

# **New Bedford Whaling National Historical Park Visitor Study**



**The  
Visitor Services  
Project**

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

New Bedford National Historical Park  
22 William Street  
New Bedford, MA 02740

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to the New Bedford Whaling National Historical 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,

John Piltzecker  
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.

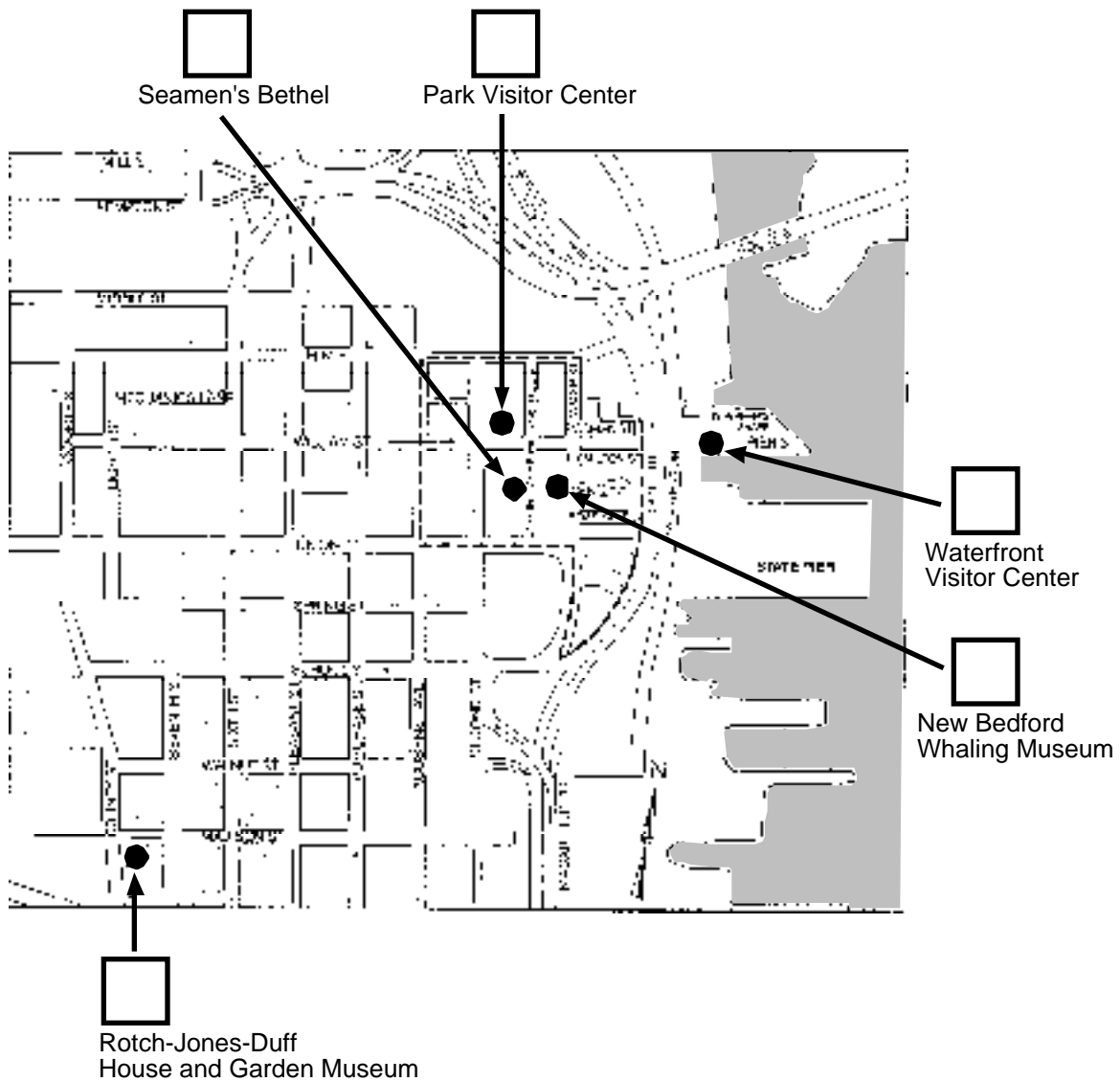
**PLEASE GO ON TO NEXT PAGE**



### VISITING NEW BEDFORD WHALING NATIONAL HISTORICAL PARK

1. Prior to this visit, were you aware that New Bedford Whaling National Historical Park existed?
- \_\_\_\_\_ YES                      \_\_\_\_\_ NO                      \_\_\_\_\_ NOT SURE

2. The map below shows the sites that make up New Bedford Whaling National Historical Park. Please mark the **order** in which you and your group visited these sites **during this visit**. Simply write 1 (for first site visited), 2 (for second site visited), and so forth in the boxes beside the sites on the map. If you did not visit a site, please leave the box blank.



