



Visitor Expectations and Perceptions of Program and Physical Accessibility in the National Park Service

This survey is an attempt to discover how travel parties that have a member(s) with a disability plan trips and the visitor's perception of program and physical accessibility in the National Park Service. If your travel party has a member with a disability you can help us in assisting the National Park Service and recreation/tourism related agencies serve you and your travel party members better and help plan for future development.

Your participation in this survey is voluntary. There are no penalties for not answering some or all of the questions. **Only a small sample of people is being surveyed so your answers are very important. All of your responses will be kept strictly confidential, only group averages will be reported.** Please read the instructions at the beginning of each section. The estimated time required to complete this survey is 12 minutes. Completion of the survey constitutes your consent to participate.

Thank you for your time!

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Instructions: Please read and answer each question carefully. Mark (X) or/and write in answers where necessary.

Part I. The next question is about you and your travel party member(s).

1. Do you have any member with disabilities (including yourself) in your travel party?

Yes [] (please go to **Part II**) No [] (please go to **Part III**)

Part II. The next few questions are about individuals with disabilities. (All of your responses will be kept strictly confidential)

1. Please answer the following regarding individuals with disabilities in your travel party.
(please write in answers)

(1). Age: _____ Gender: [] Male [] Female Disability: _____
(2). Age: _____ Gender: [] Male [] Female Disability: _____

2. Do you or your travel party member(s) with disabilities use any of the following? (**please X applicable categories**)

<input type="checkbox"/> Hearing aids	<input type="checkbox"/> Power wheelchair	<input type="checkbox"/> Communication devices (e.g.,
<input type="checkbox"/> Walker	<input type="checkbox"/> Personal assistant	TTY) specify _____
<input type="checkbox"/> Cane	<input type="checkbox"/> Crutches	<input type="checkbox"/> Service animals
<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Scooter	<input type="checkbox"/> Others _____

3. NOTE: Please answer Part III, Part IV, Part V, and Appendix. Please think about the needs and perceptions of individuals with disabilities during their national park trips.

Part III. In this section we would like to learn about your opinions of the Great Smoky Mountains National Park and its physical accessibility.

1. Have you visited this national park before? [] Yes _____times (including this time) [] No

2. Using the 1 to 7 scale provided, where **1 = Not A Problem** and **7 = Major Problem**, to what extent do you feel the following items were ***problems to you or your travel party member(s) during the national park trip.***

	Not A Problem			Neutral			Major Problem
Lack of accessible overlooks and viewings areas (specify where/how _____)	1	2	3	4	5	6	7
Lack of accessible trail(s) (specify where/how _____)	1	2	3	4	5	6	7
Lack of accessible parking spaces (specify where/how _____)	1	2	3	4	5	6	7
Lack of curb cuts (specify where/how _____)	1	2	3	4	5	6	7
Lack of accessible route to the visitor center (specify _____)	1	2	3	4	5	6	7
Lack of accessible drinking water fountains (specify where/how _____)	1	2	3	4	5	6	7
Lack of accessible route to the trash/recycling containers (specify _____)	1	2	3	4	5	6	7
Lack of accessible utilities (i.e., electricity) (specify _____)	1	2	3	4	5	6	7
Lack of accessible camping facilities (i.e., tent spaces) (specify _____)	1	2	3	4	5	6	7
Lack of accessible storage facilities (specify _____)	1	2	3	4	5	6	7

	Not A Problem			Neutral			Major Problem
Lack of accessible restrooms	1	2	3	4	5	6	7
Lack of grab bars	1	2	3	4	5	6	7
Lack of appropriate urinal height	1	2	3	4	5	6	7
The width of doorway	1	2	3	4	5	6	7
(specify _____)							

	Not A Problem			Neutral			Major Problem
Lack of knowledgeable and/or helpful park staff regarding accessibility in the park (specify where/how _____)	1	2	3	4	5	6	7

2. (Continues)

