



National Park Service
U.S. Department of the Interior

Visitor Services Project

Outer Banks Group Parks:

**Cape Hatteras National Seashore
Wright Brothers National Memorial
Fort Raleigh National Historic Site**

Visitor Study



OMB Approval 1024-0224 (NPS 02-028)

Expiration Date: 01/31/2003

**United States Department of the Interior**

NATIONAL PARK SERVICE
Outer Banks Group
1401 National Park Drive
Manteo, North Carolina 27954

IN REPLY REFER TO:

July, 2002

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 Outer Banks Group parks: Cape Hatteras National Seashore, Wright Brothers National Memorial and/or Fort Raleigh National Historic Site. This information will assist us in our efforts to better manage these sites 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 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.

If you have any questions, please contact Margaret Littlejohn, VSP Coordinator, Cooperative Park Studies Unit, College of Natural Resources, P.O. Box 441133, University of Idaho, Moscow, Idaho 83844-1133, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

Lawrence A. Belli
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 stickers 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 20 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form 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 the next page ➡

**Your visit to the Outer Banks Group parks: CAPE HATTERAS NS,
WRIGHT BROTHERS NMEM, FORT RALEIGH NHS**

1. a) Prior to your visit, how did you and your group get information about Cape Hatteras National Seashore (NS), Wright Brothers National Memorial (NMEM) and/or Fort Raleigh National Historic Site (NHS)? Please check (✓) **all** that apply.

- _____ RECEIVED NO INFORMATION PRIOR TO VISIT → **Go on to Question 2**
- _____ PREVIOUS VISIT(S)
- _____ FRIENDS/ RELATIVES/ WORD OF MOUTH
- _____ TRAVEL GUIDE/ TOUR BOOK
- _____ VIDEOS/ TELEVISION/ RADIO PROGRAMS
- _____ TELEPHONE, E-MAIL OR WRITTEN INQUIRY TO PARK
- _____ NEWSPAPER/ MAGAZINE ARTICLES
- _____ INTERNET—CAPE HATTERAS NS HOME PAGE: www.nps.gov/cape/
- _____ INTERNET—WRIGHT BROTHERS NMEM HOME PAGE: www.nps.gov/wrbr/
- _____ INTERNET—FORT RALEIGH NHS HOME PAGE: www.nps.gov/fora/
- _____ INTERNET—OTHER WEB SITES
- _____ OUTER BANKS CHAMBER OF COMMERCE
- _____ OUTER BANKS VISITOR'S BUREAU
- _____ RENTAL PROPERTY PACKAGE MATERIAL
- _____ OTHER (Please specify: _____)

2. Prior to your trip, how important a role did visiting the National Park Service Outer Banks parks have in your decision to visit the Outer Banks? Please circle **one** answer for each park.

	Not important		Moderately Important		Extremely important	Don't know Did not visit
CAPE HATTERAS NS	1	2	3	4	5	DK
FORT RALEIGH NHS	1	2	3	4	5	DK
WRIGHT BROTHERS NMEM	1	2	3	4	5	DK

3. a) On this trip, in what activities did you and your group participate at one or more of the Outer Banks Group parks? Please check (✓) **all** that apply.
- b) On past visits, what activities did you and your group participate in at one or more of the Outer Banks Group parks? Please check (✓) **all** that apply. If you have not visited before, please go on to part c of this question.

On this trip (✓)	On past visits (✓)
_____ ATTENDING RANGER-LED PROGRAMS	_____
FISHING:	
_____ BOAT	_____
_____ SURF	_____
_____ CHARTER BOAT	_____
_____ SURFING (including wind, board and kite)	_____
_____ BEACH DRIVING	_____
_____ SWIMMING/ SUNBATHING	_____
_____ PHOTOGRAPHY	_____
_____ VISITING HISTORIC SITES (lighthouses, fort, flight site, etc.)	_____
_____ NATURE STUDY (including birdwatching)	_____
_____ WALKING	_____
_____ CAMPING	_____
_____ PICNICKING	_____
_____ CANOEING/ KAYAKING	_____
_____ ENJOYING SOLITUDE	_____
_____ BICYCLING	_____
_____ OTHER (Please describe: _____)	_____

c) Please list your top three reasons for visiting each of the parks below. If you did not visit a park, please leave the lines blank.

