

National Monuments and Memorials

Visitor Study



**The
Visitor Services
Project**

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.

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Your Visit to the National Monuments and Memorials

1. Prior to your visit to the National Monuments and Memorials, were you aware that these sites are managed by the National Park Service? Please check (✓) **only one**.

_____ YES _____ NO _____ NOT SURE

2. Prior to your visit to the National Monuments and Memorials, how did you and your group get information about these sites? Please check (✓) **all** that apply.

_____ RECEIVED NO INFORMATION PRIOR TO VISIT - **GO ON TO QUESTION 3**

_____ TRAVEL GUIDEBOOKS

_____ FRIENDS/ RELATIVES WHO HAVE VISITED THE NATIONAL MONUMENTS AND MEMORIALS

_____ MAGAZINE AND NEWSPAPER ARTICLES

_____ "PASSPORT TO YOUR NATIONAL PARKS" - STAMP BOOK

_____ CHILD WHO ATTENDED SCHOOL PROGRAM AT THIS SITE

_____ TELEPHONE/ WRITTEN INQUIRY TO THE NATIONAL MONUMENTS AND MEMORIALS OFFICE

_____ OTHER NATIONAL PARK AREAS

_____ VIDEOS/ TELEVISION/ RADIO PROGRAMS

_____ USE THE INTERNET/ WORLD WIDE WEB

_____ TRAVEL AGENT

_____ OTHER (Please specify: _____)

3. a) During this visit to Washington, D.C. are you and your group staying overnight in the Washington, D.C. area?

_____ YES _____ NO - **GO ON TO QUESTION 4**

- b) If YES, where did you and your group stay? Please check (✓) **all** that apply.

_____ WITHIN THE DISTRICT OF COLUMBIA

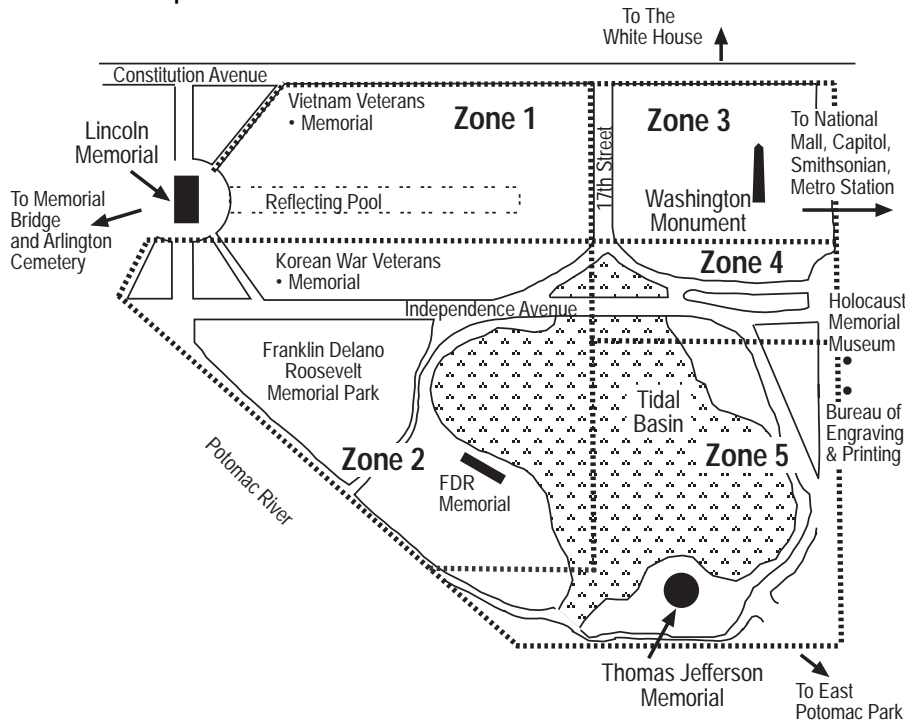
_____ IN THE METROPOLITAN AREA OF VIRGINIA

_____ IN THE METROPOLITAN AREA OF MARYLAND

4. a) Did you and your group walk or take the tourmobile to arrive at the National Monuments and Memorials shown on the map below?

_____ YES _____ NO - **GO ON TO QUESTION 5**

- b) For the day you received this questionnaire, please circle the number of the zone where you entered the National Monuments and Memorials, as shown in the map below.



