



**Social Science Program
National Park Service
U.S. Department of the Interior**

Visitor Services Project

George Washington Birthplace National Monument

Visitor Study



OMB Approval 1024-0224 (NPS 04-031)
Expiration Date: 1/21/2005



United States Department of the Interior

NATIONAL PARK SERVICE
George Washington Birthplace National Monument
1732 Popes Creek Road
Washington's Birthplace, VA 22443-5115

IN REPLY REFER TO:

July 2004

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to George Washington Birthplace National Monument. This information will assist us in our efforts to better manage these sites and to serve you, our 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, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone 208-885-7863 or email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

Vidal Martinez
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 ➔

YOUR VISIT TO GEORGE WASHINGTON BIRTHPLACE NATIONAL MONUMENT

1. a) Prior to your visit, how did you and your group get information about George Washington Birthplace National Monument ? Please check () **all** that apply.

- _____ OBTAINED NO INFORMATION PRIOR TO VISIT → **Go on to Question 2**
- _____ LIVE IN THE LOCAL AREA
- _____ PREVIOUS VISIT(S)
- _____ WORD OF MOUTH/FRIENDS/RELATIVES
- _____ TRAVEL GUIDES/TOUR BOOKS/OTHER PRINTED MATERIALS
- _____ VIDEO/TELEVISION/RADIO PROGRAMS
- _____ HIGHWAY WELCOME OR INFORMATION CENTER
- _____ NATIONAL PARK SERVICE (NPS) INTERNET WEB SITE:
(www.nps.gov/gewa/)
- _____ OTHER WEB SITE(S)
- _____ CHILD ATTENDING SCHOOL PROGRAM AT MONUMENT
- _____ TELEPHONE/WRITTEN/E-MAIL INQUIRY TO MONUMENT
- _____ WESTMORELAND COUNTY TOURISM COUNCIL
- _____ NORTHERN NECK TOURISM COUNCIL
- _____ FREDERICKSBURG VISITOR CENTER
- _____ ANOTHER GEORGE WASHINGTON-RELATED SITE
(such as Mount Vernon)
- _____ OTHER (Please specify: _____)

- b) From the sources checked above, did you and your group receive the information about the monument that you needed?

_____ NO _____ YES _____ NOT SURE



Go on to Question 2

- c) If NO, what information did you and your group need that was not available?
Please be specific.

2. On this visit, what was your **primary** reason for making a trip to the George Washington Birthplace National Monument area? Please check () **only one**.

_____ VISIT GEORGE WASHINGTON BIRTHPLACE NATIONAL MONUMENT

_____ VISIT OTHER ATTRACTIONS IN THE AREA

_____ VISIT FRIENDS OR RELATIVES IN THE AREA

_____ VISIT A SITE IN THE NATIONAL PARK SYSTEM

_____ BUSINESS OR OTHER REASONS

_____ OTHER (Please specify: _____)

3. a) In what town/city did you and your group stay on the **night before your arrival** at George Washington Birthplace National Monument?

TOWN/CITY _____ STATE _____

- b) In what town/city did you and your group stay on the **night after your departure** from George Washington Birthplace National Monument?

TOWN/CITY _____ STATE _____

4. On this visit, how much time did you and your group spend at George Washington Birthplace National Monument?

_____ NUMBER OF HOURS (Please list partial hours as 1/4, 1/2, 3/4)

5. a) On this visit, did you or members of your group expect to visit the original house in which George Washington was born?

_____ YES _____ NO _____ NOT SURE

- b) On this visit, did the Birthplace Site—the archeological site that has a white outline of the original house—meet your expectations about how the place of Washington's birth should be recognized?

