Great Smoky Mountains National Park

Visitor Study

The Visitor Services Project

OMB Approval 1024-0193
Expiration Date: 7-31-97

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 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 authorize 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. **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 Service Information Collection Clearance Officer, National Park Service, P.O. Box 37127, Washington, D.C. 20013-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-0193, Washington, D.C. 20503.

PLEASE GO ON TO NEXT PAGE

VISITING THE GREAT SMOKY MOUNTAINS NATIONAL PARK AREA

1. Prior to your trip, did you and your group receive any written information to help you plan your visit to the Great Smoky Mountains National Park?

   _ YES _____ NO _____ NOT SURE

2. On this trip, what were your reasons for visiting the Great Smoky Mountains National Park **area** (within 50 miles of the park, including Knoxville, Asheville and other towns)? Please check (√) **all** that apply.

   _____ VISIT GREAT SMOKY MOUNTAINS NATIONAL PARK

   _____ ATTEND A FAMILY REUNION

   _____ SHOP AT OUTLET MALLS

   _____ SHOP AT CRAFT/ GIFT SHOPS

   _____ VISIT DOLLYWOOD

   _____ VISIT MUSICAL MUSEUMS/ THEATERS

   _____ TRAVEL THROUGH THE AREA

   _____ OTHER (Please specify:_____)

3. On this trip to the Great Smoky Mountains National Park area, was the national park your **primary** destination?

   _____ YES _____ NO _____ NOT SURE

4. On this trip, do you or someone in your group plan to attend any events related to the Olympic Games in Atlanta?

   _____ YES _____ NO _____ NOT SURE

5. On this trip to the Great Smoky Mountains National Park **area**, how many times did you and your group enter the park?

   _____ NUMBER OF TIMES ENTERED

6. a) On this trip, how much time did you and your group spend in the Great Smoky Mountains National Park **area** (within 50 miles of the park, including Knoxville, Asheville and other towns)?

   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.)

   b) On this trip, how much time did you and your group spend **in** Great Smoky Mountains National Park?

   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.)

7. On the list below, please check (√) **all** of the activities that you and your group participated in during this trip to Great Smoky Mountains National Park.

   _____VIEW SCENERY/ DRIVE FOR PLEASURE

   _____VIEW WILDLIFE/ WILDFLOWERS

   _____VISIT HISTORIC SITES

   _____PHOTOGRAPHY

   _____BICYCLE

   _____WALK/ DAY HIKE

   _____PICNIC

   _____RUN/ JOG

   _____FISH

   _____HORSEBACK RIDE

   _____CAMP IN DEVELOPED CAMPGROUND

   _____BACKPACK/ OVERNIGHT HIKE

   _____TUBE/ SWIM

   _____ATTEND FAMILY REUNION

   _____OTHER (Please describe:_____)

PLEASE GO ON TO NEXT PAGE

YOU AND YOUR OPINIONS

8. a) On this visit, how many people were in your group, including yourself?

_____ NUMBER OF PEOPLE

b) On this visit, how many vehicles did you and your group take into the park?

_____ NUMBER OF VEHICLES

9. a) On this visit, were you with a guided tour group?

_____ YES _____ NO

b) On this visit, were you on a school/college trip?

_____ YES _____ NO

10. On this visit, what kind of group were you with? Please check (√) only **one**.

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe:_____)

11. For you and your group on this visit, please indicate:

	CURRENT AGE	**U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY**	**NUMBER OF VISITS MADE TO THIS PARK (INCLUDING THIS VISIT)**	
			PAST 12 MONTHS	PAST 5 YEARS
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

12. For each of the following features or qualities, please rate its importance (from 1 to 5) to you and your group during this trip to Great Smoky Mountains National Park. Please circle **one** answer for each feature or quality.

How important?	Not important				Extremely important	Don't know
NATIVE PLANTS AND ANIMALS	1	2	3	4	5	0
CLEAN AIR	1	2	3	4	5	0
SCENIC VIEWS	1	2	3	4	5	0
RECREATIONAL ACTIVITIES (hiking, camping, fishing, etc.)	1	2	3	4	5	0
SOLITUDE	1	2	3	4	5	0
QUIET	1	2	3	4	5	0
HISTORIC BUILDINGS	1	2	3	4	5	0

13. a) On this trip, where did you **first** enter the park? Please check (√) **only one**.

