



National Park Service
U.S. Department of the Interior

Visitor Services Project

Chesapeake and Ohio Canal National Historical Park Visitor Study



OMB Approval: #1024-0224 (NPS #03-035)
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United States Department of the Interior

NATIONAL PARK SERVICE

Chesapeake and Ohio Canal National Historical Park
1850 Dual Highway, Suite 100
Hagerstown, Maryland 21740

IN REPLY REFER TO:

July, 2003

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Chesapeake and Ohio Canal National Historical Park. This information 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 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, Park Studies Unit, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, Idaho 83844-1139, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

A handwritten signature in cursive script that reads "Douglas R. Faris".

Douglas R. Faris
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 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 ➡

c) Was the information you received from the sources (listed in part (a) of this question) prior to this visit, all that you and your group needed to plan your visit?

_____ NO



_____ YES



_____ NOT SURE



Go on to Question 3

d) If not, what additional information did you and your group need?

3. a) In the left column below, please check () **all** of the activities in which you and your group participated at C&O Canal NHP on this visit.

b) In the right column below, please check () **all** of the activities in which you and your group participated at C&O Canal NHP on past visits.

a) This visit ()

b) Past visits (√)

_____ CANOEING/BOATING

_____ BICYCLING

_____ JOGGING/WALKING/HIKING

_____ PICNICKING

_____ WALKING DOG(S)

_____ NATURE STUDY/BIRDWATCHING

_____ VISITING VISITOR CENTER(S)

_____ ATTENDING RANGER-LED PROGRAMS

_____ HORSEBACK RIDING

_____ CAMPING

_____ ROCK CLIMBING

_____ FISHING

_____ STUDYING/LEARNING HISTORY

_____ VIEWING GREAT FALLS

_____ OTHER (Please specify: _____)

Please go on to the next page →

4. How did this visit to C&O Canal NHP fit into your travel plans?
- C&O Canal NHP WAS PRIMARY DESTINATION
- C&O Canal NHP WAS ONE OF SEVERAL DESTINATIONS
- C&O Canal NHP WAS NOT A PLANNED DESTINATION
5. On this visit, what were your reasons for visiting the **C&O Canal NHP area** (within 1/2-hour drive of C&O Canal NHP)? Please check () **all** that apply.
- VISIT CHESAPEAKE AND OHIO CANAL
- VISIT OTHER NATIONAL PARK AREAS
- LEARN HISTORY
- RECREATION (bicycling, camping, boating, etc.)
- NATURE STUDY
- TRAVEL THROUGH TO OTHER DESTINATIONS
- SHOP/DINE OUT
- VISIT FAMILY OR FRIENDS
- RESEARCH FAMILY GENEALOGY OR HISTORY
- ATTEND ARTS/CULTURAL EVENT
- BUSINESS
- OTHER (Please describe: _____)

6. a) Were the signs directing you to C&O Canal NHP adequate? Please check () **one** answer for each of the following.

SIGNS ON INTERSTATES YES NO NOT SURE

SIGNS ON STATE HIGHWAYS YES NO NOT SURE

SIGNS IN COMMUNITIES YES NO NOT SURE

- b) If you answered "NO" to any of above, please explain how the signs were not adequate.

7. a) On this visit, how much time did you and your group spend at C&O Canal NHP?

_____ NUMBER OF HOURS (Please list partial hours as 1/2, 1/4, etc.)

- b) On this trip, did you and your group visit C&O Canal NHP on more than one day?

_____ YES _____ NO → **Go on to Part (d) of this Question**



- c) If YES, on how many days did you visit? _____ NUMBER OF DAYS

- d) During your stay in the area (within 1/2-hour drive of the park), how many times did you and your group enter C&O Canal NHP?

NUMBER OF TIMES YOU ENTERED C&O CANAL NHP _____

DON'T KNOW () _____

8. a) On this trip, did you and your group stay overnight **away from home** within a 1/2-hour drive of C&O Canal NHP?

_____ YES _____ NO → **Go on to Question 9**



- b) Please list the number of nights your group stayed.

NUMBER OF NIGHTS INSIDE C&O CANAL NHP _____

NUMBER OF NIGHTS OUTSIDE C&O CANAL NHP
(within 1/2-hour drive) _____

- c) In what type of lodging did you and your group spend the night(s)? Please check () **all** that apply for the area within a 1/2-hour drive of C&O Canal NHP?

Inside C&O Canal NHP () Within 1/2-hour drive of C&O Canal NHP ()

LODGE, MOTEL, CABIN, RENTED CONDO/HOME, B&B _____

_____ CAMPGROUND/TRAILER PARK _____

BACKCOUNTRY CAMPSITE _____

PERSONAL SEASONAL RESIDENCE _____

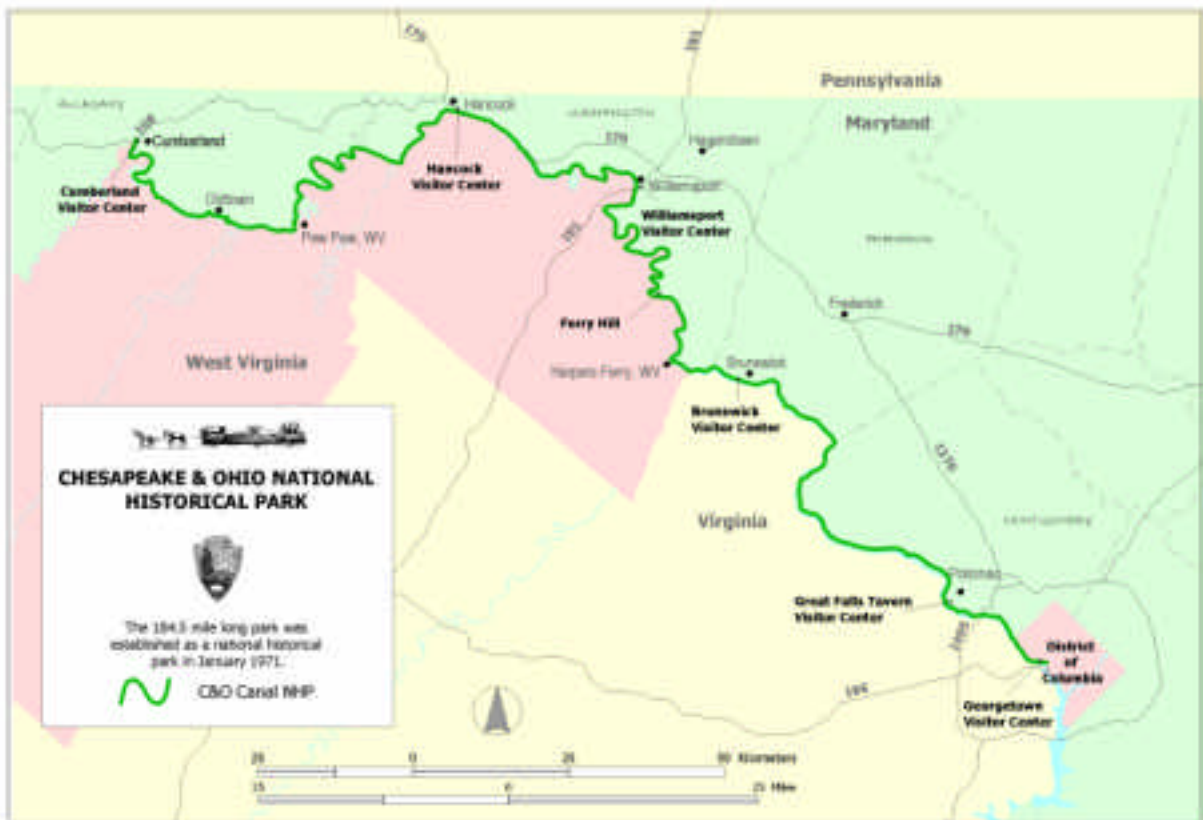
RESIDENCE OF FRIENDS OR RELATIVES _____

OTHER (Please specify: _____) _____

Please go on to the next page →

9. For this visit, please check () all of the places you and your group visited while at C&O Canal NHP. If you did not visit a place, please leave that line blank. Use the map below to help you locate the places you visited.

- | | |
|---|---|
| <input type="checkbox"/> GEORGETOWN | <input type="checkbox"/> ANTIETAM CREEK |
| <input type="checkbox"/> FLETCHERS BOAT HOUSE | <input type="checkbox"/> BIG SLACKWATER (DAM 4) |
| <input type="checkbox"/> ANGLERS INN ACCESS | <input type="checkbox"/> WILLIAMSPORT |
| <input type="checkbox"/> GREAT FALLS, MD | <input type="checkbox"/> FOUR LOCKS/DAM 5 |
| <input type="checkbox"/> SWAINS LOCK | <input type="checkbox"/> McCOY'S FERRY |
| <input type="checkbox"/> PENNYFIELD LOCK | <input type="checkbox"/> HANCOCK |
| <input type="checkbox"/> SENECA | <input type="checkbox"/> PAWPAW TUNNEL |
| <input type="checkbox"/> WHITES FERRY | <input type="checkbox"/> OLD TOWN |
| <input type="checkbox"/> HARPERS FERRY | <input type="checkbox"/> CUMBERLAND |
| <input type="checkbox"/> OTHER (Please describe: _____) | |



10. a) Please check () the visitor services and facilities that you or your group **used** at C&O Canal NHP during this trip.
- b) Next, for only those services and facilities that you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those services and facilities that you or your group used, please rate their **quality** from 1-5.

Use park service/facility? Check ()	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor			Very good	
	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/MAP										
_____ VISITOR CENTER(S)										
_____ VISITOR CENTER BOOKS/SALES ITEMS										
_____ RANGER-LED WALKS AND TALKS										
_____ JUNIOR RANGER PROGRAM										
_____ ASSISTANCE FROM PARK STAFF										
_____ TRAILSIDE EXHIBITS										
_____ RESTROOMS										
_____ PAVED ROADS										
_____ TRAILS										
_____ CAMPGROUNDS										
_____ ACCESS FOR DISABLED PERSONS										
_____ PICNIC AREAS										
_____ PARKING										
_____ CANAL BOAT TOUR										

Please go on to the next page ➡

15. a) On this visit, how many people were in your personal group, including yourself?

_____ NUMBER OF PEOPLE

b) For this visit, please list the number of vehicles in which you and your group arrived.

_____ NUMBER OF VEHICLES

16. For you and your personal group on this visit, please indicate:

	Current age	U.S. Zip Code or name of foreign country	Number of visits to C&O Canal NHP (including this visit)	
			Past 12 months	lifetime
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

17. a) Is English the **primary** language you and your group prefer to speak and read?

_____ YES

_____ NO → **Go on to Question 18**



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

c) What services in the park would you like to have provided in languages other than English?

18. Are you Hispanic or Latino?

_____ YES—HISPANIC OR LATINO

_____ NO—NOT HISPANIC OR LATINO

Please go on to the next page →

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

20. C&O Canal NHP was established because of its significance to the nation. In your opinion, what is the national significance of this park?
- _____
- _____

21. Park managers are trying to provide a high quality visitor experience and protect park resources for future generations at C & O Canal NHP. Please rate the importance (from 1 to 5, or DK for "don't know") of each of the following elements/qualities to you and your group. Please circle **one** answer for each.

How important?	Not important	Somewhat important	Extremely important	Don't know		
NATIVE PLANTS/ANIMALS	1	2	3	4	5	DK
SCENIC VIEWS	1	2	3	4	5	DK
CLEAN AIR/WATER	1	2	3	4	5	DK
HISTORIC BUILDINGS/ ARCHEOLOGICAL SITES	1	2	3	4	5	DK
NATURAL SURROUNDINGS	1	2	3	4	5	DK
DEVELOPED RECREATIONAL FACILITIES (trails, etc.)	1	2	3	4	5	DK
NATURAL QUIET/SOUNDS OF NATURE	1	2	3	4	5	DK
NIGHT SKY/STARGAZING	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
EDUCATION PROGRAMS	1	2	3	4	5	DK
PROTECTION OF THREATENED AND ENDANGERED SPECIES	1	2	3	4	5	DK
SAFE, CRIME-FREE ENVIRONMENT	1	2	3	4	5	DK
REINTRODUCING NATIVE SPECIES	1	2	3	4	5	DK
REMOVING NON-NATIVE SPECIES	1	2	3	4	5	DK

22. a) On this visit, how many days did you and your group stay in the **area** within 1/2-hour drive of C&O Canal NHP?