_____ YES _____ NO _____ NOT SURE

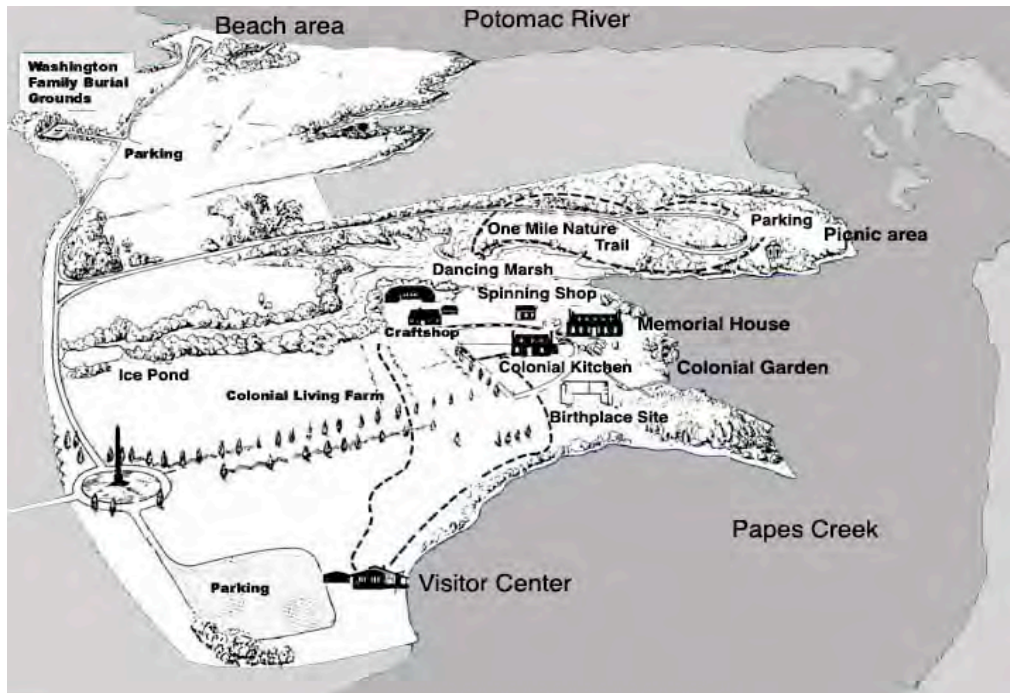
Please go on to the next page ➡

6. This question lists activities and sites available to the visitor at George Washington Birthplace National Monument.
- a) As you were planning your trip, what activities and sites did you and your group expect to include on this visit? Please check () **all** that apply.
- b) On this visit, in what activities did you and your group participate and/or what sites did you visit? Please check () **all** that apply. Use the map on the next page to help you locate the sites you visited.
- c) On past visits, in what activities did you and your group participate and/or what sites did you visit ? Please check () **all** that apply. If you have not visited in the past, please leave this column blank.

	a) expected	b) participated in	c) past visits
LEARNING ABOUT GEORGE WASHINGTON	_____	_____	_____
VISITING VISITOR CENTER	_____	_____	_____
SHOPPING AT GIFT SHOP	_____	_____	_____
PICNICKING	_____	_____	_____
POTOMAC RIVER BEACH	_____	_____	_____
FISHING	_____	_____	_____
REFLECTING ON GEORGE WASHINGTON'S LIFE	_____	_____	_____
WALKING ON NATURE TRAILS	_____	_____	_____
BIRTHPLACE SITE (marked by white outline of original house)	_____	_____	_____
BURNT HOUSE POINT AND GROVE OF TREES	_____	_____	_____
COLONIAL KITCHEN	_____	_____	_____
COLONIAL GARDEN	_____	_____	_____
MEMORIAL HOUSE	_____	_____	_____
COLONIAL LIVING FARM	_____	_____	_____
WASHINGTON FAMILY BURIAL GROUNDS	_____	_____	_____
OTHER (Please describe below: (_____))	_____	_____	_____

- d) Which of the activities and sites were most important to your visit to George Washington Birthplace National Monument?

1. _____ 2. _____ 3. _____



7. On this trip, what other places did you and your group visit in the area? Please check () **all** that apply.

- STRATFORD HALL, VA
 WESTMORELAND STATE PARK, VA
 MOUNT VERNON, Alexandria VA
 WESTMORELAND BERRY FARM, VA
 FERRY FARM (George Washington Boyhood Home) Fredericksburg, VA
 INGLESIDE PLANTATION VINEYARDS, VA
 WESTMORELAND COUNTY MUSEUM, Montross, VA
 TOWN OF COLONIAL BEACH, VA
 THOMAS STONE NATIONAL HISTORICAL SITE, Port Tobacco, MD
 FREDERICKSBURG, VA (other than Ferry Farm)
 WASHINGTON, D.C.
 OTHER SITES IN AREA (Please specify: _____)

8. a) On this trip, did you and your group stay overnight away from home within the George Washington Birthplace National Monument area (within a 45 minute drive of the monument)?

YES NO → **Go on to Question 9**



- b) Please list the number of nights you and your group stayed in the George Washington Birthplace National Monument area.

NUMBER OF NIGHTS _____

Please go on to the next page →

10. George Washington Birthplace National Monument was established to commemorate George Washington and his legacy. It is the National Park Service's responsibility to protect the monument's natural, scenic and cultural resources while at the same time providing for public enjoyment. How important were the following qualities/resources in helping you understand Washington's life and legacy? Please circle **one** response for each item.

