Superintendent letter to go here
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, Audits and Accountability Team, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

PLEASE GO ON TO NEXT PAGE
VISITING LOWELL NATIONAL HISTORICAL PARK

1. Prior to this visit, how did you and your group get information about Lowell National Historical Park? Please check (√) all that apply.

   _____ RECEIVED NO INFORMATION PRIOR TO VISIT –  GO ON TO QUESTION 2
   _____ STATE TOURIST INFORMATION CENTER
   _____ HIGHWAY INFORMATION (signs and/or 1610 AM radio station)
   _____ CONVENTION/VISITOR BUREAU OR CHAMBER OF COMMERCE
   _____ FRIENDS OR RELATIVES
   _____ OTHER NATIONAL PARK
   _____ OTHER TOURIST ATTRACTION
   _____ TRAVEL GUIDE/TOUR BOOK
   _____ DAUGHTER/SON ATTENDED SCHOOL PROGRAM
   _____ WORLD WIDE WEB SITE
   _____ CONTACTED THE PARK BY PHONE OR MAIL
   _____ NEWSPAPER/MAGAZINE (Please specify:__________________________)
   _____ TV/RADIO
   _____ PREVIOUS VISIT(S)
   _____ OTHER (Please specify:__________________________________________)

2. On this visit, what were your reasons for visiting Lowell National Historical Park? Please check (√) all that apply.

   _____ VISIT A NATIONAL PARK SERVICE SITE
   _____ LEARN ABOUT INDUSTRIAL HISTORY
   _____ LEARN ABOUT HISTORY IN GENERAL
   _____ LEARN ABOUT PERSONAL/FAMILY HISTORY
   _____ SHOW A FRIEND/RELATIVE LOWELL, MASSACHUSETTS AND LOWELL NATIONAL HISTORICAL PARK
   _____ ENJOY RECREATION IN THE PARK (walk, bike, picnic, etc.)
   _____ OTHER (Please specify:__________________________________________)
3. How did this visit to Lowell National Historical Park fit into your travel plans? Please check (✓) only one.

_____ LOWELL NHP WAS THE PRIMARY DESTINATION
_____ LOWELL NHP WAS ONE OF SEVERAL DESTINATIONS
_____ LOWELL NHP WAS NOT A PLANNED DESTINATION

4. On this trip, what other places did you visit in the Lowell National Historical Park area? Please check (✓) all that apply.

_____ NEW ENGLAND QUILT MUSEUM
_____ AMERICAN TEXTILE HISTORY MUSEUM
_____ BRUSH ART GALLERY
_____ WHISTLER HOUSE
_____ OTHER NATIONAL PARK SERVICE SITE
     (Please specify: ____________________________)
_____ ALUMNI FIELD (to attend Lowell Spinners baseball game)
_____ BOSTON, MA
_____ OTHER (Please specify: ____________________________)

5. a) On this trip, how much time did you and your group plan to spend at Lowell National Historical Park?

_____ NUMBER OF HOURS PLANNED

b) On this trip, how much time did you and your group actually spend at Lowell National Historical Park?

_____ NUMBER OF HOURS SPENT

6. a) Did your group have any trouble locating Lowell National Historical Park?

_____ YES  _____ NO  – GO ON TO QUESTION 7

b) If YES, what was the difficulty? Please be specific.

________________________________________________________________________________

PLEASE GO ON TO NEXT PAGE
7. a) Did your group have any trouble finding your way around at Lowell National Historical Park?
   _____ YES  _____ NO – GO ON TO QUESTION 8
   b) If YES, what was the difficulty? Please be specific.

8. On the list below, please check (✓) all of the activities that you and your group participated in during this trip to Lowell National Historical Park.
   _____ VISIT THE VISITOR CENTER
   _____ VISIT BOOTT COTTON MILLS MUSEUM
   _____ VIEW EXHIBITS
   _____ VISIT MUSEUMS
   _____ LEARN ABOUT THE INDUSTRIAL REVOLUTION
   _____ VISIT TSONGAS INDUSTRIAL HISTORY CENTER
   _____ VISIT SUFFOLK MILL TURBINE EXHIBIT
   _____ VISIT BOOTT GALLERY (CHILD LABOR EXHIBIT)
   _____ ATTEND BOARDING HOUSE PARK CONCERT/PERFORMANCE
   _____ OTHER (Please describe: ____________________________________________)

YOU AND YOUR OPINIONS

9. On this visit, how many people were in your group, including yourself?
   _____ NUMBER OF PEOPLE

10. a) On this visit, were you with a guided tour or educational group?
    _____ YES  _____ NO – GO ON TO QUESTION 11
    b) If YES, please indicate the name of the group you were with.
    ______________________________________________________________
11. On this visit, what kind of group were you with? Please check (✓) only one.

   _____ ALONE
   _____ FAMILY WITH CHILDREN
   _____ FAMILY WITHOUT CHILDREN
   _____ FRIENDS
   _____ FAMILY AND FRIENDS
   _____ OTHER (Please describe:__________________________)

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

<table>
<thead>
<tr>
<th>GENDER</th>
<th>CURRENT</th>
<th>U.S. ZIP CODE</th>
<th>NUMBER OF VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>M=Male</td>
<td>AGE</td>
<td>OR NAME OF</td>
<td>MADE TO THIS</td>
</tr>
<tr>
<td>F=Female</td>
<td></td>
<td>FOREIGN</td>
<td>PARK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>COUNTRY</td>
<td>(INCLUDING THIS VISIT)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PAST 12 MONTHS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PAST 5 YEARS</td>
</tr>
</tbody>
</table>

   YOURSELF    _____   _____   ___________________   _____   _____
   MEMBER #2   _____   _____   ___________________   _____   _____
   MEMBER #3   _____   _____   ___________________   _____   _____
   MEMBER #4   _____   _____   ___________________   _____   _____
   MEMBER #5   _____   _____   ___________________   _____   _____
   MEMBER #6   _____   _____   ___________________   _____   _____
   MEMBER #7   _____   _____   ___________________   _____   _____

13. a) Is English the primary language that you and your group speak?

   _____ NO       _____ YES — GO ON TO QUESTION 14

   b) If NO, please list your primary language:__________________________
14. For you and all the **adults** in your group on this visit, please indicate the highest level of education received. Please circle only one for each adult.

**HIGHEST LEVEL OF EDUCATION**

|        | SOME | HS | HS GRAD | BACHELOR DEGREE | GRADUATE SCHOOL |
|--------|------|----|---------|----------------|--|-----|
| YOURSELF | 1    | 2  | 3       | 4               |               |
| ADULT #2 | 1    | 2  | 3       | 4               |               |
| ADULT #3 | 1    | 2  | 3       | 4               |               |
| ADULT #4 | 1    | 2  | 3       | 4               |               |
| ADULT #5 | 1    | 2  | 3       | 4               |               |
| ADULT #6 | 1    | 2  | 3       | 4               |               |
| ADULT #7 | 1    | 2  | 3       | 4               |               |

15. On a future visit to Lowell National Historical Park, what types of interpretive programs would you like to have available? Please check (✓) all that apply.

- [ ] INTERPRETERS IN COSTUME
- [ ] FAMILY ACTIVITIES
- [ ] TEMPORARY MUSEUM EXHIBITS
- [ ] LECTURES
- [ ] CHILDREN’S PROGRAMS
- [ ] MUSIC PROGRAMS
- [ ] TEXTILE DEMONSTRATIONS
- [ ] AUDIO TOURS
- [ ] CANAL-RELATED PROGRAMS
- [ ] BIKE TOURS
- [ ] CRAFT DEMONSTRATIONS
- [ ] MUSEUM TOURS
- [ ] OTHER (Please specify: ____________________________)

16. a) As a result of your visit, do you have a better understanding of why Lowell National Historical Park is nationally significant?

- [ ] YES
- [ ] NO
- [ ] NOT SURE

b) What is the most important information you learned about Lowell National Historical Park?

__________________________________________________________________________
17. a) Please check (√) the visitor services and facilities which you or your group *used* at Lowell National Historical Park during this visit.

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

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

<table>
<thead>
<tr>
<th>a) Used service in Lowell NHP?</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (√)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>VISITOR CENTER SLIDE SHOW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISITOR CENTER MUSEUM EXHIBIT</td>
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<tr>
<td>BOOTT MILLS MUSEUM EXHIBIT</td>
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<tr>
<td><em>WORKING PEOPLE</em> EXHIBIT</td>
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<tr>
<td>MUSEUM STORES</td>
<td></td>
<td></td>
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<tr>
<td>SELF-GUIDED WALKING TOUR</td>
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<tr>
<td>RANGER-LED WALKING TOUR</td>
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<tr>
<td>CANAL TOUR</td>
<td></td>
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<tr>
<td>TROLLEY</td>
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<td></td>
</tr>
<tr>
<td>RESERVATIONS/INFO PHONE LINE</td>
<td></td>
<td></td>
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<tr>
<td>HIGHWAY SIGNS</td>
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<tr>
<td>IN-PARK DIRECTIONAL SIGNS</td>
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<td></td>
</tr>
<tr>
<td>PARKING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESTROOMS</td>
<td></td>
<td></td>
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<tr>
<td>HANDICAPPED ACCESS</td>
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<td></td>
</tr>
</tbody>
</table>

*PLEASE GO ON TO NEXT PAGE*
10

18. a) During this visit, did anything detract from your visit to Lowell National Historical Park?

  _____ YES  _____ NO  – GO ON TO QUESTION 19

  b) If YES, please specify: ___________________________________________

19. a) On the scale below, please indicate from 1 to 5 how safe you and your group felt on this visit to Lowell National Historical Park. Please circle only one.

   **How safe did you feel?**

<table>
<thead>
<tr>
<th>Extremely safe</th>
<th>Extremely unsafe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

   b) If you felt unsafe, please explain why: ________________________________

20. During this trip, how much money did you and your group spend for lodging, travel, food, and other items in the city of Lowell, Massachusetts? Please write "0" if you and your group did not spend any money in Lowell.

   Local residents should only include expenditures that were directly related to this visit to the park.

   $_____ LODGING (motel, camping, etc.)
   $_____ TRAVEL (gas, rental car, bus fare, etc.)
   $_____ FOOD (restaurant, groceries, etc.)
   $_____ OTHER (recreation, film, books, gifts, etc.)

21. a) In your opinion, how appropriate is the amount of the $4 fee for the Boott Cotton Mills Museum? Please circle only one.

   Too high       About right       Too low
   1              2                 3              4                5

   b) In your opinion, how appropriate is the amount of the $4 fee for the canal boat tour? Please circle only one.

   Too high       About right       Too low
   1              2                 3              4                5

22. a) What did you like **most** about your visit to Lowell National Historical Park?
b) What did you like **least** about your visit to Lowell National Historical Park?


23. Overall, how would you rate the quality of the visitor services provided to you and your group at Lowell National Historical Park during this visit? Please circle only **one**.


POOR


24. If you were a manager planning for the future of Lowell National Historical Park, what would you propose? Please be specific.


25. Is there anything else you and your group would like to tell us about your visit to Lowell National Historical Park?


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