August, 2002

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Hopewell Furnace National Historic Site. This information will assist us in our efforts to better manage these sites 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 after your visit to complete.

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

If you have any questions, please contact Margaret Littlejohn, NPS VSP Coordinator, Cooperative Park Studies Unit, College of Natural Resources, P.O. Box 441133, University of Idaho, Moscow, Idaho 83844-1133, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

William A. Sanders
Superintendent

This visitor study is partially funded by Fee Demonstration Funding.
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 stickers 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 20 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

Please go on to the next page ➡
1  Prior to your visit, were you and your group aware that Hopewell Furnace National Historic Site (NHS) is managed by the National Park Service?
   ______ NO  ______ YES  ______ NOT SURE

2  a) Prior to your visit, how did you and your group get information about Hopewell Furnace NHS? Please check (√) all that apply.
   ______ RECEIVED NO INFORMATION PRIOR TO VISIT  ➔ Go on to Question 3
   ______ LIVE IN THE LOCAL AREA
   ______ PREVIOUS VISIT(S)
   ______ WORD OF MOUTH/ FRIENDS/ RELATIVES
   ______ TRAVEL GUIDE/ TOUR BOOK
   ______ VIDEO/ TELEVISION/ RADIO PROGRAMS
   ______ NEWSPAPER/ MAGAZINE ARTICLES
   ______ CHAMBER OF COMMERCE/ VISITOR BUREAU
   ______ HIGHWAY SIGNS
   ______ NATIONAL PARK SERVICE (NPS) INTERNET/ WEB SITE: (www.nps.gov/hofu/)
   ______ FRENCH CREEK STATE PARK INTERNET/ WEB SITE: (www.dcnr.state.pa.us/stateparks/)
   ______ OTHER WEB SITE
   ______ CHILD ATTENDING SCHOOL PROGRAM
   ______ TELEPHONE/ WRITTEN/ E-MAIL INQUIRY TO PARK
   ______ OTHER (Please specify: ________________________________)
   
   b) From the sources checked above, did you and your group receive the information about Hopewell Furnace NHS that you needed?
   ______ NO  ______ YES  ______ NOT SURE
   
   c) If NO, what information did you and your group need that was not available? Please be specific.
3. a) On this visit, how long did you and your group stay at Hopewell Furnace NHS? (Please list partial hours as 1/4, 1/2, 3/4).
   ______ NUMBER OF HOURS

b) On this trip, did you visit Hopewell Furnace NHS on more than one day?
   ______ YES    ______ NO

c) On this trip, how many times did you and your group enter Hopewell Furnace NHS?
   ______ NUMBER OF TIMES YOU ENTERED    ______ DON'T KNOW

d) On this visit to Hopewell Furnace NHS, did you and/or your group walk in from French Creek State Park?
   ______ YES    ______ NO

4. How did this visit to Hopewell Furnace NHS fit into your travel plans? Please check (√) only one.
   ______ HOPEWELL FURNACE NHS WAS PRIMARY DESTINATION
   ______ FRENCH CREEK STATE PARK WAS PRIMARY DESTINATION
   ______ HOPEWELL FURNACE NHS WAS ONE OF SEVERAL DESTINATIONS
   ______ HOPEWELL FURNACE NHS WAS NOT A PLANNED DESTINATION

5. a) On this visit, which routes did you and your group use to arrive at Hopewell Furnace NHS? Please check (√) all that apply.
   ______ PA TURNPIKE, USING MORGANTOWN EXIT
   ______ PA TURNPIKE, USING DOWNINGTOWN EXIT
   ______ ROUTE 422 FROM WEST    ______ ROUTE 422 FROM EAST
   ______ ROUTE 100 FROM SOUTH    ______ ROUTE 100 FROM NORTH
   ______ ROUTE 23 FROM EAST    ______ ROUTE 23 FROM WEST

b) Did you and your group have any difficulty locating the park?
   ______ YES    ______ NO  ➔ Go on to Question 6

c) If YES, why? Please be specific.

Please go on to the next page  ➔
6. a) On this visit, in what activities did you and your group participate at Hopewell Furnace NHS? Please check (✓) all that apply.

b) On past visits, in what activities did you and your group participate at Hopewell Furnace NHS? Please check (✓) all that apply. If you have not visited in the past, please this column blank.