5. a) How long did you and your group plan to stay at the National Monuments and Memorials on the day you received this questionnaire?

NUMBER OF HOURS PLANNED (Please list partial hours as 1/4, 1/2, etc.)

- b) On the day you received this questionnaire, how long did you and your group actually stay at the National Monuments and Memorials?

NUMBER OF HOURS STAYED (Please list partial hours as 1/4, 1/2, etc.)

- c) On the day you received this questionnaire, what time of day did you and your group **first arrive** at the National Monuments and Memorials in Washington, D.C.? Please circle **only one**.

MORNING
(Before noon)

AFTERNOON
(Noon to 6 p.m.)

EVENING
(After 6 p.m.)

- d) During this trip to Washington, D.C., did you and your group visit the National Monuments and Memorials on more than one day?

_____ YES _____ NO

PLEASE GO ON TO NEXT PAGE ➔

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6. On this visit, what were you and your group's **reasons for visiting** the National Monuments and Memorials? Please check (√) **all** that apply.

- VISIT A NATIONAL PARK SERVICE SITE
- HAVE ALWAYS WANTED TO SEE THIS SITE
- LEARN ABOUT UNITED STATES HISTORY
- LEARN ABOUT PERSONAL/ FAMILY HISTORY
- PART OF PREPACKAGED TOUR
- SHOW A FRIEND/ RELATIVE THE NATIONAL MONUMENTS AND MEMORIALS OF WASHINGTON, D.C.
- PERSONAL REASONS TO HONOR THOSE WHO DIED IN WAR
- ENJOY RECREATION IN THE PARK (walk, bicycle, picnic, relax, etc.)
- TO PURCHASE A BOOK OR SOUVENIR
- OTHER (Please specify: _____)

7. a) During this visit to the National Monuments and Memorials, did you receive information from a park ranger/ employee?

YES NO - **GO ON TO QUESTION 8**

[

b) If YES, did the park ranger/ employee start the conversation with you?

YES NO NOT SURE

c) Was the park ranger/ employee courteous and helpful? Please circle **one**.

	Not courteous	helpful	Average	Extremely courteous/ helpful	
COURTEOUS	1	2	3	4	5
HELPFUL	1	2	3	4	5

d) What type of information did you discuss with the park ranger/ employee?
Please check (√) **all** that apply.

- GENERAL CONVERSATION
- DIRECTIONS/ ORIENTATION
- DESCRIPTIVE/ HISTORICAL INFORMATION ABOUT MONUMENTS & MEMORIALS
- OTHER (Please specify: _____)

8. On this visit, which of the following forms of transportation did you and your group use to reach the National Monuments and Memorials? Please check (✓) **all** that apply.

TOURMOBILE
 TROLLEY
 WALK
 METROBUS AND/ OR METRORAIL
 A BUS/ VAN TOUR WITH LOCAL WASHINGTON, D.C. AREA GUIDE
 A BUS/ VAN TOUR WITH GUIDE FROM OUTSIDE THE WASHINGTON, D.C. AREA
 OTHER (Please specify: _____)

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

_____ NUMBER OF PEOPLE

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

ALONE
 FAMILY
 FRIENDS
 BUSINESS ASSOCIATE
 FAMILY AND FRIENDS
 OTHER (Please describe: _____)

11. For you and your group, please indicate:

	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	NUMBER OF VISITS TO THIS PARK SITE (INCLUDING THIS VISIT)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

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12. a) Please check (✓) the visitor information services which you or your group **used** during this visit to the National Monuments and Memorials.
- 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.

Use visitor service? quality?	If used, how important?					If used, what				
	Not important				Extremely important	Very poor				Very good
Check (✓)	1	2	3	4	5	1	2	3	4	5
_____ WELCOME TO WASHINGTON BROCHURE/ MAP (color)					_____					_____
_____ SITE BROCHURES (color)					_____					_____
_____ OTHER BROCHURES (black and white)					_____					_____
_____ SALES PUBLICATIONS/ BOOK SHOP					_____					_____
_____ VISITOR INFORMATION STATIONS (kiosks)					_____					_____
_____ ASSISTANCE FROM RANGER STAFF					_____					_____
_____ RANGER-LED WALKS/ TALKS/ TOURS					_____					_____
_____ OUTDOOR MAPS					_____					_____
_____ WASHINGTON MONUMENT OUTDOOR EXHIBITS					_____					_____
_____ LINCOLN LEGACY EXHIBIT (in Lincoln Memorial)					_____					_____
_____ SITE INFORMATION RADIO STATION (1170 AM)					_____					_____

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

VERY GOOD GOOD AVERAGE POOR VERY POOR

14. a) During a future visit to the National Monuments and Memorials, what type of informational/ interpretive program would you prefer to attend? Please check (✓) **all** that apply.

