

# Rock Creek Park Visitor Study



**The  
Visitor Services  
Project**

**United States Department of the Interior****NATIONAL PARK SERVICE**

Rock Creek Park  
3545 Williamsburg Lane, N.W.  
Washington, D.C. 20008-1207

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Rock Creek Park. This will assist us in our efforts to better manage this site and to serve you, the visitor.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take a few minutes to complete during or after your visit.

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

If you have any questions, please contact Margaret Littlejohn, VSP Coordinator, Cooperative Park Studies Unit, College of Forestry, Wildlife and Range Sciences, University of Idaho, Moscow, Idaho 83844-1133.

We appreciate your help.

Sincerely,

/s/

Adrienne A. Coleman  
Superintendent

### 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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### VISITING ROCK CREEK PARK

1. How did you and your group get information about Rock Creek Park? Please check ( ) **all** that apply.

- \_\_\_\_\_ RECEIVED NO INFORMATION PRIOR TO VISIT ➔ **GO ON TO QUESTION 2**
- \_\_\_\_\_ PREVIOUS VISIT(S)
- \_\_\_\_\_ INTERNET/ WORLD WIDE WEB
- \_\_\_\_\_ WASHINGTON D. C. DEPARTMENT OF RECREATION
- \_\_\_\_\_ LOCAL TOURISM MAGAZINE/ NEWSPAPER/ BROCHURE
- \_\_\_\_\_ NATIONAL MAGAZINES OR NEWSPAPERS
- \_\_\_\_\_ TRAVEL GUIDE/ TOUR BOOK
- \_\_\_\_\_ OTHER NATIONAL PARK SITE
- \_\_\_\_\_ WORD OF MOUTH/ FRIEND OR RELATIVE
- \_\_\_\_\_ LIBRARY
- \_\_\_\_\_ CALENDAR OF EVENTS
- \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

2. On this visit, what forms of transportation did you and your group use to **arrive at Rock Creek Park**? Please check ( ) **all** that apply.

- \_\_\_\_\_ PRIVATE VEHICLE
- \_\_\_\_\_ RENTAL CAR
- \_\_\_\_\_ BUS
- \_\_\_\_\_ METRO
- \_\_\_\_\_ WALK
- \_\_\_\_\_ BICYCLE
- \_\_\_\_\_ IN-LINE SKATES
- \_\_\_\_\_ GROUP BUS/ SCHOOL BUS
- \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

3. On this trip, how much total time did you and your group spend at Rock Creek Park?

If **less** than 24 hours: \_\_\_\_\_ NUMBER OF HOURS

4. On the list below, please check ( ) **all** of the activities that you and your group participated in during this visit to Rock Creek Park.

\_\_\_\_\_ ART (paint, sketch, draw, photography, etc.)

\_\_\_\_\_ WALK DOG

\_\_\_\_\_ BICYCLE

\_\_\_\_\_ JOG/ WALK/ HIKE

\_\_\_\_\_ IN-LINE SKATES

\_\_\_\_\_ HORSEBACK RIDING

\_\_\_\_\_ GOLF

\_\_\_\_\_ TENNIS

\_\_\_\_\_ NATURE STUDY (view wildlife, birdwatch, etc.)

\_\_\_\_\_ ATTEND A CONCERT

\_\_\_\_\_ EXPERIENCE/ STUDY HISTORY

\_\_\_\_\_ RELAX/ SUNBATHE

\_\_\_\_\_ PICNIC

\_\_\_\_\_ THROW FRISBEE

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

5. Please circle **all** of the seasons during which you or members of your group have visited Rock Creek Park.

SPRING  
(April-May)

SUMMER  
(June-August)

FALL  
(September-November)

WINTER  
(December-March)

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6. On the list below, please indicate the sites you and your group visited in Rock Creek Park **during this trip**. Simply check ( ) the line next to each site you visited.