Quality/resource	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know/ No opinion
BIRTHPLACE SITE (marked by white outline of original house)	1	2	3	4	5	DK
WASHINGTON FAMILY BURIAL GROUNDS	1	2	3	4	5	DK
THE MONUMENT (obelisk)	1	2	3	4	5	DK
MEMORIAL HOUSE	1	2	3	4	5	DK
RECONSTRUCTED COLONIAL BUILDINGS	1	2	3	4	5	DK
BURNT HOUSE POINT AND GROVE OF TREES	1	2	3	4	5	DK
HISTORIC LANDSCAPE	1	2	3	4	5	DK
POTOMAC RIVER BEACH	1	2	3	4	5	DK
NATURAL QUIET/SOUNDS OF NATURE	1	2	3	4	5	DK
SCENIC VIEWS	1	2	3	4	5	DK
SCENIC DRIVE ON ENTRANCE ROAD (Rt. 204)	1	2	3	4	5	DK
SCENIC APPROACH TO MONUMENT (Rt. 3)	1	2	3	4	5	DK

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

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

Please go on to the next page ➡

12. a) On this visit, how many people were in your 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

13. For you and your group, please indicate:

	Gender M=male F=female	Current age	U.S. Zip Code or name of country other than U.S.	Number of visits made to this monument (including this visit)	
				past 12 months	lifetime
YOURSELF	_____	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____	_____

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

	Highest level of education				
	SOME HIGH SCHOOL	HIGH SCHOOL GRADUATE/GED	SOME COLLEGE	BACHELOR'S DEGREE	GRADUATE DEGREE
YOURSELF	_____	_____	_____	_____	_____
ADULT #2	_____	_____	_____	_____	_____
ADULT #3	_____	_____	_____	_____	_____
ADULT #4	_____	_____	_____	_____	_____
ADULT #5	_____	_____	_____	_____	_____
ADULT #6	_____	_____	_____	_____	_____
ADULT #7	_____	_____	_____	_____	_____

15. a) Are you Spanish, Hispanic or Latino?

YES NO → **Go on to Question 16**



b) If YES, please check () one or more of the following which apply to you.

MEXICAN, MEXICAN AMERICAN, CHICANO

PUERTO RICAN

CUBAN

OTHER SPANISH/HISPANIC/LATINO

(Please specify: _____)

16. 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

17. What is the **one** language you and/or members of your group prefer to speak and read?

18. a) Does anyone in your group have any disabilities/impairments that affected their visit to George Washington Birthplace National Monument?

YES NO → **Go on to Question 18c**



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

HEARING VISUAL

MOBILITY LEARNING

MENTAL OTHER (specify _____)

c) Is there any service, facility or another aspect of your visit that could have been enhanced by physical changes or by changes in programs?

YES NO → **Go on to Question 19**



d) If YES, please offer suggestions for improvement.

Please go on to the next page ➡

19. On this visit to George Washington Birthplace National Monument, please indicate how the following elements may have affected your park experience. Please check () **one** response for each element.

Effect on park experience	Enhanced or improved	No Effect	Detracted From
WATERCRAFT NOISE	_____	_____	_____
AIRPLANE OVERFLIGHT	_____	_____	_____
OTHER KINDS OF NOISE	_____	_____	_____
LITTER	_____	_____	_____
AVAILABILITY OF FOOD	_____	_____	_____
WALKING DISTANCE(S)	_____	_____	_____
LOCATION OF RESTROOMS	_____	_____	_____
LOCATION OF WATER FOUNTAINS	_____	_____	_____
AVAILABILITY OF RESTROOMS	_____	_____	_____
AVAILABILITY OF WATER FOUNTAINS	_____	_____	_____
PLACES TO REST/BENCHES	_____	_____	_____
OTHER (Specify:_____)	_____	_____	_____

20. A user fee is charged at George Washington Birthplace National Monument. Most of the funds collected (80%) remain at the monument to be used to pay for such services as equipment upgrades, educational programs and museum quality lighting in the Memorial House and Colonial Kitchen.

a) The current fee is \$4/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) Please rate your satisfaction with the value for the fee. Please circle **one** answer.

POOR FAIR AVERAGE GOOD VERY GOOD

c) If the entrance fee on a future visit were \$6-10/adult, with services remaining at the current level, please rate how appropriate you feel this fee would be. Please circle **one** answer.

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

21. a) During this visit to George Washington Birthplace National Monument, did you and your group learn about the following topics? Please check () yes or no for each topic.

b) