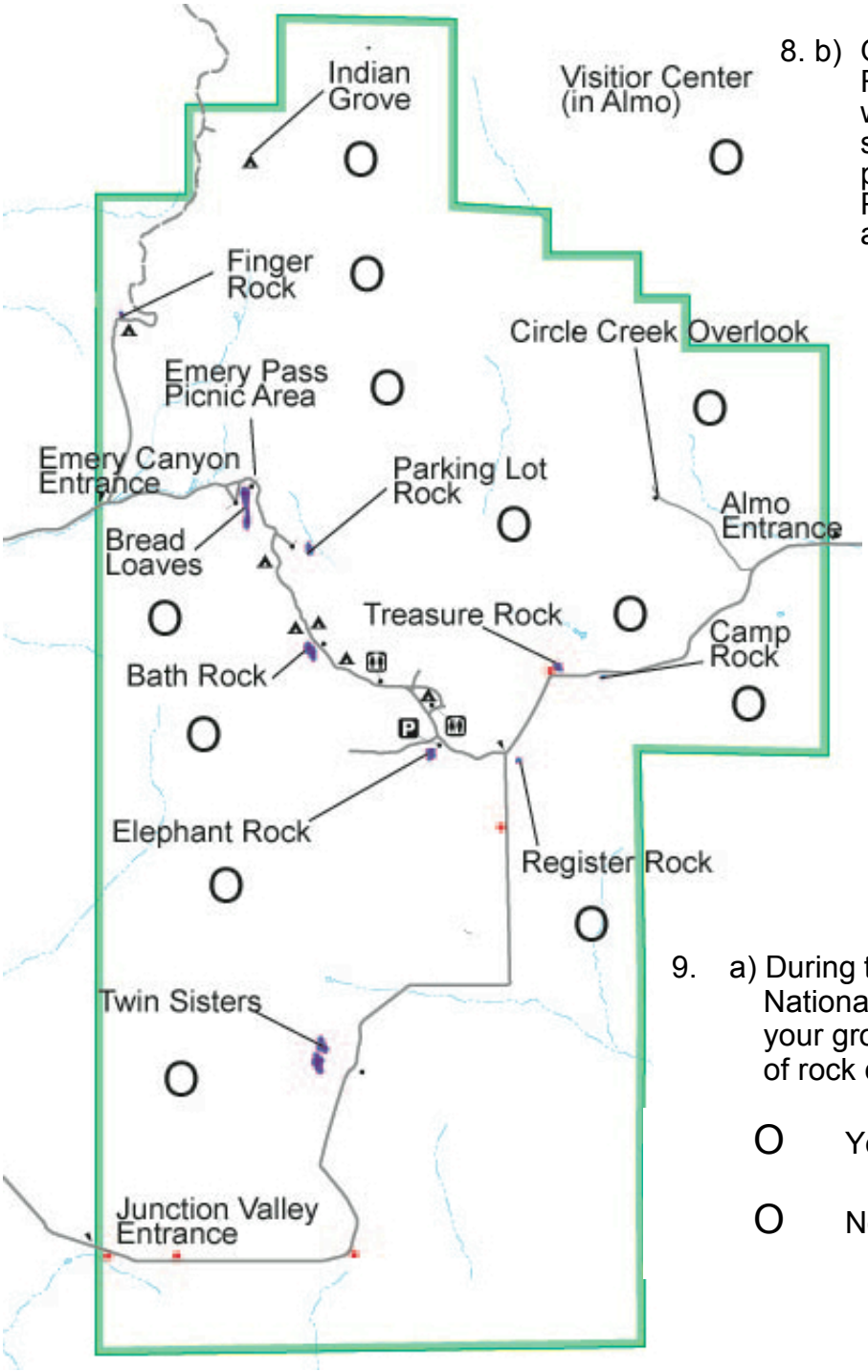
O No ➔ O Yes ➔ **Go to Question 8**

c) If NO, what needed services were not available?

Service (List)	Comments (Please be specific)
_____	_____
_____	_____
_____	_____

8. a) On this visit to City of Rocks National Reserve did you and your personal group visit Castle Rocks State Park?

O Yes O No



8. b) On this visit to City of Rocks National Reserve, which of the following sites did you and your personal group visit? Please mark (●) **all** that apply on the map.

9. a) During this visit to City of Rocks National Reserve, did you and your group participate in any type of rock climbing activity?

O Yes

O No ➔ **Go to Question 10b**

b) If YES, where in the City of Rocks National Reserve did you climb?

_____ _____

_____ _____

c) Which **one rock formation** was your most preferred place to climb?

_____

10. a) On this visit, what type of rock climbing activity did you and your personal group participate in? Please mark (●) **all** that apply in column (a).

    b) If you were to visit City of Rocks National Reserve in the future, what type of rock climbing activities would you and your personal group prefer? Please mark (●) **all** that apply column (b).

a) This visit (●)		**b) On future visits** (●)
n/a	Not interested in participating in rock climbing activities	O
O	Traditional rock climbing (with traditional gear)	O
O	Sport climbing (bolted routes)	O
O	Bouldering (climbing large boulders without a rope or gear)	O
O	Scrambling without rope or gear	O

11. a) Please indicate how safe you and your group felt in the following locations during this visit to City of Rocks National Reserve. Please mark (●) **one** answer for each location.

How safe did you feel in the reserve?

Location	Very unsafe	Somewhat unsafe	Neither safe/unsafe	Somewhat safe	Very safe
On roads	O	O	O	O	O
On trails	O	O	O	O	O
On climbing routes	O	O	O	O	O
In campsites	O	O	O	O	O
In parking areas	O	O	O	O	O

    b) If you marked that you felt “very unsafe” or “somewhat unsafe” for any of the above locations, please explain **where** and **why**.

_____

_____

12. a) Did you and your personal group bring pet(s) on this visit to City of Rocks National Reserve?

O Yes O No ➔ **Go to Question 13**

    b) Did you bring/take your pet(s) on any trails in the reserve?

O Yes O No

13. On this visit, how many times did you and your group enter City of Rocks National Reserve?

_____ Number of entries on this visit

14. a) On this trip, did you and your personal group stay overnight **away from home** inside City of Rocks National Reserve or in the area within 50 miles of Almo?

O Yes O No ➔ **Go to Question 16**

b) If YES, please list the number of nights you and your personal group stayed.

_____ Number of nights inside City of Rocks National Reserve

_____ Number of nights outside reserve within 50 miles of Almo

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

c) Inside reserve		**d) Outside reserve within 50 miles**
n/a	Lodge, motel, cabin, rented condo/home, or bed & breakfast	O
O	RV/trailer camping	O
O	Tent camping in developed campground	O
O	Backcountry camping	O
n/a	Personal seasonal residence	O
n/a	Residence of friends or relatives	O
O	Other (Please specify below)	O

Inside _____ Outside _____

e) If you and your personal group **did not** stay in City of Rocks National Reserve campgrounds, why not? Please mark (●) **all** that apply.

O Facility was full O Location not convenient

O Facilities lacked desired amenities O Lacked desired facilities

O Other (Please specify) _____

15. a) Did you and your personal group use the reserve's camping reservation system?

O Yes O No ➔ **Go to Question 16**

b) If YES, which methods did you and your personal group use to make your reservation? Please mark (●) **all** that apply in column (b).

c) Please rate the quality of the service received while using the reservation system. Please mark (●) **one** response for the method(s) you **used**.

b) Reservation method used		c) If used, what quality?				
		Very poor	Poor	Average	Good	Very good
O	Website	O	O	O	O	O
O	Telephone	O	O	O	O	O

d) Please explain any ratings of "very poor" or "poor" in column (c).

Website _____

Telephone _____

16. It is the National Park Service's responsibility to protect City of Rocks National Reserve's natural, scenic, and cultural resources and visitor experiences that depend on these. How important is protection of the following to you and your group? Please mark (●) one answer for each attribute/resource/experience.

Attribute/resource/experience	Not important	Somewhat important	Moderately important	Very important	Extremely important
Scenic views	O	O	O	O	O
Historic trail landscape	O	O	O	O	O
Western rural setting	O	O	O	O	O
Interpretive/informational programs	O	O	O	O	O
Recreational opportunities (hiking, camping, climbing, etc.)	O	O	O	O	O
Clean water	O	O	O	O	O
Clean air (visibility)	O	O	O	O	O
Solitude	O	O	O	O	O
Natural quiet/sounds of nature	O	O	O	O	O
Dark, starry night sky	O	O	O	O	O

17. a) On this visit, what activities did you and your personal group participate in while at City of Rocks National Reserve? Please mark (●) **all** that apply in column (a).

b) If you were to visit City of Rocks National Reserve in the future, what activities would you and your personal group prefer to participate in at the reserve? Please mark (●) **all** that apply in column (b).

a) This visit (●)		**b) Future visits** (●)
O	General sightseeing	O
O	Taking photographs/painting/drawing	O
O	Learning/studying geology	O
O	Birdwatching	O
O	Nature study (wildlife, wildflowers, etc.)	O
O	Camping	O
O	Hiking (not walking to rock climbing site)	O
O	Following historic trail	O
O	Mountain biking	O
O	Horseback riding	O
O	Rock climbing (technical, sport, bouldering, etc.)	O
O	Picnicking	O
O	Hunting	O
O	Touring/driving City of Rocks Backcountry Byway	O
O	Other (Please specify below)	O

This visit _____ Future visits _____

c) Which **one** of the above activities was the primary activity that you and your personal group participated in at City of Rocks National Reserve on this visit?

_____

d) What resources and/or facilities would enhance your participation in this activity? Please explain.

_____

_____

18. a) Please mark (●) **all** visitor services and facilities that you or your personal group **used** during this visit to the City of Rocks National Reserve.

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

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

Mark (●)	**a) Visitor services and facilities used**	**b) If used, how important?** 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	**c) If used, what quality?** 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
O	Park brochure/map	_____	_____
O	Self-guided tour booklets	_____	_____
O	Visitor center	_____	_____
O	Sales items in park bookshop (selection, price, etc.)	_____	_____
O	Visitor center restrooms	_____	_____
O	Assistance from park staff	_____	_____
O	Ranger-led programs	_____	_____
O	Junior Ranger program	_____	_____
O	Picnic areas	_____	_____
O	Campsites	_____	_____
O	Visitor center exhibits	_____	_____
O	Wayside exhibits	_____	_____
O	City of Rocks National Reserve website: www.nps.gov/ciro/ (used before or during visit)	_____	_____

19. Overall, how would you and your personal group rate the quality of facilities, services, and recreational opportunities at City of Rocks National Reserve during this visit? Please mark (●) **only one**.

Very poor	Poor	Average	Good	Very good
O	O	O	O	O

20. What other local and regional attractions did you and your personal group visit on this trip to City of Rocks National Reserve? Please mark (●) **all** that apply.

O Hagerman Fossil Beds National Monument

O Craters of the Moon National Monument and Preserve

O Minidoka Internment National Monument

O Yellowstone National Park

O Grand Teton National Park

O Golden Spike National Historic Site

O Other (Please specify) _____

21. On this visit, were you and your personal group with the following types of groups? Please mark (●) **one** for each.

a) Commercial guided tour group	O	Yes	O	No
b) School/educational group	O	Yes	O	No
c) Other organized group (business, church, scout, etc.)	O	Yes	O	No

22. On this visit, what kind of personal group (not guided tour/school/other organized group) were you with? Please mark (●) **one**.

O Alone O Friends

O Family O Family and friends

O Other (Please specify) _____

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

_____ Number of people

24. a) & b) When visiting an area such as City of Rocks National Reserve, what **one** language do you and most members of your personal group prefer to use for the following?

a) Speaking: O English **OR** O Other (Specify)_____

b) Reading: O English **OR** O Other (Specify)_____

c) In your opinion, what **services** in the park need to be provided in languages other than English? Please specify a **service** or mark (●) **None**.

O None O Service _____

25. For you and your personal group on this visit, please provide the following. If you do not know the answer, please leave it blank.

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	c) Number of visits to City of Rocks Nat'l Reserve in lifetime (including this visit)	d) Year of first visit
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

26. a) Which category best represents your annual **household** income? Please mark (●) **only one**.

O Less than $24,999 O $50,000-$74,999 O $150,000-$199,999

O $25,000-$34,999 O $75,000-$99,999 O $200,000 or more

O $35,000-$49,999 O $100,000-$149,999 O Do not wish to answer

b) How many people are in your household? _____ Number of people

27. a) Does anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services?

O Yes O No ➔ **Go to Question 27**

b) If YES, what services or activities were difficult to access/participate in?

_____

28. Currently no entrance fee is charged at City of Rocks National Reserve. In the future, an entrance fee may be considered with 80% of the funds collected remaining at the park to be used for reserve resource protection and visitor services. If an entrance fee of $5/vehicle for a 7-day pass were charged in the future, would you and your group be willing to pay it? Please mark only **one**.

O Yes O No O Not sure

29. a) On a future visit to City of Rocks National Reserve, what topics would you and your personal group like to learn about in interpretive programs? Please mark (●) **all** that apply.

O Not interested in interpretive programs ➔ **Go to Question 30**

O Historic pioneer trail
O Western ranching heritage
O Geology
O Rock climbing
O Plants
O Wildlife
O Other (Please specify) _____

b) What types of interpretive programs would you and your personal group like to attend to learn about the park's cultural and natural history? Please mark (●) **all** that apply.

O Not interested in interpretive programs ➔ **Go to Question 30**

O Wagon rides
O Auto tour
O Horseback rides
O Children's activity
O Walk/hike
O Amphitheater program
O Other (Please specify) _____

30. If you were a manager planning for the future of City of Rocks National Reserve, what would you propose? Please be specific.

_____

_____

_____

31. Is there anything else you and your personal group would like to tell us about your visit to City of Rocks National Reserve?

_____

_____

_____

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

Printed on recycled paper

OFFICIAL BUSINESS

Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139