- _____ NONE - **GO ON TO QUESTION 15**
- _____ BASIC INFORMATION ABOUT THE MONUMENTS AND MEMORIALS (15 minute program)
- _____ MORE IN-DEPTH INFORMATION ON SIGNIFICANCE OF MONUMENTS AND MEMORIALS (30 minute program)
- _____ DETAILED PROGRAMS AND TOURS HIGHLIGHTING SPECIAL FEATURES OF MONUMENTS AND MEMORIALS (1 hour program)

- b) On a future visit to the National Monuments and Memorials, what subjects would you be most interested in learning about? Please check (✓) **all** that apply.

- _____ ARCHITECTURE/ CONSTRUCTION OF THE MONUMENTS AND MEMORIALS
- _____ PEOPLE COMMEMORATED BY THE MONUMENTS AND MEMORIALS
- _____ HISTORY OF THE MONUMENTS AND MEMORIALS
- _____ SIGNIFICANCE OF THE MONUMENTS AND MEMORIALS
- _____ HOW THE MONUMENTS AND MEMORIALS FIT INTO WASHINGTON, D.C. (the Federal City) HISTORY
- _____ OTHER (Please describe:_____)

- c) On a future visit to the National Monuments and Memorials, how would you prefer to learn about the above subjects? Please check (✓) **all** that apply.

- _____ RANGER-LED WALKING TOUR
- _____ RANGER TALK
- _____ RANGER IN COSTUME (LIVING HISTORY) PROGRAM
- _____ CHILDREN'S PROGRAM (ranger-led)
- _____ BROCHURE
- _____ OTHER PUBLICATIONS (such as books, videos, etc.)
- _____ INDOOR EXHIBITS
- _____ OUTDOOR EXHIBITS
- _____ AUDIO TOUR
- _____ OTHER (Please describe:_____)

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15. What do you feel is the significance of the National Monuments and Memorials in Washington, D.C.?

16. a) Junior Ranger programs for children are offered at many locations of the National Park System. In your group, do you have children who might be interested in participating in a National Monuments and Memorials Junior Ranger Program on a future visit?

YES NO NOT SURE
↓ ↘ → ↘ → **GO ON TO QUESTION 17**

- b) On a future visit, would you prefer a program in which the children attend a Junior Ranger Program on their own **OR** a Junior Ranger Program which involves the parents in the activities? Please check **only one**.

JUNIOR RANGER PROGRAM FOR CHILDREN ONLY (4 hours)
 JUNIOR RANGER PROGRAM INVOLVING PARENTS (1 1/2 hours)

- c) On a future visit, what starting and ending times would you prefer for the Junior Ranger Program? Please write in the times and circle a.m. or p.m.

START TIME END TIME
_____ A.M./ P.M. _____ A.M./ P.M.

17. a) The National Monuments and Memorials are open daily until midnight and lighted after dark. On a future visit, would you and your group be interested in attending an **evening program** by a park ranger?

YES, LIKELY NO, UNLIKELY NOT SURE
↓ ↘ → ↘ → **GO ON TO QUESTION 18**

- b) If YES, what starting and ending times would you prefer to attend an evening program?

START TIME END TIME
_____ P.M. _____ P.M.

18. a) On this visit, what did you and your group like **most** about your visit to the National Monuments and Memorials?

b) On this visit, what did you and your group like **least** about your visit to the National Monuments and Memorials?

19. If you were a manager planning for the future of information/ interpretation at the National Monuments and Memorials what would you propose? Please be specific.

20. Is there anything else you and your group would like to tell us about your visit to the National Monuments and Memorials?

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



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OFFICIAL BUSINESS

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