Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Colonial enjoy, the places they visit within the park, and to more accurately count visitors.

This questionnaire is only being given to a select number of visitors. Your participation is very important! It should only take a few minutes of your time during your visit to Colonial.

When your visit is over, please complete the questionnaire. Then, seal it with the sticker provided on the last page and simply drop it in any U.S. mailbox.

Please be assured that all of the information is confidential. Do not write your name on the questionnaire. If you have any questions, write your name on the questionnaire. If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate you help.

Sincerely,

David Moffitt, Superintendent

IMPORTANT

Colonial National Historical Park includes Jamestown National Historic Site, Yorktown National Battlefield, and the Colonial Parkway.

When did you first enter Colonial National Historical Park this visit?

_____ DAY OF THE WEEK (M,T,W,Th,F,S,Su)

_____ TIME OF DAY _____ am. _____ pm.

DIRECTIONS

One person 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. No postage is needed.
PLACES YOU VISITED

On the map below, please indicate the order of the places you visited in Colonial National Historical Park. Simply write 1st, 2nd, 3rd, and so forth, in the box beside each place you visited.

If you did not visit any of these places, please go on to page 6.
YOUR ACTIVITIES

Please check (✓) the activities that you and your group did in Colonial National Historical Park during your visit. (Please check all that apply.)

- ATTEND FILM OR AUDIO-VISUAL PROGRAM
- ATTEND PROGRAM GIVEN BY A RANGER
- VIEW OUTDOOR EXHIBITS
- VIEW INDOOR EXHIBITS
- TAKE SELF-GUIDED WALK
- TOUR BY CAR WITH CASSETTE TAPE
- USE AUDIO MESSAGE
- SHOP AT BOOKSTORE
- PICNIC

- OUTDOOR ACTIVITIES--
  (sunbathing, fishing, relaxing, etc.)

- OTHER (please describe: ____________________________ )

YOU AND YOUR OPINIONS

We hope you enjoyed your visit to Colonial National Historical Park. Below are several questions that will help us learn about the people who participated in the study and their thoughts about the park.

1. How many hours did you spend in Colonial National Historical Park this visit?
   - NUMBER OF HOURS

2. How many people were in your group?
   - NUMBER OF PEOPLE

3. What kind of group were you with?
   - ALONE
   - FAMILY
   - FRIENDS
   - FAMILY AND FRIENDS
   - GUIDED TOUR GROUP
   - OTHER GROUP (please describe: ____________________________ )
4. For yourself and each member of your group, please indicate:

1) your age on your last birthday

2) the zip code of your permanent residence (if you are from a country other than the United States, please give the name of that country), and

3) the number of times you have visited Colonial National Historical Park, including this visit.

<table>
<thead>
<tr>
<th>AGE</th>
<th>ZIP CODE (country)</th>
<th>TIMES VISITED</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>
</tbody>
</table>

additional members (If large group, indicate sponsoring organization)

5. Are you or any of your group a member (or related to a member) of the U.S. armed forces stationed in southeastern Virginia?

- YES
- NO

If so, which base?

6. During this visit to the Williamsburg area, which other attractions did you and your group visit? (Please check all that apply.)

- BUSCH GARDENS
- COLONIAL WILLIAMSBURG
- VIRGINIA BEACH
- WILLIAMSBURG POTTERY FACTORY
- JAMESTOWN FESTIVAL PARK
- YORKTOWN VICTORY CENTER
- OTHER (Please list: ____________________________)

PLEASE GO ON TO NEXT PAGE
7. Why did you and your group come to Colonial National Historical Park? (Please describe your reasons.)


8. Did you find it difficult to locate Colonial National Historical Park?

   YES

   NO

   If so, how could locating Colonial National Historical Park be made easier? (Please explain.)


9. Is there anything else you would like to tell us about your visit to Colonial National Historical Park?


Thank you for your help. Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox—no postage is needed.