3. Prior to this visit, how did you and your group get information about New Bedford Whaling National Historical Park? Please check ( ) **all** that apply.

\_\_\_\_\_ RECEIVED NO INFORMATION PRIOR TO VISIT – **GO ON TO QUESTION 4**

\_\_\_\_\_ PREVIOUS VISIT(S)

\_\_\_\_\_ FRIENDS OR RELATIVES

\_\_\_\_\_ HIGHWAY SIGNS

\_\_\_\_\_ HIGHWAY INFORMATION CENTER

\_\_\_\_\_ CONVENTION/VISITOR BUREAU OR CHAMBER OF COMMERCE

\_\_\_\_\_ NATIONAL PARK SERVICE PUBLICATION

\_\_\_\_\_ OTHER TOURIST ATTRACTION

\_\_\_\_\_ TRAVEL GUIDE/TOUR BOOK

\_\_\_\_\_ MASSACHUSETTS *GETAWAY GUIDE*

\_\_\_\_\_ CONTACTED THE PARK BY PHONE OR MAIL

\_\_\_\_\_ NEWSPAPER/MAGAZINE

\_\_\_\_\_ WORLD WIDE WEB SITE (INTERNET):

(Please check: National Park Service web page \_\_\_\_\_

City of New Bedford web page \_\_\_\_\_

Other web page \_\_\_\_\_)

\_\_\_\_\_ TV/RADIO

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

4. a) On this trip, how much time did you and your group **plan to spend** in New Bedford?

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

If 24 hours or **more**: \_\_\_\_\_ NUMBER OF DAYS  
(Please list partial days as 1/4, 1/2, etc.)

- b) On this trip, how much time did you and your group **actually spend** in New Bedford?

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

If 24 hours or **more**: \_\_\_\_\_ NUMBER OF DAYS  
(Please list partial days as 1/4, 1/2, etc.)

**PLEASE GO ON TO NEXT PAGE**



6

5. On this trip, where did you and your group spend the night prior to arriving at New Bedford Whaling National Historical Park? Please check ( ) **only** one.

- AT MY PLACE OF RESIDENCE
- STAYED WITH FRIENDS/ RELATIVES
- MOTEL/ HOTEL (Please specify location/town: \_\_\_\_\_)
- RESORT (Please specify location/town: \_\_\_\_\_)
- BED & BREAKFAST (Please specify location/town: \_\_\_\_\_)
- RENTAL HOUSE/CONDOMINIUM  
(Please specify location/town: \_\_\_\_\_)
- CAMPGROUND (Please specify location/town: \_\_\_\_\_)
- OTHER (Please specify: \_\_\_\_\_)

6. What forms of transportation did you and/or your group use to arrive in New Bedford on this trip? Please check ( ) **all** that apply.

- PRIVATE CAR
- RENTAL CAR
- RECREATIONAL VEHICLE (RV)
- BUS
- AIRPLANE
- FERRY
- PRIVATE BOAT
- BICYCLE
- OTHER (Please specify: \_\_\_\_\_)

7. How did this visit to New Bedford fit into your travel plans? Please check ( ) **only one**.

- NEW BEDFORD WAS THE PRIMARY DESTINATION
- NEW BEDFORD WAS ONE OF SEVERAL DESTINATIONS
- NEW BEDFORD WAS NOT A PLANNED DESTINATION