<table>
<thead>
<tr>
<th>On this visit (✓)</th>
<th>On past visits (✓)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEARNING HISTORY</td>
<td></td>
</tr>
<tr>
<td>SEEING LIVING HISTORY</td>
<td></td>
</tr>
<tr>
<td>SEEING FARM ANIMALS</td>
<td></td>
</tr>
<tr>
<td>VIEWING WILDLIFE</td>
<td></td>
</tr>
<tr>
<td>HIKING ON TRAILS</td>
<td></td>
</tr>
<tr>
<td>WALKING DOG(S)</td>
<td></td>
</tr>
<tr>
<td>PICNICKING</td>
<td></td>
</tr>
<tr>
<td>PHOTOGRAPHY/PAINTING/DRAWING</td>
<td></td>
</tr>
<tr>
<td>HISTORICAL RESEARCH</td>
<td></td>
</tr>
<tr>
<td>JUNIOR RANGER PROGRAM</td>
<td></td>
</tr>
<tr>
<td>VISITING VISITOR CENTER</td>
<td></td>
</tr>
<tr>
<td>APPLE PICKING</td>
<td></td>
</tr>
<tr>
<td>VIEWING FALL FOLIAGE</td>
<td></td>
</tr>
<tr>
<td>OTHER (Please describe: ____________________________)</td>
<td></td>
</tr>
</tbody>
</table>

c) Which of the above activities were most important to your visit to Hopewell Furnace NHS?

1. ____________________  2. ____________________  3. ____________________

7: a) During your visit to Hopewell Furnace NHS, did you and your group attend any living history programs (costumed presentations)?

   _____ YES  _____ NO ➔ Go on to Question 8

b) If YES, please check (✓) all of the programs that you and your group attended.

   _____ MOLDING  _____ BLACKSMITHING
   _____ COOKING/DOMESTIC CRAFTS  _____ FARMING
   _____ OTHER (Please specify__________________________)
8. a) On this trip, did you and your group stay overnight away from home within the Hopewell Furnace NHS area, including Valley Forge, Reading, Lancaster, Pottstown, Brandywine or Kutztown?

     ______ YES  ______ NO  ➔ Go on to Question 9

b) Please list the number of nights you and your group stayed in the Hopewell Furnace National Historic Site area.

   NUMBER OF NIGHTS in Valley Forge, Reading, Lancaster, Pottstown, Brandywine or Kutztown

   ______

c) In what type of lodging did you and your group spend the night(s)? Please check (✓) all that apply.

   Overnight stay in area including Valley Forge, Reading, Lancaster, Pottstown, Brandywine or Kutztown? (✓)

   LODGE, MOTEL, CABIN, RENTED CONDO/HOME, OR BED & BREAKFAST

   ______

   RV/ TRAILER CAMPING

   ______

   TENT CAMPING

   ______

   PERSONAL SEASONAL RESIDENCE

   ______

   RESIDENCE OF FRIENDS OR RELATIVES

   ______

   OTHER (Please specify: ____________________________________)

   ______

d) In what town/city did you and your group stay on the night before your arrival at Hopewell Furnace NHS?

   TOWN/ CITY ___________________________  STATE _____________

e) In what town/city did you and your group stay on the night after your departure from Hopewell Furnace NHS?

   TOWN/ CITY ___________________________  STATE _____________

9. On this trip, what was the primary reason that you and your group visited the area? Please check (✓) only one.

   ______ VISIT HOPEWELL FURNACE NHS

   ______ VISIT FRENCH CREEK STATE PARK

   ______ SHOP, INCLUDING OUTLET MALLS

   ______ VISIT OTHER ATTRACTIONS IN THE AREA

   ______ VISIT FRIENDS/RELATIVES IN THE AREA

   ______ BUSINESS OR OTHER REASONS

   Please go on to the next page ➔
10. a) Please check (√) the information services and facilities that you or your group used during this visit to Hopewell Furnace NHS.