	Not A Problem			Neutral		Major Problem	
Lack of appropriate print media	1	2	3	4	5	6	7
Lack of large print	1	2	3	4	5	6	7
Lack of Braille	1	2	3	4	5	6	7
Lack of computer disk	1	2	3	4	5	6	7
(specify _____)							

	Not A Problem			Neutral		Major Problem	
Lack of appropriate communications systems	1	2	3	4	5	6	7
Lack of telephone volume amp	1	2	3	4	5	6	7
Lack of TTY	1	2	3	4	5	6	7
Lack of assistive listening systems	1	2	3	4	5	6	7
Lack of tactile maps	1	2	3	4	5	6	7
Lack of audio description	1	2	3	4	5	6	7
(specify where _____)							

	Not A Problem			Neutral		Major Problem	
The height of the picnic table	1	2	3	4	5	6	7
Lack of clear space for knees	1	2	3	4	5	6	7
Lack of appropriate ground surfaces around the table	1	2	3	4	5	6	7
Lack of firm and stable seating space	1	2	3	4	5	6	7
Lack of appropriate ground slope around the table	1	2	3	4	5	6	7
Lack of smooth surfaces around the table	1	2	3	4	5	6	7
Lack of accessible route to the table	1	2	3	4	5	6	7
(specify where _____)							

	Not A Problem			Neutral		Major Problem	
The height of the grill	1	2	3	4	5	6	7
Lack of appropriate ground surfaces around the grill	1	2	3	4	5	6	7
Lack of clear floor or ground spaces around the grill	1	2	3	4	5	6	7
Lack of appropriate ground slope around the grill	1	2	3	4	5	6	7
(specify where/how _____)							

	Not A Problem			Neutral		Major Problem	
The height of the fire ring	1	2	3	4	5	6	7
Lack of appropriate ground surfaces around the fire ring	1	2	3	4	5	6	7
Lack of clear spaces around the fire ring	1	2	3	4	5	6	7
Lack of appropriate ground slope around the fire ring	1	2	3	4	5	6	7
(specify where/how _____)							

2. (Continues)

	Not A Problem		Neutral			Major Problem	
	1	2	3	4	5	6	7
Lack of accurate information on accessibility in the park (specify where/how _____)	1	2	3	4	5	6	7
Narrow tread width of outdoor recreation access routes (specify where/how _____)	1	2	3	4	5	6	7
Others _____ (specify where/how _____)	1	2	3	4	5	6	7
Others _____ (specify where/how _____)	1	2	3	4	5	6	7
Others _____ (specify where/how _____)	1	2	3	4	5	6	7

3. Does the park have a TTY? Yes No Don't know

4. Is there at least one accessible route of travel to each park facility or program element?
 Yes No Don't know

5. Do park parking lots provide accessible spaces?
 All Some None Don't know

6. Audio description is available for:

Exhibit Areas All Some None Don't know
 Audio Visuals All Some None Don't know

7. If orientation maps (exhibits or brochures) are provided, are they also available in some tactile form? --
 for example: raised line or three dimensional maps.
 All Some None Don't know

8. In your opinion, was information on park accessibility readily available? Yes No (go to question 9)

8a). Were you offered the information on park accessibility without asking for it? Yes No

8b). Did you ask for the information on park accessibility? Yes No

8c). Where did you get information on accessibility? (X applicable categories)

Internet Telephone call to the park Disability resource center
 Park ranger station Visitor center National Center on Accessibility
 others _____

9. Overall, how satisfied are you with the Great Smoky Mountains National Park regarding accessibility in park?
 (circle one number)

Very Dissatisfied			Neutral			Very Satisfied
1	2	3	4	5	6	7

10. What do you like **MOST** about the Great Smoky Mountains National Park regarding accessibility in park? _____

11. What do you like **LEAST** about the Great Smoky Mountains National Park regarding accessibility in park? _____

12. Would you come back to visit the Great Smoky Mountains National Park?

Yes No why or why not? _____

13. Please describe how the Great Smoky Mountains National Park could be improved on accessibility. _____

14. What is your perception of the park's overall accessibility in regard to **programmatic** access:

Not at all Accessible			Neutral			Completely Accessible
1	2	3	4	5	6	7

15. What is your perception of the park's overall accessibility in regard to **physical** access:

Not at all Accessible			Neutral			Completely Accessible
1	2	3	4	5	6	7

16. Could you please rate your personal knowledge of federal accessibility laws and standards:

Not at all Knowledge			Neutral			Very Knowledge
1	2	3	4	5	6	7

17. On a park wide basis how would you rate **programmatic** access to people with:

	Not at all Accessible			Neutral			Completely Accessible
Physical disabilities	1	2	3	4	5	6	7
Visual impairments	1	2	3	4	5	6	7
Hearing impairments	1	2	3	4	5	6	7
Cognitive impairments	1	2	3	4	5	6	7

18. On a park wide basis how would you rate **physical** access to people with:

	Not at all Accessible			Neutral			Completely Accessible
Physical disabilities	1	2	3	4	5	6	7
Visual impairments	1	2	3	4	5	6	7
Hearing impairments	1	2	3	4	5	6	7

19. What are the **THREE** primary challenges you see regarding accessibility in the park?

Part IV. In this section we would like to learn about how you or your travel party member(s) with disabilities planned the national park trip. Think about the GREAT SMOKY MOUNTAINS NATIONAL PARK when you answer.

1. How far in advance did you or your travel party member(s) with disabilities begin planning the trip? (*X one answer*)

The same day 1 week but < 2 weeks 1 month but < 3 months
 Less than one week 2 weeks but < 1 month Other (specify) _____

2. How many nights/miles did you or your travel party member(s) with disabilities spend/travel away from home during the trip? (write in numbers)

_____ Nights _____ Miles

3. Which of the following best describes the people who traveled with you or your travel party member(s) with disabilities? (*X applicable categories*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Church groups | <input type="checkbox"/> Visited alone |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Tour groups | <input type="checkbox"/> Business associates |
| <input type="checkbox"/> Family and friends | <input type="checkbox"/> School groups | <input type="checkbox"/> Other (specify) _____ |

4. Please *X any* of the following sources of information you used while planning the trip.

- | | | |
|--|--|---|
| <input type="checkbox"/> Automobile clubs | <input type="checkbox"/> Relatives | <input type="checkbox"/> Magazine ads/articles |
| <input type="checkbox"/> Travel agents | <input type="checkbox"/> Friends | <input type="checkbox"/> Newspaper ads/articles |
| <input type="checkbox"/> Previous experience | <input type="checkbox"/> Local tourist offices | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Attraction brochures | <input type="checkbox"/> State tourism offices | <input type="checkbox"/> Television |
| <input type="checkbox"/> Commercial guidebooks | <input type="checkbox"/> State highway maps | <input type="checkbox"/> Internet |
| | | <input type="checkbox"/> Other (specify) _____ |

5. In what type of lodging did you or your travel party member(s) with disabilities stay most often during the trip? (*X one answer*)

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Hotel | <input type="checkbox"/> With friends or relatives | <input type="checkbox"/> Bed & breakfast/Inn |
| <input type="checkbox"/> Motel | <input type="checkbox"/> Condominium | <input type="checkbox"/> Cottage/Cabin |
| <input type="checkbox"/> Campground | <input type="checkbox"/> Resort | <input type="checkbox"/> Other (specify) _____ |

6. Have you or your travel party member(s) with disabilities stay IN the park? Yes No (go to Q. 7)

6a) What types of accommodations did you or your travel party member(s) use? _____

6b). How would you rate the effectiveness of the Park's reservations system for camping and/or other lodging? (circle one number)

Very Dissatisfied			Neutral			Very Satisfied
1	2	3	4	5	6	7

7. The following is a list of activities that people participate in while visiting the Park. Please check *each activity* that *at least one member with disabilities* of your travel party participated in during the national park trip.

