National Monuments and Memorials

Visitor Study
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.
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
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.

<table>
<thead>
<tr>
<th>Not courteous</th>
<th>Helpful</th>
<th>Average</th>
<th>Extremely courteous/ helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>COURTEOUS</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HELPFUL</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>CURRENT AGE</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
<th>NUMBER OF VISITS TO THIS PARK SITE (INCLUDING THIS VISIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEMBER #7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE GO ON TO NEXT PAGE
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.

<table>
<thead>
<tr>
<th>Use visitor service? quality?</th>
<th>If used, how important?</th>
<th>If used, what</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (v)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ________________________________)

PLEASE GO ON TO NEXT PAGE
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.
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