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

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

<table>
<thead>
<tr>
<th>Use facility/service?</th>
<th>If used, how important?</th>
<th>If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (√)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>______ PARK BROCHURE/ MAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ VISITOR CENTER EXHIBITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ VISITOR CENTER VIDEO/ SLIDE SHOW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ ASSISTANCE FROM VISITOR CENTER STAFF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ RANGER-LED WALKS/ TALKS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ LIVING HISTORY DEMONSTRATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ SELF-GUIDED WALKING TOUR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ JUNIOR RANGER PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ DIRECTIONAL SIGNS TO REACH PARK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ TRAILS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ BOOKSTORE SALES ITEMS (selection, quality, price, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ PARKING AREA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ RESTROOMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______ ACCESS FOR DISABLED PERSONS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. It is the National Park Service’s responsibility to protect Hopewell Furnace NHS’s natural, scenic and cultural resources while at the same time providing for public enjoyment. How important are the following qualities/resources in the park to you? Please circle one response for each item.

<table>
<thead>
<tr>
<th>Quality/resource</th>
<th>Not important</th>
<th>Somewhat important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>Don’t know/ No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIVE PLANTS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>WILDLIFE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>CLEAN STREAMS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>EXHIBITS IN HISTORIC ROOMS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>NATURAL QUIET/ SOUNDS OF NATURE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>SOLITUDE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>HISTORIC LANDSCAPE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>LIVING HISTORY PROGRAMS (costumed demonstrations)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>HISTORIC BUILDINGS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>RURAL SETTING</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>HISTORIC DEMONSTRATION FARM</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>ORCHARD</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>OTHER (Please specify:)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
</tbody>
</table>

12. On this visit, what kind of personal group (not guided tour/ school group) were you with? Please check (✓) only one.

- _____ ALONE
- _____ FAMILY
- _____ FRIENDS
- _____ FAMILY AND FRIENDS
- _____ OTHER (Please describe: ________________________________)

13. On this visit, were you and your personal group with the following types of groups?

- Guided tour group
  - _____ YES
  - _____ NO

- School/ educational group
  - _____ YES
  - _____ NO

Please go on to the next page ➤
14. On this visit, how many people were in your personal group, including yourself?

   _____ NUMBER OF PEOPLE

15. For you and your personal group, please indicate:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Current age</th>
<th>U.S. Zip Code or name of country other than U.S.</th>
<th>Number of visits made to this park (including this visit) past 12 months</th>
<th>Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #3</td>
<td></td>
<td></td>
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<tr>
<td>Member #4</td>
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<tr>
<td>Member #5</td>
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</tr>
<tr>
<td>Member #6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. For you and each of the **adults** (age 17 or over) in your personal group on this visit, please indicate the highest level of education competed. Please check (✓) only **one** for each person.

<table>
<thead>
<tr>
<th>Highest level of education</th>
<th>Some High School</th>
<th>High School Graduate/GED</th>
<th>Some College</th>
<th>Bachelor's Degree</th>
<th>Graduate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Adult #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Adult #3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Adult #4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Adult #5</td>
<td></td>
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<td>✓</td>
</tr>
<tr>
<td>Adult #6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Adult #7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
17. a) Is English the primary language you and your group prefer to speak and write?

   ____ NO       ____ YES  ➔ Go on to Question 18

   b) If NO, what is the language do you and your group prefer to speak and write?

18. Are you Hispanic or Latino?

   ____ YES - HISPANIC OR LATINO
   ____ NO - NOT HISPANIC OR LATINO

19. Which of these categories best indicates your race? Please check (✓) all that apply.

   ____ AMERICAN INDIAN OR ALASKA NATIVE
   ____ ASIAN
   ____ BLACK OR AFRICAN AMERICAN
   ____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
   ____ WHITE
   ____ DO NOT WISH TO ANSWER

20. a) Does anyone in your group have any disabilities/impairments that affected their visit to Hopewell Furnace NHS?

   ____ YES       ____ NO  ➔ Go on to Question 21

   b) If YES, what kind of disability/impairment? Please check (✓) all that apply.

   ____ HEARING       ____ VISUAL
   ____ MOBILITY       ____ LEARNING
   ____ MENTAL       ____ OTHER (specify__________________________)

c) Because of the disability/impairment, did you and your group encounter any access and/or service problems during this visit to Hopewell NHS?

   ____ YES       ____ NO  ➔ Go on to Question 21

d) If YES, what were the problems? ________________________________

   Please go on to the next page ➔
21. a) How safe did you and your group feel while visiting Hopewell Furnace NHS? Please circle one answer below.