- | | | |
|---|---|--|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Having a Picnic | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Visiting a historical site | <input type="checkbox"/> Hiking | <input type="checkbox"/> Visiting a museum |
| <input type="checkbox"/> Visiting a scenic area | <input type="checkbox"/> Attending the amphitheater program | <input type="checkbox"/> Visiting the trails |
| <input type="checkbox"/> Boating | | <input type="checkbox"/> Visiting a visitor center |
| | | <input type="checkbox"/> Others _____ |

Part V: The next few questions are about you and your household.

1. What are your County and State? _____ (County) _____ (State)

2. What is your gender? Male Female

3. What is your age? _____

4. What is your level of education? (*X one*)

- | | | |
|--|---|---|
| <input type="checkbox"/> Grade school | <input type="checkbox"/> Some college | <input type="checkbox"/> Some graduate school |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Two years college | <input type="checkbox"/> Master degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Four years college | <input type="checkbox"/> Ph.D. degree |

5. Please indicate your occupation and your spouse's occupation. (*X your answer*)

	Your occupation	Spouse's occupation
Homemaker	<input type="checkbox"/>	<input type="checkbox"/>
Operator/laborer	<input type="checkbox"/>	<input type="checkbox"/>
Production/craft/repair	<input type="checkbox"/>	<input type="checkbox"/>
Technical/sales support	<input type="checkbox"/>	<input type="checkbox"/>
Managerial/professional	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) ____	<input type="checkbox"/>	<input type="checkbox"/>

6. What is your *total household* income (before taxes)? (*X one*)

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$40,000 - \$49,999 | <input type="checkbox"/> \$80,000 - \$89,999 |
| <input type="checkbox"/> \$10,000 - \$19,999 | <input type="checkbox"/> \$50,000 - \$59,999 | <input type="checkbox"/> \$90,000 - \$99,999 |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$60,000 - \$69,999 | <input type="checkbox"/> \$100,000 or more |
| <input type="checkbox"/> \$30,000 - \$39,999 | <input type="checkbox"/> \$70,000 - \$79,999 | |

7. Please use this space for any additional comments about the Great Smoky Mountains National Park, your Park experience or for any suggestions you might have for improving the park or its management.

**Please send us this completed questionnaire in the postage-paid envelope provided.
No stamp is needed. Just drop it in any convenient mailbox.
THANK YOU FOR YOUR HELP!**

To be included in the drawing (\$100 gift certificate good at any National Park Service visitor gift shop), fill in your name and address. (Note: After the drawing activity is finished, we'll destroy the file of your name and address.)

Name:

Address:

City:

State:

Zip Code:

Appendix. Using the 1 to 7 scale provided, where 1 = Not Important and 7 = Extremely Important, rate the importance of each of the following as a trip benefit for you or your travel party member(s) with disabilities.

	Not Important			Neutral			Extremely Important
	1	2	3	4	5	6	7
To explore a new area	1	2	3	4	5	6	7
To learn/increase knowledge	1	2	3	4	5	6	7
To relax	1	2	3	4	5	6	7
To increase fun/joy/enthusiasm	1	2	3	4	5	6	7
To increase cooperation/trust	1	2	3	4	5	6	7
To gain knowledge from park/outdoor classrooms	1	2	3	4	5	6	7
To enhance self-esteem	1	2	3	4	5	6	7
To enhance social interactions	1	2	3	4	5	6	7
To increase appropriate behaviors	1	2	3	4	5	6	7
To improve attitudes toward school	1	2	3	4	5	6	7
To improve physical health and fitness	1	2	3	4	5	6	7
To reduce anger, tension, frustration	1	2	3	4	5	6	7
To decrease sleep disturbance	1	2	3	4	5	6	7
To observe the beauty of nature	1	2	3	4	5	6	7
To get some fresh air	1	2	3	4	5	6	7
Others _____	1	2	3	4	5	6	7
Others _____	1	2	3	4	5	6	7
Others _____	1	2	3	4	5	6	7

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