8. On this visit, what were your **reasons for visiting** the New Bedford area?  
Please check ( ) **all** that apply.

\_\_\_\_\_ VISIT NEW BEDFORD WHALING NATIONAL HISTORICAL  
PARK

\_\_\_\_\_ VISIT NEW BEDFORD WHALING MUSEUM

\_\_\_\_\_ LEARN ABOUT WHALING AND MARITIME HISTORY

\_\_\_\_\_ LEARN ABOUT NEW BEDFORD HISTORY

\_\_\_\_\_ LEARN ABOUT HERMAN MELVILLE/ *MOBY DICK*

\_\_\_\_\_ ATTEND ARTS/ CULTURAL EVENT

\_\_\_\_\_ RESEARCH FAMILY HISTORY

\_\_\_\_\_ VIEW/ STUDY HISTORIC ARCHITECTURE

\_\_\_\_\_ VIEW THE FISHING FLEET

\_\_\_\_\_ SHOP/ DINE OUT

\_\_\_\_\_ RECREATE (beaches, camping, boating, etc.)

\_\_\_\_\_ TRAVEL THROUGH TO OTHER DESTINATIONS

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

9. On this visit, how many people were in your **immediate** (family, friends, etc.)  
group, including yourself?

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

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

\_\_\_\_\_ YES      \_\_\_\_\_ NO - **GO ON TO QUESTION 11**

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

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

**PLEASE GO ON TO NEXT PAGE**



8

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

ALONE                       FRIENDS  
 FAMILY                       FAMILY AND FRIENDS  
 OTHER (Please describe: \_\_\_\_\_)

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

	GENDER M=Male F=Female	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	NUMBER OF VISITS MADE TO THIS PARK (including this visit)
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

13. For you and all the **adults** in your group on this visit, please indicate the highest level of education received. Please circle only **one** for each adult.

	HIGHEST LEVEL OF EDUCATION				
	SOME HIGH SCHOOL	HS GRAD or GED	ASSOC/TECH DEGREE	COLLEGE DEGREE	GRAD/PROF DEGREE
YOURSELF	1	2	3	4	5
ADULT #2	1	2	3	4	5
ADULT #3	1	2	3	4	5
ADULT #4	1	2	3	4	5
ADULT #5	1	2	3	4	5
ADULT #6	1	2	3	4	5
ADULT #7	1	2	3	4	5



14. a) Is English the primary language that you and members of your group speak?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES – **GO ON TO QUESTION 15**

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b) If NO, please list your primary language: \_\_\_\_\_

15. a) Did your group have any trouble finding your way to New Bedford Whaling National Historical Park?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO – **GO ON TO QUESTION 16**

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b) If YES, what was the difficulty? Please be specific.

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16. a) On this trip, did you and your group visit the New Bedford Waterfront?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO – **GO ON TO QUESTION 17**

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b) If YES, how easy or difficult was it for you and your group to **find** the waterfront? Please circle only **one**.

VERY  
EASY

SOMEWHAT  
EASY

SOMEWHAT  
DIFFICULT

VERY  
DIFFICULT

c) Did you use the pedestrian overpass to get to the waterfront?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

d) How easy or difficult was it for you and your group to **get around** the waterfront once you found it? Please circle only **one**.

VERY  
EASY

SOMEWHAT  
EASY

SOMEWHAT  
DIFFICULT

VERY  
DIFFICULT

PLEASE GO ON TO NEXT PAGE



17. a) Please check ( ) the visitor facilities and services which you or your group used at **New Bedford Whaling National Historical Park** during this visit.

b) Next, for only those facilities and services which you or your group used, please rate their **importance** from 1-5.

c) Finally, for only those facilities and services which you or your group used, please rate their **quality** from 1-5.

a) Used facility/service at New Bedford Whaling NHP?	b) If used, how important?					c) If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
Check ( )	1	2	3	4	5	1	2	3	4	5
_____ NATIONAL PARK SERVICE (NPS) VISITOR CENTER					_____					_____
_____ NPS JUNIOR RANGER PROGRAM					_____					_____
_____ NPS BROCHURE					_____					_____
_____ GUIDED WALKING TOUR					_____					_____
_____ ASSISTANCE FROM NPS STAFF/ VOLUNTEERS					_____					_____
_____ WATERFRONT VISITOR CENTER					_____					_____
_____ SELF-GUIDED DOCK WALKS					_____					_____
_____ NEW BEDFORD WHALING MUSEUM					_____					_____
_____ ROTCH-JONES-DUFF HOUSE					_____					_____
_____ ROTCH-JONES DUFF SELF-GUIDED TOUR _____					_____					_____
_____ PRESERVATION SOCIETY SELF-GUIDED ARCHITECTURE TOUR (brochure)					_____					_____
_____ "CATCH THE WHALE" FREE SHUTTLE					_____					_____