VERY SAFE  SAFE  UNSAFE  VERY UNSAFE  NO OPINION

 1        2        3        4        5

b) If you rated part a of this question with 3 or 4, please explain why.

________________________________________________________________________________________

22. a) Did you and your group feel crowded on this visit to Hopewell Furnace NHS? Please rate how crowded you felt by circling one answer below.

VERY CROWDED  SOMewhat CROWDED  SOMewhat UNCROWDED  VERY UNCROWDED  NO OPINION

b) If you rated the park as ‘very crowded’ or ‘somewhat crowded,’ please describe where you felt crowded.

________________________________________________________________________________________

________________________________________________________________________________________

23. In your opinion, what is the national significance of Hopewell Furnace NHS? Please be specific.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

24. An entrance fee is charged at Hopewell Furnace NHS. Most of these funds remain at the park to be used for resource protection and visitor services.

a) The current fee is $5/adult. In your opinion, how appropriate is this amount? Please circle one answer.

TOO LOW  ABOUT RIGHT  TOO HIGH  DON’T KNOW/NO OPINION

b) On a future visit, if the entrance fee was $8-12/adult and the services remained the same, please rate the appropriateness of this amount. Please circle one answer.

TOO LOW  ABOUT RIGHT  TOO HIGH  DON’T KNOW/NO OPINION
25. For this visit to the Hopewell Furnace NHS area, please estimate all of your group’s expenditures for the items listed below. Please write “0” if you spent no money in a particular category.

a) Please list your group’s total expenditures inside Hopewell Furnace NHS.

b) Please list your group’s total expenditures in the **surrounding area**, including Valley Forge, Reading, Lancaster, Pottstown, Brandywine or Kutztown.

Surrounding area residents should only include expenditures that were **directly related** to this visit to this park.

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>Inside park</th>
<th>In surrounding area</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOTELS, MOTELS, CABINS, B&amp;B, etc.</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>CAMPING FEES AND CHARGES</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>RESTAURANTS AND BARS</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>GROCERIES AND TAKE-OUT FOOD (including sodas)</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>GAS AND OIL (auto, RV, boat, etc.)</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>OTHER TRANSPORTATION EXPENSES (rental cars, auto repairs, taxies, but not including airfare)</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>ADMISSIONS, RECREATION, ENTERTAINMENT FEES</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>DONATIONS</td>
<td>$__________</td>
<td>$__________</td>
</tr>
</tbody>
</table>

c) How many people do the above expenses cover?

ADULTS (18 years or over) ______  CHILDREN (under 18 years) ______
26. a) What did you and your group like most about your visit to Hopewell Furnace NHS?

______________________________________________________________

______________________________________________________________

______________________________________________________________

b) What did you and your group like least about your visit to Hopewell Furnace NHS?

______________________________________________________________

______________________________________________________________

______________________________________________________________

27. On a future visit to Hopewell Furnace NHS, what types of interpretive programs would you and your group prefer to attend? Please check (✓) all that apply.

_____ NOT INTERESTED IN INTERPRETIVE PROGRAMS ➔ Go on to Question 28

_____ PROGRAMS ABOUT FARM/FARM ANIMALS

_____ RANGER-LED VILLAGE WALKS

_____ RANGER-LED NATURE WALKS

_____ LIVING HISTORY/COSTUMED DEMONSTRATIONS

_____ EVENING PROGRAMS

_____ SCHOOL PROGRAMS

_____ PROGRAMS HELD IN LOCAL COMMUNITIES

_____ OTHER (Please specify:______________________________________)
28. Overall, how would you rate the quality of the visitor services provided to you and your group at Hopewell Furnace NHS during this visit? Please circle only one.

VERY GOOD    GOOD    AVERAGE    POOR    VERY POOR

29. If you were a manager planning for the future of Hopewell NHS, what would you propose? Please include any comments about visitor services and please be specific.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

30. Is there anything else you and your group would like to tell us about your visit to Hopewell Furnace NHS?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for your help! Please seal the questionnaire with the stickers provided and drop it in any U.S. mailbox.
OFFICIAL BUSINESS

Visitor Services Project
Cooperative Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441133
Moscow, Idaho 83844-1133