- \_\_\_\_\_ NATURE CENTER AND PLANETARIUM
- \_\_\_\_\_ COMMUNITY GARDENS
- \_\_\_\_\_ MILLER CABIN
- \_\_\_\_\_ PUBLIC GOLF COURSE
- \_\_\_\_\_ TENNIS COURTS
- \_\_\_\_\_ CARTER BARRON AMPHITHEATER
- \_\_\_\_\_ PIERCE MILL
- \_\_\_\_\_ MERIDIAN HILL PARK
- \_\_\_\_\_ OLD STONE HOUSE
- \_\_\_\_\_ DUMBARTON OAKS PARK
- \_\_\_\_\_ MONTROSE PARK
- \_\_\_\_\_ BATTERY KEMBLE PARK
- \_\_\_\_\_ FORT RENO PARK
- \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

7. a) How often have you visited Rock Creek Park? Please check ( ) **only one**.

- \_\_\_\_\_ THIS WAS FIRST VISIT → **GO ON TO QUESTION 8**
- \_\_\_\_\_ THIS WAS A RETURN VISIT



- b) If this was a **return** visit, how often have you visited during the past year? Please check ( ) **only one**.

- \_\_\_\_\_ EVERY DAY
- \_\_\_\_\_ 1 TO 6 TIMES A WEEK
- \_\_\_\_\_ 2 TO 3 TIMES A MONTH
- \_\_\_\_\_ ONCE A MONTH
- \_\_\_\_\_ LESS THAN ONCE A MONTH

8. a) On this visit, were you with a guided tour or educational group?

\_\_\_\_\_ YES      \_\_\_\_\_ NO ➔ **GO ON TO QUESTION 9**



- b) If YES, how many people were in the guided tour or educational group?

\_\_\_\_\_ NUMBER OF PEOPLE

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

\_\_\_\_\_ NUMBER OF PEOPLE

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

\_\_\_\_\_ ALONE

\_\_\_\_\_ FAMILY

\_\_\_\_\_ FRIENDS

\_\_\_\_\_ FAMILY AND FRIENDS

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

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

|           | <b>CURRENT<br/>AGE</b> | <b>U.S. ZIP CODE<br/>OR NAME OF<br/>FOREIGN COUNTRY</b> | <b>NUMBER OF VISITS<br/>TO THIS PARK<br/>(INCLUDING THIS VISIT)</b> |
|-----------|------------------------|---|---|
| YOURSELF  | _____                  | _____   | _____   |
| MEMBER #2 | _____                  | _____   | _____   |
| MEMBER #3 | _____                  | _____   | _____   |
| MEMBER #4 | _____                  | _____   | _____   |
| MEMBER #5 | _____                  | _____   | _____   |
| MEMBER #6 | _____                  | _____   | _____   |
| MEMBER #7 | _____                  | _____   | _____   |

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12. a) Is English the primary language regularly spoken by you and your group?

NO                       YES → **GO ON TO QUESTION 13**



b) If NO, what languages do you or members of your group regularly speak? Please check ( ) **all** that apply.

ENGLISH

KOREAN

JAPANESE

GERMAN

SPANISH

FRENCH

CHINESE

OTHER (Please specify: \_\_\_\_\_ )

13. In what ethnicity and race would you place yourself?

Ethnicity:

HISPANIC OR LATINO

NOT HISPANIC OR LATINO

Race (check one or more):

AMERICAN INDIAN OR ALASKA NATIVE

ASIAN

BLACK OR AFRICAN AMERICAN

HISPANIC OR LATINO

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

WHITE



14. a) Please check ( ) the visitor facilities which you or your group **used** at Rock Creek Park during this visit.
- b) Next, for only those facilities which you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those facilities which you or your group used, please rate their **quality** from 1-5.