Cape Hatteras NS: 1) _____ 2) _____ 3) _____

Fort Raleigh NHS: 1) _____ 2) _____ 3) _____

Wright Brothers NMEM: 1) _____ 2) _____ 3) _____

4. a) Please circle the **one** location where you received your questionnaire.

CAPE HATTERAS NS FT. RALEIGH NHS WRIGHT BROTHERS NMEM

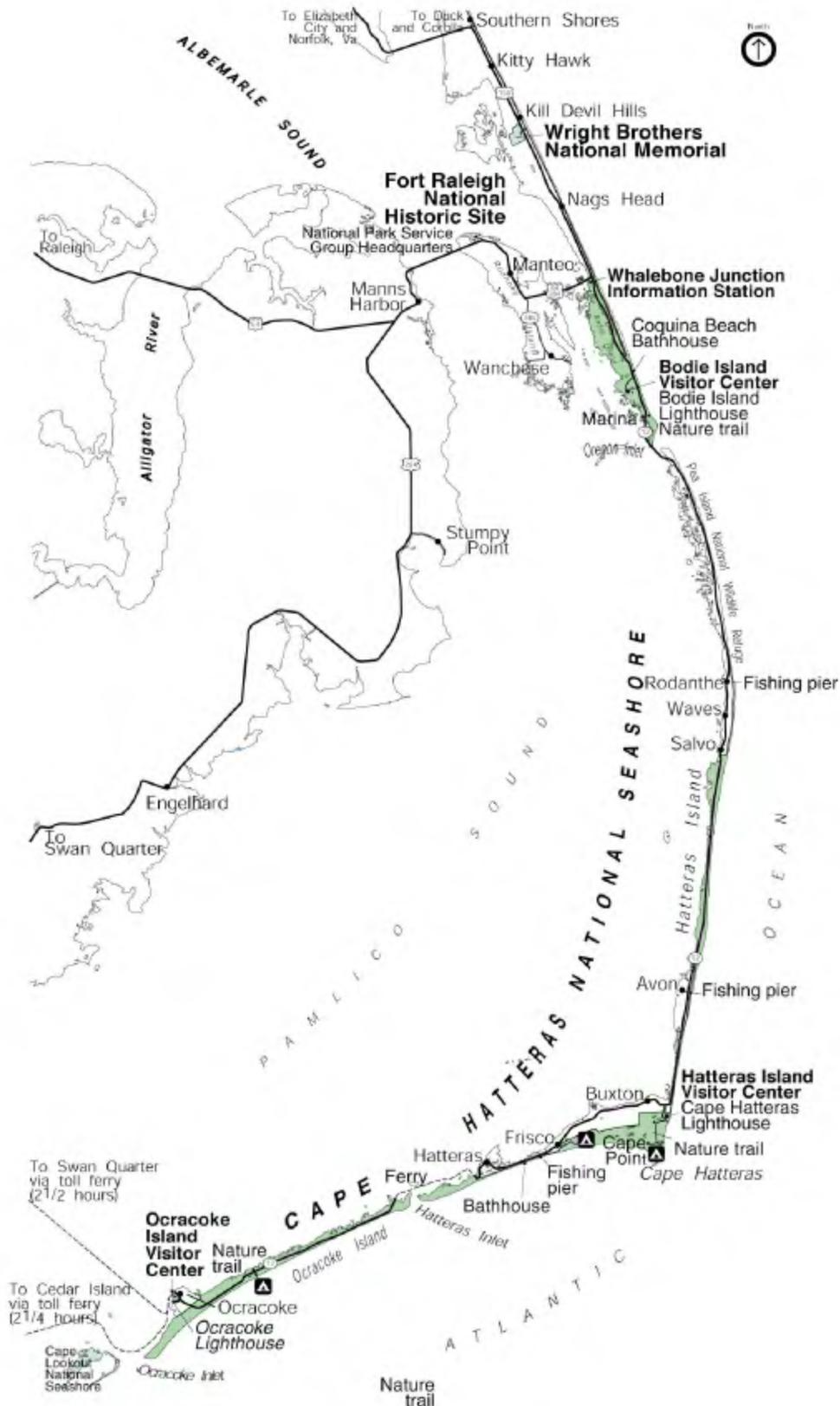
- b) For the park you circled above, please rate the importance (from 1 to 5, or DK for "don't know") of each of the following attributes in planning for the preservation of the park for future generations. Please circle **one** answer for each attribute.