_____ NUMBER OF DAYS (Please list partial days as 1/4, 1/2, 3/4)

Next, please answer the following questions for the day that you received this questionnaire. For you and your group, please estimate all expenditures for the items listed below for this visit to C&O Canal NHP and the area within a 1/2-hour drive. Please write "0" if no money was spent in a particular category.

- b) Please list your group's total expenditures inside C&O Canal NHP.
- c) Please list your group's total expenditures in the **area** outside of C&O Canal NHP (within 1/2-hour drive).

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

Expenditures within 1/2-hour drive of C & O Canal NHP

	Inside C&O Canal NHP	Outside C & O Canal NHP
HOTELS, MOTELS, CABINS, B&B, etc.		\$ _____
CAMPING FEES AND CHARGES	\$ _____	\$ _____
GUIDE FEES AND CHARGES		\$ _____
RESTAURANTS AND BARS		\$ _____
GROCERIES AND TAKE OUT FOOD		\$ _____
GAS AND OIL (auto, RV, boat, etc.)		\$ _____
OTHER TRANSPORTATION EXPENSES (rental cars, auto repairs, excluding airfare)		\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES	\$ _____	\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____

- d) How many people do the listed expenses cover?

NUMBER OF ADULTS (18 years or over) _____

NUMBER OF CHILDREN (under 18 years) _____

Please go on to the next page ➡

23. On a future visit to C&O Canal NHP, what subjects would you and your group be most interested in learning about? Please check () **all** that apply.

- NONE → **Go on to Question 25**
- HISTORY
- NATIVE AMERICAN CULTURE
- CANAL CONSTRUCTION
- EUROPEAN SETTLEMENTS/EARLY INDUSTRIES
- NATURAL HISTORY/ECOLOGY
- GEOLOGY
- RECREATIONAL OPPORTUNITIES
- OTHER (Please specify: _____)

24. On a future visit to C&O Canal NHP, how would you and your group prefer to learn about the park? Please check () **all** that apply.

- NOT INTERESTED IN LEARNING → **Go on to Question 25**
- TRAVEL GUIDES/GUIDEBOOKS
- OTHER PRINTED MATERIALS (books, brochures, maps, etc.)
- INTERNET/WEBSITES
- AUDIO-VISUAL PROGRAMS (videos, movies, slide shows, etc.)
- RANGER-GUIDED WALKS/TALKS/TOURS
- ROVING RANGERS AVAILABLE TO ANSWER QUESTIONS
- LIVING HISTORY PROGRAMS (ranger-in-costume)
- CHILDREN'S PROGRAMS
- VISITOR CENTER EXHIBITS
- ROADSIDE AND TRAILSIDE EXHIBITS
- OTHER (Please specify _____)

25. a) What did you like **most** about your visit to C&O Canal NHP?

b) What did you like **least** about your visit to C&O Canal NHP?

26. In the future, C&O Canal NHP may charge a modest entrance fee (\$5 to \$10/vehicle) at locations besides Great Falls, which already charges \$5/vehicle. If the funding was used to improve park services and facilities, would you and your group be willing to pay a fee to use the park?

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE

27. If you were a manager planning for the future of C&O Canal NHP, what would you propose? Include park and concession services in your response. Please be specific.

28. Is there anything else you and your group would like to tell us about your visit to C&O Canal NHP?

29. Overall, how would you rate the quality of the visitor services provided to you and your group at C&O Canal NHP during this trip? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY POOR

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
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
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