| a) Used facility in<br>Rock Creek Park? | b) If used,<br>how important? |   |                        |   |   | c) If used,<br>what quality? |   |              |   |   |
|---|-------------------------------|---|------------------------|---|---|------------------------------|---|--------------|---|---|
|   | Not<br>important              |   | Extremely<br>important |   |   | Very<br>poor                 |   | Very<br>good |   |   |
| Check (✓)                               | 1                             | 2 | 3                      | 4 | 5 | 1                            | 2 | 3            | 4 | 5 |
| _____ RESTROOMS                         |                               |   |                        |   |   | _____                        |   |              |   |   |
| _____ PICNIC AREAS                      |                               |   |                        |   |   | _____                        |   |              |   |   |
| _____ TRAILS                            |                               |   |                        |   |   | _____                        |   |              |   |   |
| _____ ROADS                             |                               |   |                        |   |   | _____                        |   |              |   |   |
| _____ DIRECTIONAL SIGNS                 |                               |   |                        |   |   | _____                        |   |              |   |   |
| _____ PARKING                           |                               |   |                        |   |   | _____                        |   |              |   |   |
| _____ CARTER-BARRON AMPHITHEATER        |                               |   |                        |   |   | _____                        |   |              |   |   |
| _____ PUBLIC HORSE STABLES              |                               |   |                        |   |   | _____                        |   |              |   |   |
| _____ GOLF COURSE                       |                               |   |                        |   |   | _____                        |   |              |   |   |
| _____ TENNIS COURTS                     |                               |   |                        |   |   | _____                        |   |              |   |   |
| _____ HANDICAPPED ACCESSIBILITY         |                               |   |                        |   |   | _____                        |   |              |   |   |
| _____ GARBAGE COLLECTION/ RECYCLING     |                               |   |                        |   |   | _____                        |   |              |   |   |

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15. a) Please check ( ) the information and interpretive services which you or your group **used** at Rock Creek 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.

| a) Used service in<br>Rock Creek Park? | b) If used,<br>how important? |   |                        |   |   | c) If used,<br>what quality? |   |              |   |   |
|--|-------------------------------|---|------------------------|---|---|------------------------------|---|--------------|---|---|
|  | Not<br>important              |   | Extremely<br>important |   |   | Very<br>poor                 |   | Very<br>good |   |   |
| Check (√)                              | 1                             | 2 | 3                      | 4 | 5 | 1                            | 2 | 3            | 4 | 5 |
| _____ BOOKSHOPS                        |                               |   |                        |   |   |                              |   |              |   |   |
| _____ RANGER-LED TOURS OR PROGRAMS     |                               |   |                        |   |   |                              |   |              |   |   |
| _____ NATURE CENTER INFORMATION DESK   |                               |   |                        |   |   |                              |   |              |   |   |
| _____ PIERCE MILL INFORMATION DESK     |                               |   |                        |   |   |                              |   |              |   |   |
| _____ PARK BROCHURE/ MAP               |                               |   |                        |   |   |                              |   |              |   |   |
| _____ BULLETIN BOARDS                  |                               |   |                        |   |   |                              |   |              |   |   |
| _____ ASSISTANCE FROM PARK STAFF       |                               |   |                        |   |   |                              |   |              |   |   |

16. On this visit, what were your **reasons for visiting** Rock Creek Park? Please check ( ) **all** that apply.

- \_\_\_\_\_ VISIT A NATURE CENTER
- \_\_\_\_\_ ESCAPE CITY ENVIRONMENT
- \_\_\_\_\_ EXPERIENCE SOLITUDE
- \_\_\_\_\_ COMMUTE TO WORK
- \_\_\_\_\_ EXERCISE
- \_\_\_\_\_ SPEND TIME WITH FAMILY/ FRIENDS
- \_\_\_\_\_ EDUCATION: LEARN ABOUT HISTORY, NATURE
- \_\_\_\_\_ ENJOY NATURAL HISTORY
- \_\_\_\_\_ CONNECT WITH THE PAST
- \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

17. For each of the following features or qualities of Rock Creek Park, please rate its importance (from 1 to 5 or don't know) to you and your group. Please circle **one** answer for each feature or quality.