_____ GATLINBURG _____ CADES COVE

_____ TOWNSEND _____ CHEROKEE

_____ OTHER LOCATION (Please specify: _____)

b) On this trip, where did you **leave** the park for the last time? Please check (√) **only one**.

_____ GATLINBURG _____ CADES COVE

_____ TOWNSEND _____ CHEROKEE

_____ OTHER LOCATION (Please specify: _____)

PLEASE GO ON TO NEXT PAGE 

14. On the list below, please mark the places you and your group visited in Great Smoky Mountains National Park **during this trip**. Simply check (√) each place you visited. Use the map to help you locate the sites.

_____ DID NOT STOP AT ANY PLACES IN THE PARK - **GO ON TO QUESTION 15**

_____ CADES COVE LOOP ROAD

_____ CABLE MILL COMPLEX (Cades Cove)

_____ LAUREL FALLS

_____ ROARING FORK MOTOR NATURE TRAIL

_____ SUGARLANDS VISITOR CENTER

_____ CHIMNEY TOPS

_____ ALUM CAVE

_____ NEWFOUND GAP

_____ CLINGMANS DOME

_____ MINGUS MILL

_____ OCONALUFTEE VISITOR CENTER

_____ MOUNTAIN FARM MUSEUM

_____ CATALOOCHEE

_____ FOOTHILLS PARKWAY EAST

_____ FOOTHILLS PARKWAY WEST

PLEASE GO ON TO NEXT PAGE

15. a) Please check (√) the information services which you or your group **used** at Great Smoky Mountains National Park during this trip.

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

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

a) Use service in Great Smoky Mts. NP?	**b) If used, how important?**	**c) If used, what quality?**
Check (√)	Not important 1 2 3 4 5 Extremely important	Very poor 1 2 3 4 5 Very good
_____ PARK BROCHURE/ MAP	_____	_____
_____ PARK NEWSPAPER *Smokies Guide*	_____	_____
_____ VISITOR CENTER INFORMATION DESK	_____	_____
_____ VISITOR CENTER STAFF	_____	_____
_____ VISITOR CENTER EXHIBITS	_____	_____
_____ VISITOR CENTER MOVIE	_____	_____
_____ ROAD GUIDE BOOKLETS	_____	_____
_____ VISITOR CENTER SALES PUBLICATIONS (other than Road Guide booklets)	____	_____
_____ CAMPFIRE PROGRAMS	_____	_____
_____ RANGER-LED WALKS/ TALKS	_____	_____
_____ SELF-GUIDED TRAILS	_____	_____
_____ ROARING FORK MOTOR NATURE TRAIL	_____	_
_____ ROADSIDE EXHIBITS	_____	_____
_____ BULLETIN BOARDS	_____	_____

16. a) Please check (√) the visitor facilities or services **in** Great Smoky Mountains National Park which you or your group **used** during this trip.

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

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

a) Use facility/service in Great Smoky Mts. NP?	**b) If used, how important?** Not important 1 2 3 4 5 Extremely important	**c) If used, what quality?** Very poor 1 2 3 4 5 Very good
Check (√)		
_____ RESTROOMS	_____	_____
_____ TRAILS	_____	_____
_____ BACKCOUNTRY TRAIL SHELTERS	_____	_____
_____ BACKCOUNTRY CAMPSITES	_____	_____
_____ CAMPGROUNDS (other than backcountry)	_____	_____
_____ CAMPGROUND RESERVATIONS	_____	_____
_____ PICNIC AREAS	_____	_____
_____ BICYCLING OPPORTUNITIES	_____	_____
_____ PARK INFORMATION RADIO STATION	_____	_____
_____ TELEPHONES	_____	_____
_____ HIGHWAY DIRECTIONAL SIGNS	_____	_____
_____ CONCESSION HORSEBACK RIDE	_____	_____

PLEASE GO ON TO NEXT PAGE 

17. During this trip, how much money did you and your group spend in Great Smoky Mountains National Park **and** in the area (within 50 miles of the park including Knoxville, Asheville and other towns)? Please write "0" if you and your group did not spend any money.