How important?	Not important	Moderately important	Extremely important	Don't know		
SCENIC VIEWS	1	2	3	4	5	DK
WILDLIFE VIEWING (including birdwatching)	1	2	3	4	5	DK
RECREATIONAL OPPORTUNITIES (surfing, walking, etc.)	1	2	3	4	5	DK
NATURAL QUIET/ SOUNDS OF NATURE	1	2	3	4	5	DK
NIGHT SKY/ STARGAZING	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	DK
PRESERVING HISTORIC SITES	1	2	3	4	5	DK
NATURAL OPEN SPACE	1	2	3	4	5	DK
<u>The following attributes apply to Cape Hatteras NS only:</u>						
AVAILABILITY OF BEACH ACCESS	1	2	3	4	5	DK
AVAILABILITY OF LIFEGUARDED BEACHES	1	2	3	4	5	DK
BEACH DRIVING ACCESS	1	2	3	4	5	DK
CAMPGROUNDS	1	2	3	4	5	DK

5. For any of the following elements that you and your group experienced in one or more of the Outer Banks Group parks, please indicate (✓) how they affected your park experience. Check (✓) **one** answer for each element.

Affect your park experience?	Added to	No effect	Detracted from	Did not experience
RV ELECTRIC GENERATOR NOISE	_____	_____	_____	_____
AIRPLANE OVERFLIGHTS	_____	_____	_____	_____
FIRES ON BEACH	_____	_____	_____	_____
DOGS OFF LEASH	_____	_____	_____	_____
VISITORS DRINKING ALCOHOL	_____	_____	_____	_____
LITTER	_____	_____	_____	_____
VEHICLES ON BEACH	_____	_____	_____	_____

Use this map to help you answer Questions 6-10.



Please go on to the next page ➡

6. On this visit, did you and your group visit the **Bodie Island** part of Cape Hatteras National Seashore?

YES NO → **Go on to Question 7**



- a) Please check (√) the visitor services and facilities that you or your group used during this visit to the Bodie Island part of Cape Hatteras NS.
- b) Next, for only those services and facilities which you or your group used, please rate their importance from 1-5.
- c) Finally, for only those services and facilities which you or your group used, please rate their quality from 1-5.

**Use facility/ service
on Bodie Island?**

**If used this visit,
how important?**

**If used this visit,
what quality?**

Not Extremely
important important
1 2 3 4 5

Very Very
poor good
1 2 3 4 5

Check (√)

Cape Hatteras NS—Bodie Island

<input type="checkbox"/> PARK BROCHURE/ MAP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BODIE ISLAND VISITOR CENTER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ASSISTANCE FROM PARK STAFF	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BODIE ISLAND LIGHTHOUSE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NATURE TRAIL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RESTROOMS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ACCESS FOR DISABLED PERSONS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PARK DIRECTIONAL SIGNS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WHALEBONE INFORMATION STATION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OREGON INLET BOAT RAMP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OREGON INLET MARINA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OREGON INLET CAMPGROUND	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> COQUINA LIFEGUARDED BEACH	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> COQUINA BEACH BATHHOUSE	<input type="checkbox"/>	<input type="checkbox"/>

- d) Did you and your group have adequate access to park staff during this visit to Cape Hatteras NS?

YES NO NOT SURE

7. On this visit, did you and your group visit the **Hatteras Island** part of Cape Hatteras National Seashore?

YES NO → **Go on to Question 8**



- a) Please check (✓) the visitor services and facilities that you or your group used during this visit to the Hatteras Island part of Cape Hatteras NS.
- b) Next, for only those services and facilities which you or your group used, please rate their importance from 1-5.
- c) Finally, for only those services and facilities which you or your group used, please rate their quality from 1-5.

