

St. Croix National Scenic Riverway Visitor Study



**The
Visitor Services
Project**

United States Department of the Interior**NATIONAL PARK SERVICE**

St. Croix National Scenic Riverway

P.O. Box 708

St. Croix Falls, WS 54024

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to the St. Croix National Scenic Riverway. This 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 to complete during or after your visit.

When your visit is over, please complete the questionnaire. Seal it with the sticker provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, VSP Coordinator, Cooperative Park Studies Unit, College of Forestry, Wildlife and Range Sciences, University of Idaho, Moscow, Idaho 83844-1133.

We appreciate your help.

Sincerely,

/s/

Anthony L. Andersen
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 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 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 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Office of Information and Regulatory Affairs of OMB, Attention Desk Officer for the Interior Department, Office of Management and Budget, Washington, D.C. 20503; and 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 NEXT PAGE



VISITING ST. CROIX NATIONAL SCENIC RIVERWAY

1. Prior to this visit, how did you and your group get information about St. Croix National Scenic Riverway? Please check (✓) **all** that apply.

☐ RECEIVED NO INFORMATION PRIOR TO VISIT - **GO ON TO QUESTION 2**
☐ PREVIOUS VISIT(S)
☐ FRIENDS OR RELATIVES
☐ AREA SIGNS
☐ NATIONAL PARK SERVICE PUBLICATION
☐ SPECIAL EVENTS PUBLICITY
☐ BROCHURE
☐ TOURIST INFORMATION AT MOTEL/ HOTEL
☐ TRAVEL GUIDE/ TOUR BOOK
☐ CONTACTED THE PARK BY TELEPHONE OR MAIL
☐ NEWSPAPER/ MAGAZINE ARTICLE
☐ WORLD WIDE WEB SITE (INTERNET)
☐ TV/ RADIO
☐ OTHER (Please specify: _____)

2. Prior to this visit, were you aware that St. Croix National Scenic Riverway was a unit of the National Park System?

☐ YES ☐ NO ☐ NOT SURE

3. Prior to your trip, were you aware that the St. Croix National Scenic Riverway is a national Wild and Scenic River?

☐ YES ☐ NO ☐ NOT SURE

4. Prior to your trip, were you aware that the St. Croix National Scenic Riverway was set aside to protect the natural and scenic resources for present and future generations?

☐ YES ☐ NO ☐ NOT SURE

5. Prior to your trip, were you aware that the St. Croix National Scenic Riverway requires its visitors to pack out their garbage?

☐ YES ☐ NO ☐ NOT SURE

6. a) Have you and your group visited the St. Croix National Scenic Riverway **prior to this visit?**

_____ YES

_____ NO

[

[

- b) When do you and your group **usually** visit the St. Croix National Scenic Riverway? If this was your first visit, please mark when you visited. Please check (✓) **only one**.

_____ WEEKDAYS

_____ WEEKENDS

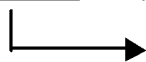
_____ BOTH WEEKDAYS AND WEEKENDS

7. a) Different sections of the St. Croix National Scenic Riverway are managed to offer different types of recreational experiences (e.g. some sections offer more opportunities for solitude than others). If you had known about these management zones prior to your visit, would that have changed your plans for visiting the riverway? Please check (✓) **only one**.

_____ YES, LIKELY

_____ NO, UNLIKELY

_____ NOT SURE



GO ON TO QUESTION 8

- b) If YES, how would your plans have changed? _____

8. On this visit, what were you and your group's **reasons for visiting** St. Croix National Scenic Riverway? Please check (✓) **all** that apply.

