Rock Creek Park
Visitor Study

The Visitor Services Project
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.
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)

PLEASE GO ON TO NEXT PAGE
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:

<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 (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) 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.

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

**PLEASE GO ON TO NEXT PAGE**
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.

<table>
<thead>
<tr>
<th>a) Used service in Rock Creek Park?</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bookshops</td>
<td>Not important</td>
<td>Ex. important</td>
</tr>
<tr>
<td>Ranger-led tours or programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nature center information desk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pierce Mill information desk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Park brochure/map</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulletin boards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance from park staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>How important?</th>
<th>Not important</th>
<th>Somewhat important</th>
<th>Extremely important</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCENIC BEAUTY</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>NATIVE PLANTS AND ANIMALS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>RECREATIONAL OPPORTUNITIES (walking, biking etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>EDUCATIONAL OPPORTUNITIES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>SOLITUDE/ QUIET</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>WILDERNESS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>CULTURAL/ HISTORIC SITES AND RESOURCES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>CLEAN AIR</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>CLEAN WATER</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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 ➤
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?  

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

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.  

________________________________________________________________________

________________________________________________________________________

PLEASE GO ON TO NEXT PAGE ➤
24. a) As a result of your visit, do you have a better understanding of why Rock Creek National Park is nationally significant?

_____ YES  

_____ NO  

_____ NOT SURE  

GO ON TO QUESTION 25

b) In your opinion, what is most significant or special about Rock Creek Park?

______________________________________________

______________________________________________

______________________________________________

25. a) What did you and your group like **most** about your visit to Rock Creek Park?

______________________________________________

______________________________________________

______________________________________________

b) What did you and your group like **least** about your visit to Rock Creek Park?

______________________________________________

______________________________________________

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

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

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

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

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.
OFFICIAL BUSINESS

Visitor Services Project
Cooperative Park Studies Unit
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College of Forestry, Wildlife and Range Sciences
University of Idaho
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