

# Sleeping Bear Dunes National Lakeshore

## Visitor Study

### Master Copy



To be completed by field staff:

ID \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_ Field staff \_\_\_\_\_

**PRIVACY ACT and PAPERWORK REDUCTION ACT statement:**

The National Park Service is authorized by the NPS Research Mandate (54USC100702) to collect this information for Sleeping Bear National Lakeshore. This study will provide insight into visitors' use and preferences for park activities, services, and facilities to inform ongoing management of park resources and enhance visitor experiences. Your response to this request is voluntary and anonymous. Your name will never be associated with your answers, and no contact information will be collected. No action may be taken against you for refusing to supply the information requested. 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 13 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to NPS Information Collections Review Coordinator, 1201 Oakridge Dr., Fort Collins, CO 80525

Note to Reviewer: [site] is in brackets to account for the 5 different survey intercept locations: Crystal River, North Manitou Island, Glen Haven, Pierce Stocking Scenic Drive, and Platte River. Final instruments will be specified to the particular site in which the respondent is intercepted. Using this "Master Copy" eases in review since the instruments are identical with the exception of the specific site name.

### SLEEPING BEAR DUNES NATIONAL LAKESHORE ("THE PARK")

**NOTE:** In this questionnaire, "personal group" is defined as anyone that you are visiting the park 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.

#### Topic Area 1: AGE1

1. What is your age \_\_\_\_\_

#### Topic Area 1: RES2

2. Are you a permanent resident or citizen of the United States?

☐ No – What is your country of origin? \_\_\_\_\_

☐ Yes – What is your zip code and state of residence?

\_\_\_\_\_ State \_\_\_\_\_ Zip Code

#### Topic Area 1: GROUP4

3. How many people are in your personal group, including you? \_\_\_\_\_

#### Topic Area 1: GROUP1

4. Please select the choice below that best describes your traveling party.

☐ Individual traveling alone

☐ Family only

☐ Friends only

☐ Family plus friends

☐ Tour or other group

#### Topic Area 3: CVIS3 (Variation: Expanded questions to obtain information about seasonal visitation and site-specific visitation.)

5. Please tell us about your past visitation, including this trip, to Sleeping Bear Dunes National Lakeshore.

a. Over the **past 12 months**, how many visits have you made to the park? \_\_\_\_\_

b. If more than one trip in the last year, **what times of year** did you visit? (Check all that apply)

☐ Spring ☐ Summer ☐ Fall ☐ Winter

c. Including this trip, how many **trips overall** (total) have you made to visit the park? \_\_\_\_\_

d. Including this trip, how many **times overall** (total) have you visited [survey site]? \_\_\_\_\_

#### Topic Area 3: DEST17

6. On this trip, how long did you stay/are you planning to stay at the park? List partial hours/days as ¼, ½, ¾.

\_\_\_\_\_ number of **hours**, if fewer than 24 hours      **OR**      \_\_\_\_\_ number of **days**, if 24 hours or more

#### 7-8: Topic Area 3: DEST6 (Variation: Specified wording to focus on day of intercept.)

7. What time did you arrive at [survey site] today?

\_\_\_\_\_ time of day ☐ AM ☐ PM

8. At what time do you plan to leave [survey site] today?

\_\_\_\_\_ time of day ☐ AM ☐ PM

Topic Area 2: ITN4

9. How did your visit to Sleeping Bear Dunes National Lakeshore fit into your travel plans? (Select one.)

- ☐ The park is my primary destination
- ☐ The park is one of several destinations
- ☐ I am passing through the park to my primary destination
- ☐ I did not plan to visit this park

Topic Area 2: TPURPOSE1

10. On this trip, what were your main reasons that you and your personal group came to the Sleeping Bear Dunes National Lakeshore area?

- | #1                       | #2                       | #3                       |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Resident of the area                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visit Sleeping Bear Dunes National Lakeshore |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visit other attractions in the area          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visit friends / relatives in the area        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Traveling through – unplanned visit          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Business                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (Please specify) _____                 |

Topic Area 5: ACT11 (Variation: Revised to just ask about activity participation.)

11. Which of these activities did you and your personal group participate in at the park on this trip? (Select all that apply)

- |  |   |                                   |  |
|--|---|-----------------------------------|--|
| <input type="checkbox"/> Biking        | <input type="checkbox"/> Stargazing / Viewing the night sky | <input type="checkbox"/> Camping  | <input type="checkbox"/> Canoeing/Kayaking         |
| <input type="checkbox"/> Dune climbing | <input type="checkbox"/> Exercising to promote fitness      | <input type="checkbox"/> Fishing  | <input type="checkbox"/> Hiking                    |
| <input type="checkbox"/> Hunting       | <input type="checkbox"/> Attending ranger-led programs      | <input type="checkbox"/> Swimming | <input type="checkbox"/> Visiting historical sites |
| <input type="checkbox"/> Beach going   | <input type="checkbox"/> Visiting the Visitor Center        | <input type="checkbox"/> Tubing   | <input type="checkbox"/> Other _____               |

Topic Area 5: ACT11 (Variation: Expanded from primary activity to top 3 activities.)

