

NPS CSP – Visitor Concessions Visitor Satisfaction Survey

PAPERWORK REDUCTION ACT and PRIVACY ACT STATEMENT: The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have to respond. This information collection is authorized by The Concession Management Improvement Act of 1998 (54 USC 101911). We will use this information to evaluate visitor experiences with NPS-authorized concessioner services. Your response is voluntary and anonymous. A Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number.

Burden Estimate: We estimate that it will take approximately 5 minutes to complete. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Information Collection Officer, National Park Service at NPS_ICR@nps.gov. Please do not send your completed form to this address.

Introduction

Thank you for participating in this survey! We would like to hear about your experiences with our concessioner services (e.g., lodging, food service, outfitters, etc.) during your recent National Park Service visit.

The questionnaire should take approximately 5 minutes to complete, depending upon the services you used. Please limit your responses to your most recent visit.

Please select the park you most recently visited: **[DROPDOWN PARK LIST]**

Services

1. Which of the following services did you use when visiting [SELECTED PARK]? (please select all that apply)
 1. Lodging
 2. Food and Beverage outlets
 3. Retail outlets
 4. Marinas (boat rentals, classes, tours)
 5. Other services such as tours (e.g., bus, boat, airplane, etc.), outfitters (e.g., rafting, paddling, climbing, hiking, etc.), ferry service, bike rental, etc.

REVIEWER NOTE: After selecting one of the five services above, the respondent will automatically skip to one of the corresponding questions below and then to the end of the survey.

Lodging (if Q1=1)

[IF 'LODGING' SELECTED] Which lodge/hotel did you stay in? (Select all that apply)

[DROP DOWN OF ASSOCIATED LODGING CHOICES]

2. Please think about your recent stay at [LODGING OPTION SELECTED]. Using a scale from 1-5 where 1 means 'Very Poor' and 5 means 'Very Good' please rate [LODGING OPTION SELECTED] on the following:

| | Very Poor | Poor | Average | Good | Very Good |
|--|-----------|------|---------|------|-----------|
| Ease of making your reservation | 1 | 2 | 3 | 4 | 5 |
| Speed of service at check-in | 1 | 2 | 3 | 4 | 5 |
| Speed of service at checkout | 1 | 2 | 3 | 4 | 5 |
| Cleanliness of your room(s) | 1 | 2 | 3 | 4 | 5 |
| Condition and operation of room amenities (e.g. bathroom fixtures, lighting, television, bedding comfort and quality, Wi-Fi, etc.) | 1 | 2 | 3 | 4 | 5 |
| Condition and appearance of the facility generally | 1 | 2 | 3 | 4 | 5 |
| Value for the price you paid | 1 | 2 | 3 | 4 | 5 |
| Friendliness of staff | 1 | 2 | 3 | 4 | 5 |
| Knowledge and professionalism of their staff | 1 | 2 | 3 | 4 | 5 |

GO TO END OF SURVEY

Food and Beverage (if Q1=2)

[IF 'FOOD/BEVERAGE' SELECTED] At which restaurant/café/snack shop did you purchase food? (Select all that apply)

[DROP DOWN OF ASSOCIATED 'FOOD/BEVERAGE' CHOICES]

Please think about your recent experiences at [FOOD/BEVERAGE OPTION SELECTED]. Using a scale from 1-5 where 1 means 'Very Poor' and 5 means 'Very Good' please rate the following:

| | Very Poor | Poor | Average | Good | Very Good |
|--|-----------|------|---------|------|-----------|
| Condition and appearance of facility | 1 | 2 | 3 | 4 | 5 |
| Variety of food and beverage choices | 1 | 2 | 3 | 4 | 5 |
| Quality of food (freshness, taste, etc.) | 1 | 2 | 3 | 4 | 5 |
| Value of the price you paid | 1 | 2 | 3 | 4 | 5 |
| Speed of their service (time waiting in line or to be served, bussed, receive bill) | 1 | 2 | 3 | 4 | 5 |
| Friendliness of staff | 1 | 2 | 3 | 4 | 5 |

GO TO END OF SURVEY

Retail (if Q1=3)

Please think about your recent experiences shopping at [RETAIL OPTION SELECTED]. Using a scale from 1-5 where 1 means 'Very Poor' and 5 means 'Very Good' please rate the following:

| | Very Poor | Poor | Average | Good | Very Good |
|--|-----------|------|---------|------|-----------|
| Condition and appearance of facility | 1 | 2 | 3 | 4 | 5 |
| Appeal of the product displays | 1 | 2 | 3 | 4 | 5 |
| Quality of food (freshness, taste, etc.) | 1 | 2 | 3 | 4 | 5 |
| Value of the price you paid | 1 | 2 | 3 | 4 | 5 |
| Quality of the items for sale | 1 | 2 | 3 | 4 | 5 |
| Selection of the items offered (e.g., variety, themes related to park, locally/U.S. made, etc.) | 1 | 2 | 3 | 4 | 5 |
| Speed of the service provided | 1 | 2 | 3 | 4 | 5 |
| Friendliness, knowledge and professionalism of the staff | 1 | 2 | 3 | 4 | 5 |

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Marinas (if Q1=4)

Please think about your recent experiences shopping at [MARINA OPTION SELECTED]. Using a scale from 1-5 where 1 means 'Very Poor' and 5 means 'Very Good,' please rate the quality of the following (select NA if the attribute does not apply):

| | Very Poor | Poor | Average | Good | Very Good | NA |
|--|-----------|------|---------|------|-----------|----|
| Condition and appearance of facility | 1 | 2 | 3 | 4 | 5 | 0 |
| Helpfulness of the operational and safety briefing | 1 | 2 | 3 | 4 | 5 | 0 |
| Appearance and cleanliness of the watercraft | 1 | 2 | 3 | 4 | 5 | 0 |
| Value of the price you paid | 1 | 2 | 3 | 4 | 5 | 0 |
| Operational condition of the watercraft | 1 | 2 | 3 | 4 | 5 | 0 |
| Ease of making a reservation | 1 | 2 | 3 | 4 | 5 | 0 |
| Accuracy of billing/checkout | 1 | 2 | 3 | 4 | 5 | 0 |
| Friendliness, knowledge and professionalism of the staff | 1 | 2 | 3 | 4 | 5 | 0 |

GO TO END OF SURVEY

Other Services (if Q1=5)

Please think about your recent experiences with [OTHER OPTION SELECTED]. Using a scale from 1-5 where 1 means 'Very Poor' and 5 means 'Very Good,' please rate the following:

| | Very Poor | Poor | Average | Good | Very Good |
|--|-----------|------|---------|------|-----------|
| Condition and appearance of facility | 1 | 2 | 3 | 4 | 5 |
| Condition of the restrooms (if offered by concession facility) | 1 | 2 | 3 | 4 | 5 |
| Quality of the products/services provided | 1 | 2 | 3 | 4 | 5 |
| Condition of equipment provided (if applicable) | 1 | 2 | 3 | 4 | 5 |
| Value for the price paid | 1 | 2 | 3 | 4 | 5 |
| Helpfulness of the operational and safety briefing (if applicable) | 1 | 2 | 3 | 4 | 5 |
| Friendliness, knowledge and professionalism of the staff | 1 | 2 | 3 | 4 | 5 |

GO TO END OF SURVEY

End of Survey

3. Please tell us how satisfied you are with the services you received from [SERVICE OPTION SELECTED]. Using a scale from 1-5 where 1 means 'Very Dissatisfied' and 5 means 'Very Satisfied,' please rate [OTHER OPTION SELECTED] on the:

| | | | | | |
|---|-------------------|--------------|---------|-----------|----------------|
| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| I am satisfied with the service I received from [SERVICE OPTION SELECTED] | 1 | 2 | 3 | 4 | 5 |

4. What is your age?

- 18-21
- 22-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71 or older

5. What additional feedback would you like to provide?

Thank you for taking the time today to complete this survey. Please click "finish" to submit your responses and exit the survey.