| <b>How important?</b>                                | Not important | Somewhat important | Extremely important | Don't know |   |    |
|--|---------------|--------------------|---------------------|------------|---|----|
| SCENIC BEAUTY  | 1             | 2                  | 3                   | 4          | 5 | DK |
| NATIVE PLANTS AND ANIMALS                            | 1             | 2                  | 3                   | 4          | 5 | DK |
| RECREATIONAL OPPORTUNITIES<br>(walking, biking etc.) | 1             | 2                  | 3                   | 4          | 5 | DK |
| EDUCATIONAL OPPORTUNITIES                            | 1             | 2                  | 3                   | 4          | 5 | DK |
| SOLITUDE/ QUIET                                      | 1             | 2                  | 3                   | 4          | 5 | DK |
| WILDNESS   | 1             | 2                  | 3                   | 4          | 5 | DK |
| CULTURAL/ HISTORIC SITES AND<br>RESOURCES            | 1             | 2                  | 3                   | 4          | 5 | DK |
| CLEAN AIR  | 1             | 2                  | 3                   | 4          | 5 | DK |
| CLEAN WATER  | 1             | 2                  | 3                   | 4          | 5 | DK |

18. On a future visit to Rock Creek Park, what types of ranger-led programs would you like to have available? Please check ( ) **all** that apply.

- NOT INTERESTED IN RANGER-LED PROGRAMS ➔ **GO ON TO QUESTION 19**  
 NATURE WALKS  
 HISTORICAL TOUR  
 CHILDREN'S ACTIVITIES  
 JUNIOR RANGER  
 PROGRAMS IN MORE THAN ONE LANGUAGE  
 ADULT PROGRAMS  
 OTHER (Please specify: \_\_\_\_\_)

**PLEASE GO ON TO NEXT PAGE**



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19. a) Are you and your group interested in learning about Rock Creek Park's natural and cultural resources?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

\_\_\_\_\_ NOT SURE



**GO ON TO QUESTION 20**

b) On a future visit to Rock Creek Park, how would you and your group prefer to learn about the park's natural and cultural resources? Please check ( ) **all** that apply.

\_\_\_\_\_ BROCHURES

\_\_\_\_\_ RANGER-LED PROGRAMS

\_\_\_\_\_ ROVING RANGERS

\_\_\_\_\_ INTERNET/ WORLD WIDE WEB

\_\_\_\_\_ CALENDER OF EVENTS

\_\_\_\_\_ PUBLIC SERVICE ANNOUNCEMENTS

\_\_\_\_\_ TRAILSIDE EXHIBITS

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

20. On a future visit, what subjects would you and your group be most interested in learning about at Rock Creek Park? Please check ( ) **all** that apply.

\_\_\_\_\_ NATURAL HISTORY

\_\_\_\_\_ HISTORY

\_\_\_\_\_ ASTRONOMY

\_\_\_\_\_ ART

\_\_\_\_\_ GARDENING

\_\_\_\_\_ RECREATIONAL OPPORTUNITIES

\_\_\_\_\_ EDUCATIONAL OPPORTUNITIES

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

21. a) On this visit, did you and your group visit the Rock Creek Park Nature Center?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO ➔ **GO ON TO QUESTION 22**



b) What were your reasons for visiting the Rock Creek Nature Center? Please check ( ) **all** that apply.

- \_\_\_\_\_ USE THE RESTROOMS
- \_\_\_\_\_ USE THE TELEPHONE
- \_\_\_\_\_ OBTAIN A MAP
- \_\_\_\_\_ OBTAIN INFORMATION FROM THE PARK STAFF
- \_\_\_\_\_ VIEW THE EXHIBITS
- \_\_\_\_\_ VIEW THE SLIDE SHOW/ MOVIE/ VIDEO
- \_\_\_\_\_ PURCHASE BOOKS AND SALES ITEMS
- \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

22. a) What did you and your group like **most** about the Rock Creek Park Nature Center?

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b) What did you and your group like **least** about the Rock Creek Park Nature Center?

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23. a) Are you interested in attending live performances at the Carter-Barron Amphitheater on a future visit to Rock Creek Park?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      \_\_\_\_\_ NOT SURE



**GO ON TO QUESTION 24**

b) What types of performances would you like to attend at the Carter-Barron Amphitheater on a future visit? Please be as specific as possible.

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**PLEASE GO ON TO NEXT PAGE**





26. If you were a manager planning for the future of Rock Creek Park, what would you propose? Please be specific.

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27. Is there anything else you and your group would like to tell us about your visit to Rock Creek Park?

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

VERY GOOD      GOOD      AVERAGE      POOR      VERY POOR

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**

**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**