IN GREAT SMOKY MTS. NP		**IN THE AREA** (outside, yet within 50 miles of the park)
$_____	LODGING (motel, camping, etc.)	$_____
$_____	TRAVEL (gas, bus fare, etc.)	$_____
$_____	FOOD (restaurant, groceries, etc.)	$_____
$_____	OTHER (recreation, film, gifts, etc.)	$_____

Issues

18. If it would increase funds to operate Great Smoky Mountains National Park, would you be willing to pay an entrance fee ($5 to $10/vehicle) on a future visit?

_ YES _____ NO _____ NOT SURE

19. a) During this trip to Great Smoky Mountains National Park, did you and your group feel crowded?

_ YES _____ NO _____ DON'T KNOW

b) Please use the scale below to rate from 1 to 4 whether you and your group felt that the park was crowded in the number of people and vehicles present during your trip.

Crowded?

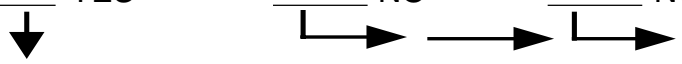
Not at all crowded 1 2 3 Extremely crowded 4

___ PEOPLE

___ VEHICLES

20. a) Have you and your group visited Cades Cove on this trip or in the past?

_____ YES _____ NO _____ NOT SURE



GO ON TO QUESTION 21

b) If the number of vehicles on the Cades Cove road needs to be limited at some times of the year, would you and your group be willing to park outside the park and ride a shuttle to Cades Cove on a future trip?

_ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

c) If YES, would you and your group be willing to pay a fee to ride a shuttle to Cades Cove?

_ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

d) If YES, how much would you and your group be willing to pay per person to ride the shuttle to Cades Cove?

_____ less than $2 _____ $2 to $3 _____ $4 to $5

21. a) During this trip, did heavy traffic within 30 miles of the park significantly delay your arrival at Great Smoky Mountains National Park?

_ YES _____ NO - **GO ON TO QUESTION 22**

b) If YES, where was the worst traffic congestion? Please be specific.

_____

22. If vehicle congestion at Great Smoky Mountains National Park reaches a point when the number of passenger vehicles must be limited, which of the following alternatives for entering the park would you find most acceptable? Please check (√) **only one**.

ANSWER ONLY ONE (√)

_____ FIRST COME, FIRST SERVED UNTIL A DAILY LIMIT IS REACHED

_____ USE A RESERVATION SYSTEM

_____ USE A SHUTTLE SYSTEM

_____ OTHER (Please specify:_____)

PLEASE GO ON TO NEXT PAGE

23. On a future visit to Great Smoky Mountains National Park, what types of interpretive services would you most like to have available? Please check (√) **all** that apply.

_____ INFORMATIONAL BROCHURES

_____ RANGERS AT VISITOR CENTERS

_____ ROAD OR TRAILSIDE EXHIBITS

_____ RANGER-LED WALKS/ TALKS

_____ HAYRIDES

_____ OTHER (Please specify:_____)

24. Great Smoky Mountains National Park programs and exhibits address a variety of subjects such as plants, animals, ecology, history, environmental issues, etc. What subjects would you most like to learn about on a future visit to the park?

_____

_____

_____

25. Prior to a future visit, what pre-trip information would you and your group like to receive from the park? Please check (√) **all** that apply.

_____ NONE - **GO ON TO QUESTION 26**

_____ PARK BROCHURE/MAP

_____ TRAIL MAP

_____ CAMPGROUND INFORMATION

_____ PARK NEWSPAPER WITH INTERPRETIVE PROGRAM SCHEDULE

_____ CATALOG OF SALES PUBLICATIONS

_____ SAFETY INFORMATION

_____ OTHER (Please specify:_____)

26. Overall, how would you rate the quality of the visitor services provided to you and your group at Great Smoky Mountains National Park during this visit? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY POOR

27. If you were a manager planning for the future of Great Smoky Mountains National Park, what would you propose? Please be specific.

28. Is there anything else you and your group would like to tell us about your visit to Great Smoky Mountains National Park?

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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