12. Which of these activities were most important to you at the park on this trip? (Fill in up to three activities from the list above with Activity 1 being first, Activity 2 second, and Activity 3 third.)

Activity 1 \_\_\_\_\_ Activity 2 \_\_\_\_\_ Activity 3 \_\_\_\_\_

Topic Area 6: EXP12 (Variation: Revised wording to focus on motivation.)

13. On this trip, what were your main motivations for visiting the park? (Select up to three, numbering 1 for first, 2 for second, and 3 for third.)

- |  |   |
|--|---|
| <input type="checkbox"/> To share quality time with family/friends | <input type="checkbox"/> To learn about the history of the area       |
| <input type="checkbox"/> To do something with my family/friends    | <input type="checkbox"/> To be with people who have similar interests |
| <input type="checkbox"/> To enjoy the natural scenery              | <input type="checkbox"/> To meet new people                           |
| <input type="checkbox"/> To enjoy the tranquility of the area      | <input type="checkbox"/> To gain a sense of self-confidence           |
| <input type="checkbox"/> To experience the solitude/privacy        | <input type="checkbox"/> To develop a sense of self-pride             |
| <input type="checkbox"/> To get away from crowded areas            | <input type="checkbox"/> To experience an adventure                   |
| <input type="checkbox"/> To learn more about nature                | <input type="checkbox"/> To experience excitement                     |

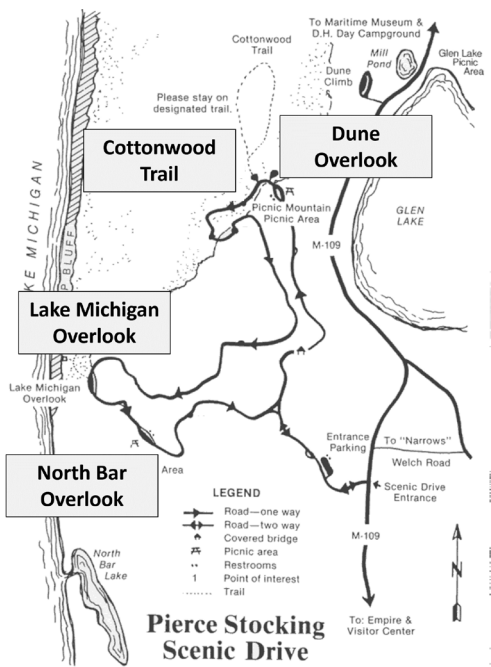
Topic Area 3: DEST13

14. The following maps contain named locations in and near the park. For each map, select the locations that you and your personal group visited on this trip. (Select all that apply.)

a. Park locations

1	North Manitou Island
2	South Manitou Island
3	South Manitou Island Campgrounds
4	Good Harbor Bay area
5	Port Oneida
6	Crystal River
7	D.H. Day Campground
8	Glen Haven / Maritime Museum
9	Dune Climb
10	Pierce Stocking Scenic Drive
11	Phillip A. Hart Visitor Center
12	Ash / Otter Creek area
13	Platte Beaches
14	Platte River
15	Platte River Campground

b. Pierce Stocking Scenic Drive (if selected in Park locations)



c. Trail regions in the park





d. Towns/cities in the region



Topic Area 3: DEST26

15. Please list any other locations visited in the park on this trip not identified on the maps \_\_\_\_\_

Topic Area 3: DEST17 (Variation: Worded to focus on specific location.)

16. For this trip, where did you and your personal group spend the longest amount of time in the park?  
[Dropdown list of all the places selected in 13a, 13b, and 13c plus any response from #14]

Topic Area 3: DEST27 (Variation: Worded to focus on a single site.)

17. For this trip, what was your most desired location to visit in the park?  
[Dropdown list of all the places selected in 13a, 13b, and 13c plus any response from #14]

### SECTION 3: YOUR EXPERIENCE IN THE PARK

Topic Area 6: CROWD20

18. How crowded did you feel on this trip while at/on the [SURVEY SITE IN PARK]?

Not at all crowded	Slightly Crowded	Moderately Crowded	Very Crowded	Extremely Crowded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#19-#22: Topic Area 6: CROWD5 (Variation: Revised wording to match previous SLBE visitor study for comparison purposes)

19. What is the total number of other groups you saw on this trip while at/on [SURVEY SITE IN PARK]? \_\_\_\_

20. What is the total number of other groups you would prefer to see during your trip at/on [SURVEY SITE IN PARK]? \_\_\_\_

21. What is maximum number of groups you think is acceptable to see before managers should take action at/on [SURVEY SITE IN PARK]? \_\_\_\_

22. What is the maximum number of other groups you could see during your trip before you would no longer use [SURVEY SITE IN PARK]? \_\_\_\_

Topic Area 6: CROWD9 responses and Topic Area 5: VERP1 scale and description

23. We would like to know how many other groups you think are acceptable to see without [SURVEY SITE IN PARK] being too crowded. Please rate the acceptability of each of the following numbers of other groups seen on your trip.