Use facility/ service on Hatteras Island?

If used this visit, how important?

If used this visit, what quality?

Not important	Extremely important	Very poor	Very good
1 2 3	4 5	1 2 3	4 5

Check (✓)

Cape Hatteras NS—Hatteras Island

<input type="checkbox"/> PARK BROCHURE/ MAP	_____	_____
<input type="checkbox"/> HATTERAS ISLAND VISITOR CENTER	_____	_____
<input type="checkbox"/> ASSISTANCE FROM PARK STAFF	_____	_____
<input type="checkbox"/> CAPE HATTERAS LIGHTHOUSE	_____	_____
<input type="checkbox"/> NATURE TRAIL	_____	_____
<input type="checkbox"/> RESTROOMS	_____	_____
<input type="checkbox"/> ACCESS FOR DISABLED PERSONS	_____	_____
<input type="checkbox"/> OREGON INLET BOAT RAMP	_____	_____
<input type="checkbox"/> PARK DIRECTIONAL SIGNS	_____	_____
<input type="checkbox"/> LIFEGUARDED BEACH	_____	_____
<input type="checkbox"/> CAPE POINT/ FRISCO CAMPGROUNDS	_____	_____
<input type="checkbox"/> DAY USE AREAS (Salvo/ Haulover)	_____	_____
<input type="checkbox"/> FISHING PIERS	_____	_____
<input type="checkbox"/> FRISCO BATHHOUSE	_____	_____

Please go on to the next page →

9. On this visit, did you and your group visit **Wright Brothers National Memorial** ?

YES NO → **Go on to Question 10**



- a) Please check (✓) the visitor services and facilities that you or your group used during this visit to Wright Brothers NMEM.
- b) Next, for only those services and facilities which you or your group used, please rate their importance from 1-5.
- c) Finally, for only those services and facilities which you or your group used, please rate their quality from 1-5.

Use facility/ service at Wright Brothers NMEM?	If used this visit, how important?					If used this visit, what quality?				
	Not important			Extremely important		Very poor			Very good	
Check (✓)	1	2	3	4	5	1	2	3	4	5
<u>Wright Brothers National Memorial</u>										
<input type="checkbox"/> PARK BROCHURE/ MAP										
<input type="checkbox"/> VISITOR CENTER										
<input type="checkbox"/> ASSISTANCE FROM PARK STAFF										
<input type="checkbox"/> FIRST FLIGHT BOULDER AND 1903 FLIGHT PATH										
<input type="checkbox"/> TRAIL FROM BOULDER TO MONUMENT ROAD										
<input type="checkbox"/> WRIGHT BROTHERS MONUMENT AND TRAILS										
<input type="checkbox"/> RANGER-LED PROGRAMS										
<input type="checkbox"/> RESTROOMS										
<input type="checkbox"/> ACCESS FOR DISABLED PERSONS										
<input type="checkbox"/> PICNIC AREA										
<input type="checkbox"/> PARK DIRECTIONAL SIGNS										
<input type="checkbox"/> ROAD										
<input type="checkbox"/> PARKING LOTS										
<input type="checkbox"/> FIRST FLIGHT AIRSTRIP										

d) In your opinion, did you and your group have adequate access to park staff at Wright Brothers NMEM during this visit?

YES NO NOT SURE

Please go on to the next page ➡

10. On this visit, did you and your group visit **Fort Raleigh National Historic Site** ?

YES NO → **Go on to Question 11**



- a) Please check (✓) the visitor services and facilities that you or your group used during this visit to Fort Raleigh NHS.
- b) Next, for only those services and facilities which you or your group used, please rate their importance from 1-5.
- c) Finally, for only those services and facilities which you or your group used, please rate their quality from 1-5.

Use facility/ service at Fort Raleigh NHS?

If used this visit, how important?

If used this visit, what quality?