_____ EXPERIENCE SOLITUDE/ QUIET

_____ MEET FRIENDS/ FAMILY

_____ VIEW SCENERY/ WILDLIFE

_____ CANOE/ BOAT ON A WILD AND SCENIC RIVER

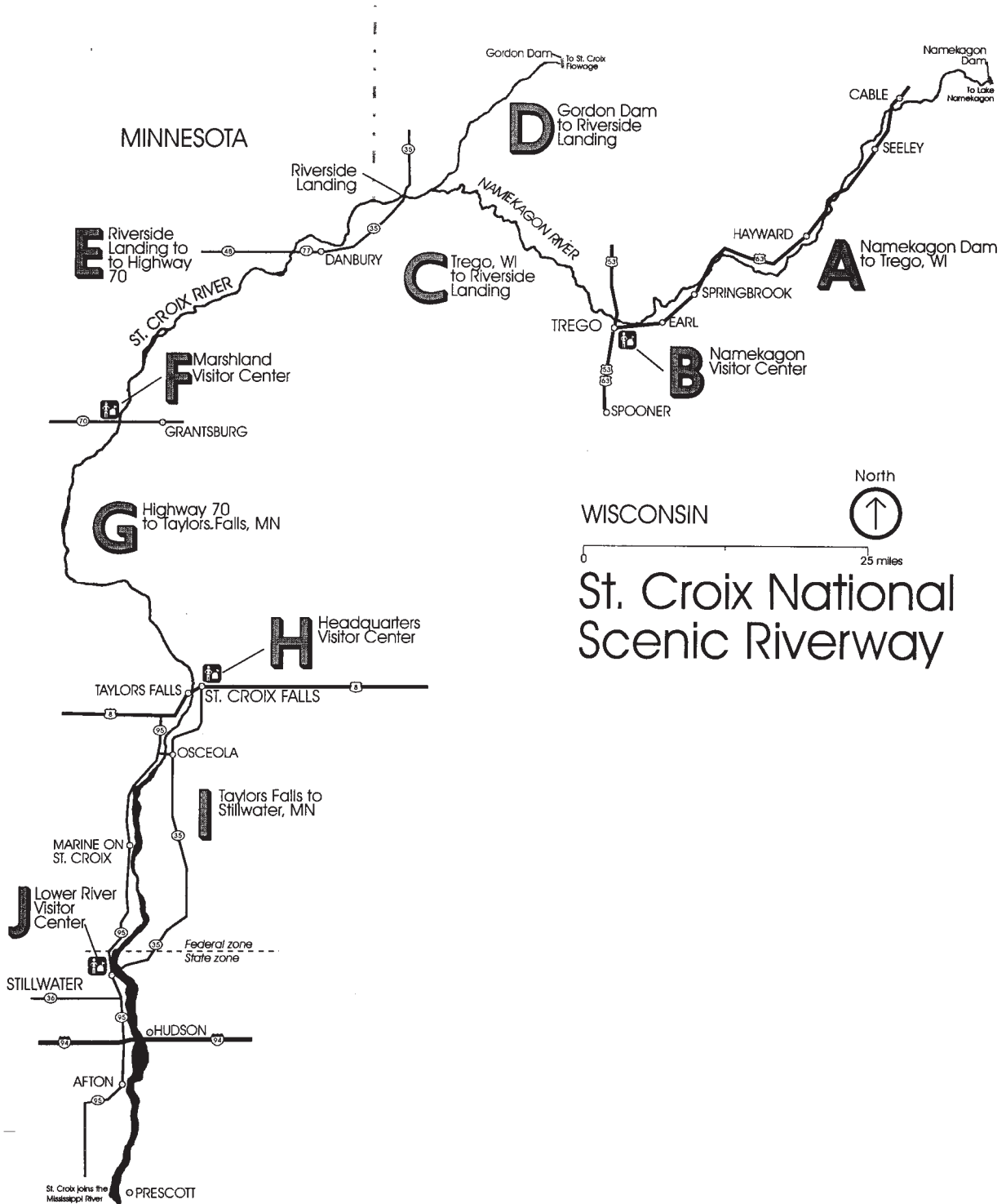
_____ WATER SPORTS (swimming, tubing, etc.)