	Very Unacceptable	Unacceptable	Somewhat Unacceptable	Neutral	Somewhat Acceptable	Acceptable	Very Acceptable
See no other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See up to 5 other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See up to 10 other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See up to 15 other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See up to 20 other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See up to 25 other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See up to 30 other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See up to 40 other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See up to 50 other groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Topic Area 6: CROWD5 (Variation: Revised wording to match previous SLBE visitor study for comparison purposes.)

24. [FOR NORTH MANITOU ISLAND VERSION ONLY] Please record the following for your wilderness visit. (Enter a number in all three columns for both items)

	Least in a single day	Most in a single day	Total for trip
The number of groups that <u>camped</u> within sight or sound of your campsite on North Manitou Island	_____	_____	_____
The number of groups that <u>hiked</u> within sight or sound of your campsite on North Manitou Island	_____	_____	_____

Topic Area 2: CROWD33

25. For this trip and previous trips, did crowding change your plans during your visit to Sleeping Bear Dunes National Lakeshore. (Select all that apply)

	Changed during a <u>previous visit</u> to the park	Changed <u>during this</u> <u>current visit</u> to the park
Chose <u>not to visit</u> the park	<input type="checkbox"/>	
Changed the <u>amount of time</u> that you spent visiting the park	<input type="checkbox"/>	<input type="checkbox"/>
Changed the <u>times of the day</u> that you visited the park	<input type="checkbox"/>	<input type="checkbox"/>
Changed the <u>day of the week</u> that you visited the park	<input type="checkbox"/>	<input type="checkbox"/>
Changed the <u>dates or seasons</u> that you visited the park	<input type="checkbox"/>	<input type="checkbox"/>
Chose not to visit your desired <u>places</u> at the park	<input type="checkbox"/>	<input type="checkbox"/>
Changed the <u>times of day</u> that you visited <u>places</u> at the park	<input type="checkbox"/>	<input type="checkbox"/>
Changed the <u>order of places</u> visited at the park	<input type="checkbox"/>	<input type="checkbox"/>
Chose not to participate in your desired <u>activities</u> at the park	<input type="checkbox"/>	<input type="checkbox"/>
Changed the composition of the <u>personal group</u> with whom you visited the park.	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 4: PARK CONDITIONS**

Topic Area 6: Visitor Experiences; EXP1 (Variation: Revised wording to align with NPS managers expressed information needs.)

26. These items represent conditions you may have noticed at the park on this trip. Please indicate two things for each condition. First, whether or not you noticed the condition during your trip. Second, whether or not you feel the condition negatively affected or would negatively affect the quality of your trip.

		Did you <u>notice</u> this condition in the park on your trip?		Did or would this condition <u>negatively affect</u> the quality of your trip?	
		No	Yes	No	Yes
Social conditions	Large groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visitor conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Loud/noisy groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Discourteous/unsafe driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managerial conditions	Lack of restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lack of parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor road quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lack of bike lanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor Wi-Fi access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor cellular service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lack of ADA access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Significant commercial use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lack of docks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



		Did you <u>notice</u> this condition in the park on your trip?		Did or would this condition <u>negatively affect</u> the quality of your trip?	
		No	Yes	No	Yes
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resource conditions	Dune erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Social trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vegetation damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Degraded water quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Improper disposal of human waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unexpected human/machinery noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Light pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wildlife harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Invasive species	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Topic Area 3: PA4

27. [SURVEY SITE IN PARK] may play many different roles in people's lives. As you think about [SITE], please indicate your level of disagreement or agreement with each of the statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am very attached to [SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[SITE] is the best place for what I like to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like [SITE] is a part of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identify strongly with [SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get more satisfaction out of visiting [SITE] than any other place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[SITE] is very special to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[SITE] means a lot to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing what I do at [SITE] is more important to me than doing it in any other place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting [SITE] says a lot about who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Topic Area 8: ABV6 (Variation: Revised wording to match previous SLBE visitor study for comparison purposes)

28. The National Park Service is responsible for managing recreation use at Sleeping Bear Dunes National Lakeshore. Its mission is to conserve nature, wildlife, and historical objects while providing for their enjoyment for the public and future generations. As you think about your interaction with park staff, please indicate the extent to which you disagree or agree with each statement below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Do not Know
Sleeping Bear Dunes staff share my values about how the [SITE] should be managed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I share the Sleeping Bear Dunes staff's goals for the [SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping Bear Dunes staff support my views about the [SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust Sleeping Bear Dunes staff in their efforts to manage the [SITE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Topic Area 7: ABV10 (Variation: Revised wording to match previous SLBE visitor study for comparison purposes)

29. Please indicate the extent to which you disagree or agree with each statement below. (Circle one number for each statement)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Do not Know
<i>The connection I have with Sleeping Bear Dunes staff...</i>						
...is something I really care about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is something I intend to maintain indefinitely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...deserves my maximum effort to maintain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is very important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is something I am very committed to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is very much like being family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for your help with this survey!**  
**Please return the tablet to the person who gave it to you.**