18. a) Please check ( ) the visitor facilities and services which you or your group **used** while in New Bedford?
- b) Next, for only those facilities and services which you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those facilities and services which you or your group used, please rate their **quality** from 1-5.

a) Used facility/service in New Bedford area?	b) If used, how important?					c) If used, what quality?				
	Not important		Extremely important			Very poor			Very good	
Check (✓)	1	2	3	4	5	1	2	3	4	5
_____ RESTROOMS										
_____ MOTELS/ HOTELS										
_____ RESTAURANTS										
_____ BUSES										
_____ FERRIES										
_____ STREET PARKING										
_____ GARAGE/ LOT PARKING										
_____ BENCHES										
_____ SHOPS										
_____ CAMPGROUNDS										
_____ AIRPORT										
_____ MARINA										

PLEASE GO ON TO NEXT PAGE



12

19. a) During this visit to New Bedford Whaling National Historical Park, was there anything specific which you or your group expected to see or do, but were not able to?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO - **GO ON TO QUESTION 20**

b) If YES, what was it you expected to see or do? \_\_\_\_\_  
\_\_\_\_\_

c) What kept you from seeing what you expected to see or doing what you expected to do? Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. a) On the scale below, please indicate from 1 to 5 how safe you and your group felt during this visit to New Bedford Whaling National Historical Park? Please circle only **one**.

**How safe did you feel?**

Very Unsafe	Somewhat Unsafe	No Opinion	Somewhat Safe	Very Safe
1	2	3	4	5

b) If you felt unsafe (if you circled 1 or 2), please explain why:

\_\_\_\_\_  
\_\_\_\_\_

21. a) As a result of your visit, do you have a better understanding of why New Bedford Whaling National Historical Park is historically significant?

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

- b) What is the most important information you learned about New Bedford Whaling National Historical Park?

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22. During this trip, how much money did you and your group spend for lodging, travel, food, and other items in the New Bedford area (within 1/2 hour drive of the park)? Please write "0" if you and your group did not spend any money in the New Bedford area.

Local residents should only include expenditures that were **directly related** to this visit to the park.

**In New Bedford area (within 1/2 hour drive of park)**

\$\_\_\_\_\_ LODGING (motel, camping, etc.)

\$\_\_\_\_\_ TRAVEL (gas, rental car, bus fare, etc.)

\$\_\_\_\_\_ FOOD (restaurant, groceries, etc.)

\$\_\_\_\_\_ FEES (museums, tours, etc.)

\$\_\_\_\_\_ OTHER (recreation, film, books, gifts, etc.)

**PLEASE GO ON TO NEXT PAGE**



14

23. a) Are you and your group interested in learning about the history of whaling in New Bedford?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO – **GO ON TO QUESTION 24**

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b) If YES, on a future visit to New Bedford Whaling National Historical Park, how would you and your group prefer to learn about the history of whaling in New Bedford? Please check ( ) **all** that apply.

\_\_\_\_\_ PRINTED MATERIALS (books, brochures, maps, etc.)

\_\_\_\_\_ AUDIO-VISUAL PROGRAMS (videos, movies, slide shows, etc.)

\_\_\_\_\_ RANGER OR VOLUNTEER-LED WALKS/TOURS

\_\_\_\_\_ VISITOR CENTER/MUSEUM EXHIBITS

\_\_\_\_\_ OUTDOOR EXHIBITS

\_\_\_\_\_ MUSIC PROGRAMS/DEMONSTRATIONS

\_\_\_\_\_ CRAFT DEMONSTRATIONS

\_\_\_\_\_ OUTDOOR EXHIBITS

\_\_\_\_\_ CHILDREN'S PROGRAMS

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

24. a) What did you like **most** about your visit to New Bedford Whaling National Historical Park?

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b) What did you like **least** about your visit to New Bedford Whaling National Historical Park?

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25. If you were a manager planning for the future of New Bedford Whaling National Historical Park, what would you propose? Please be specific.

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26. Is there anything else you and your group would like to tell us about your visit to New Bedford Whaling National Historical Park?

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27. Overall, how would you rate the quality of the visitor services provided to you and your group at New Bedford Whaling National Historical 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**