_____ RECREATIONAL OPPORTUNITIES (camping, hiking, etc.)

_____ FISHING

_____ EDUCATIONAL OPPORTUNITIES

_____ OTHER (Please specify: _____)



PLEASE GO ON TO NEXT PAGE



9. a) In the left column below, please check (✓) **all** of the river sections you and your group visited on **this visit** to St. Croix National Scenic Riverway. Use the map on the previous page to help you locate where you traveled - the large letters on the map refer to the same areas as the letters in the boxes below.
- b) In the column on the right, please check (✓) **all** of the river sections you have visited at St. Croix National Scenic Riverway on **past visits**.

This visit (✓) Past visits (✓)

NAMEKAGON RIVER

- | | | | |
|-------|----------------------------|-------------------------------------|-------|
| _____ | <input type="checkbox"/> A | NAMEKAGON DAM TO TREGO, WI | _____ |
| _____ | <input type="checkbox"/> B | NAMEKAGON VISITOR CENTER, TREGO, WI | _____ |
| _____ | <input type="checkbox"/> C | TREGO, WI TO RIVERSIDE | _____ |

ST. CROIX RIVER

- | | | | |
|-------|----------------------------|--|-------|
| _____ | <input type="checkbox"/> D | GORDON DAM TO RIVERSIDE | _____ |
| _____ | <input type="checkbox"/> E | RIVERSIDE TO HIGHWAY 70 | _____ |
| _____ | <input type="checkbox"/> F | MARSHLAND VISITOR CENTER AT HIGHWAY 70 | _____ |
| _____ | <input type="checkbox"/> G | HIGHWAY 70 TO TAYLORS FALLS, MN | _____ |
| _____ | <input type="checkbox"/> H | NATIONAL PARK SERVICE VISITOR CENTER,
ST. CROIX FALLS, WI | _____ |
| _____ | <input type="checkbox"/> I | TAYLORS FALLS TO STILLWATER, MN | _____ |
| _____ | <input type="checkbox"/> J | LOWER RIVER VISITOR CENTER, STILLWATER, MN | _____ |

10. How did this visit to St. Croix National Scenic Riverway fit into your travel plans?
Please check (✓) only **one**.

_____ ST. CROIX NS RIVERWAY WAS THE PRIMARY DESTINATION

_____ ST. CROIX NS RIVERWAY WAS ONE OF SEVERAL
DESTINATIONS

_____ ST. CROIX NS RIVERWAY WAS NOT A PLANNED DESTINATION

11. On this trip, how much time did you and your group spend at the St. Croix National Scenic Riverway?

If **less** than 24 hours: _____ NUMBER OF HOURS

If 24 hours or **more**: _____ NUMBER OF DAYS

PLEASE GO ON TO NEXT PAGE



8

12. Please circle all the seasons that you and members of your group have visited St. Croix National Scenic Riverway.

SPRING
(April-May)

SUMMER
(June-August)

FALL
(September-November)

WINTER
(December-March)

13. a) On the list below, please check (✓) **all** of the activities that you and your group participated in at St. Croix National Scenic Riverway **during this visit**.
- b) On **past visits** to St. Croix National Scenic Riverway, please check (✓) **all** of the activities that you and your group have done.

This visit (✓)	Past visits (✓)
-----------------------	------------------------

_____ VISIT VISITOR CENTERS	_____
_____ SIGHTSEE	_____
_____ CANOE	_____
_____ KAYAK	_____
_____ BOAT	_____
_____ FLOAT THE RIVER ON INNER TUBE	_____
_____ FISH	_____
_____ VIEW WILDLIFE	_____
_____ NATURE STUDY (other than viewing wildlife)	_____
_____ CAMP	_____
_____ WALK/ HIKE	_____
_____ PICNIC	_____
_____ SWIM	_____
_____ PHOTOGRAPHY	_____
_____ VIEW FALL COLORS	_____
_____ HUNT	_____
_____ CROSS COUNTRY SKI	_____
_____ SNOWMOBILE	_____
_____ OTHER - Please describe below:	_____

(_____)	(_____)
this visit	past visits

- c) From the list above, please write in the **one** activity that was most important to you **on this visit**.