Not Extremely
important important
1 2 3 4 5

Very Very
poor good
1 2 3 4 5

Check (✓)

Fort Raleigh National Historic Site

<input type="checkbox"/> PARK BROCHURE/ MAP	_____	_____
<input type="checkbox"/> VISITOR CENTER	_____	_____
<input type="checkbox"/> ASSISTANCE FROM PARK STAFF	_____	_____
<input type="checkbox"/> NATURE TRAILS	_____	_____
<input type="checkbox"/> FORT RALEIGH RESTORED EARTHWORKS	_____	_____
<input type="checkbox"/> FREEMANS' COLONY MARKER	_____	_____
<input type="checkbox"/> RANGER-LED PROGRAMS	_____	_____
<input type="checkbox"/> RESTROOMS	_____	_____
<input type="checkbox"/> ACCESS FOR DISABLED PERSONS	_____	_____
<input type="checkbox"/> PICNIC AREA	_____	_____
<input type="checkbox"/> PARK DIRECTIONAL SIGNS	_____	_____
<input type="checkbox"/> PARKING LOTS	_____	_____
<input type="checkbox"/> ATTEND "LOST COLONY" THEATER	_____	_____
<input type="checkbox"/> ELIZABETHAN GARDENS	_____	_____

d) In your opinion, did you and your group have adequate access to park staff at Fort Raleigh NHS during this visit?

YES NO NOT SURE

16. a) Please use the scale below to rate (from 1 to 5) how crowded you and your group felt by people during this visit to the Outer Banks Group parks. Please circle **only one**.

Not at all crowded	Crowded	Extremely crowded		
1	2	3	4	5

- b) If you rated the above question by circling 3, 4, or 5, **where** were you when you felt crowded? Please be as specific as possible.

- c) What time of day did you feel crowded? Please circle **all** that apply.

MORNING (6 a.m. to noon)	AFTERNOON (Noon to 6 p.m.)	EVENING (6 p.m. to midnight)
-----------------------------	-------------------------------	---------------------------------

- d) Did the crowding (rating of 3, 4, or 5) have any impact on your visit?

_____ Added to _____ No effect _____ Detracted from

17. a) What did you and your group like **most** about your visit to the Outer Banks Group parks? Please list the name of the park to which the comments refer.

- b) What did you and your group like **least** about your visit to the Outer Banks Group parks? Please list the name of the park to which the comments refer.

18. a) In the past, have you visited one or more of the Outer Banks Group parks?

_____ YES _____ NO → **Go on to Question 19**



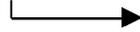
- b) If YES, how do park programs/ activities on this visit compare with what you have experienced in the past? List the differences/similarities in the programs/ activities—please be specific. **List the park name**.

- c) Did the difference/similarities have any impact on your visit?

_____ ADDED TO _____ NO EFFECT _____ DETRACTED FROM

19. a) On this trip to one or more of the Outer Banks Group parks, did you and your group feel prepared for common safety situations (such as exposure to sun, heat, ocean and tidal currents, etc.) that you encountered in those parks?

_____ NO _____ YES _____ NOT SURE



Go on to part c of this question

- b) If NO, how would you have prepared differently to have a safer visit?

19. c) On this visit, what common safety situations (such as exposure to sun, heat, ocean and tidal currents, etc.) did you encounter in the parks? Please list the situation and the park where you encountered it.

1. _____ Park: _____

2. _____ Park: _____

3. _____ Park: _____

20. a) On a future visit to Cape Hatteras National Seashore, would you and your group consider camping in a National Park Service campground?

_____ NO

_____ YES

_____ NOT SURE



Go on to Question 21

b) If NO, why not?

21. If you were a manager planning for the future of the Outer Banks Group parks, what would you propose? Please be specific and **refer to the park by name** .

22. Is there anything else you and your group would like to tell us about your visit to the Outer Banks Group parks? Please **refer to the park by name** .

23. Overall, how would you rate the quality of the visitor services provided to you and your group at the Outer Banks Group parks 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 stickers provided and drop it in any U.S. mailbox.

OFFICIAL BUSINESS

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Cooperative Park Studies Unit
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