WRITE ONLY ONE:

14. On this visit, how many people were in your **immediate** group (family, group of friends, etc.), including yourself?

_____ NUMBER OF PEOPLE

15. a) On this visit, were you with a guided tour or educational group?

_____ YES _____ NO – **GO ON TO QUESTION 16**

- [
b) If YES, how many people were in the guided tour or educational group?

_____ NUMBER OF PEOPLE

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

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

17. For you and each member of your group on this visit, please indicate:

	GENDER M=Male F=Female	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	NUMBER OF VISITS MADE TO THIS PARK (including this visit)
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

PLEASE GO ON TO NEXT PAGE ➡

18. a) Please check (✓) the visitor facilities and services which you or your group **used** at **St. Croix National Scenic Riverway** during this visit.

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

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

**a) Used facility/ service at
St. Croix NSR?**

**b) If used,
how important?**

**c) If used,
what quality?**

Check (✓)	Not important					Extremely important					Very poor					Very good				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5					
_____ NATIONAL PARK SERVICE VISITOR CENTERS																				
_____ PARK BROCHURE/ MAP																				
_____ PARK NEWSPAPER																				
_____ VISITOR CENTER EXHIBITS																				
_____ RANGER-LED PROGRAMS/ ACTIVITIES																				
_____ RESTROOMS (flush toilets)																				
_____ PIT OR PORTABLE TOILETS																				
_____ PARKING																				
_____ CAMPSITES																				
_____ HANDICAPPED ACCESS																				
_____ BULLETIN BOARDS																				
_____ HIGHWAY DIRECTIONAL SIGNS																				
_____ BOAT/ CANOE LAUNCHES																				
_____ RIVER SECTION MAPS																				
_____ PRIVATE CANOE SHUTTLES/ RENTALS																				

19. It is the National Park Service's responsibility to protect the St. Croix National Scenic Riverway's natural, scenic and cultural resources. How important is the protection of the following resources to you? Please circle **one** response for each resource.

Resource	Not important	Somewhat important	Quite important	Extremely important	Don't know
WATER QUALITY	1	2	3	4	0
NATIVE PLANTS AND ANIMALS	1	2	3	4	0
FREE-FLOWING SECTIONS OF RIVER	1	2	3	4	0
HISTORIC AND ARCHAEOLOGICAL SITES	1	2	3	4	0
OPPORTUNITIES FOR SOLITUDE	1	2	3	4	0
SCENIC VIEWS	1	2	3	4	0

20. a) Have you visited the St. Croix National Scenic Riverway before this trip?

_____ YES

_____ NO – **GO ON TO QUESTION 21**

- b) If YES, what year did you **first** visit St. Croix National Scenic Riverway? Please write in the year.

19_____

_____ DO NOT REMEMBER

- c) Since your **first** visit, have you noticed an increase or decrease in the following conditions along the St. Croix National Scenic Riverway? Please circle the amount of change, if any, you have noticed for each occurrence.

Condition	Quite an increase	Some increase	No change	Some decrease	Quite a decrease	Don't know/ can't remember
CROWDING	2	1	0	-1	-2	DK
LITTER	2	1	0	-1	-2	DK
VISIBLE HUMAN WASTE	2	1	0	-1	-2	DK
RIVER BANK EROSION	2	1	0	-1	-2	DK
CONFLICTS YOUR GROUP MEMBERS HAVE EXPERIENCED (with other users, e.g. between canoeists and motorboaters)	2	1	0	-1	-2	DK

PLEASE GO ON TO NEXT PAGE



21. a) During this trip to St. Croix National Scenic Riverway, did you and your group travel in or use **any** type of watercraft?

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

[

- b) If yes, what type of watercraft was it? Please check (✓) **all** that apply.

_____ CANOE

_____ KAYAK

_____ SAIL BOAT

_____ TOUR BOAT

_____ MOTORIZED BOAT

_____ INNER TUBE

_____ OTHER (Please specify: _____)

- c) On this trip, how did you feel about the number of other people you saw on the St. Croix National Scenic Riverway? Please circle only **one**.

SAW FAR TOO FEW PEOPLE	SAW TOO FEW PEOPLE	NEITHER TOO MANY NOR TOO FEW PEOPLE	SAW TOO MANY PEOPLE	SAW FAR TOO MANY PEOPLE	DO NOT REMEMBER
------------------------------	--------------------------	--	---------------------------	-------------------------------	--------------------

- d) On this trip, about how many other groups did you see while on the water of St. Croix National Scenic Riverway? Please check (✓) only **one**.

_____ 0 - 5 GROUPS

_____ 6 - 19 GROUPS

_____ 20 OR MORE GROUPS

_____ DO NOT REMEMBER

- e) On this trip, about how many other groups with **over 10 people** did you see while on the water of St. Croix National Scenic Riverway? Please check (✓) only **one**.

_____ 0 - 5 GROUPS

_____ 6 - 19 GROUPS

_____ 20 OR MORE GROUPS

_____ DO NOT REMEMBER

22. a) On this trip, did you and your group rent a canoe, kayak or inner tube while visiting the St. Croix National Scenic Riverway? Please check (✓) only **one**.

_____ YES

_____ NO – **GO ON TO QUESTION 23**

- b) Did you and your group rent from a local outfitter, within 5 miles of St. Croix National Scenic Riverway? Please check (✓) only **one**.

_____ YES

_____ NO

_____ NOT SURE

23. a) Would you be willing to pay a user fee of \$15.00 per year if it was used to improve St. Croix National Scenic Riverway's facilities and services? Please check (✓) only **one**.

_____ YES, LIKELY

_____ NO, UNLIKELY

_____ NOT SURE



GO ON TO QUESTION 24

- b) If YES, what is the fairest way to charge user fees? Please check (✓) only **one**.

Check one (✓)

_____ PER PERSON

_____ PER VEHICLE

_____ PER WATERCRAFT

_____ OTHER (Please specify:_____)

24. If the number of campers using backcountry or primitive campsites at St. Croix National Scenic Riverway in the future must be limited due to overcrowding, which of the following alternatives for this type of camping would you find most acceptable? Please check (✓) only **one**.

_____ FIRST COME, FIRST SERVED (until a daily limit is reached)

_____ A RESERVATION SYSTEM

_____ WOULD NOT FIND ANY SYSTEM ACCEPTABLE

_____ DON'T KNOW

_____ OTHER (Please specify:_____)

PLEASE GO ON TO NEXT PAGE



14

25. a) During this visit to St. Croix National Scenic Riverway, was there anything specific which you or your group expected to see or do, but were not able to?

_____ YES

_____ NO – **GO ON TO QUESTION 26**

- b) If YES, what was it you expected to see or do? _____

- c) What kept you from seeing or doing what you expected to?

26. a) What did you like **most** about your visit St. Croix National Scenic Riverway?

- b) What did you like **least** about your visit to St. Croix National Scenic Riverway?

27. If you were a manager planning for the future of St. Croix National Scenic Riverway, 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 St. Croix National Scenic Riverway?

29. Overall, how would you rate the quality of the visitor services provided to you and your group at St. Croix National Scenic Riverway during this visit? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY POOR

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



Printed on recycled paper

OFFICIAL BUSINESS

**Visitor Services Project
Cooperative Park Studies Unit
Department of Forest Resources
College of Forestry, Wildlife and
Range Sciences
University of Idaho
Moscow, Idaho 83844-1133**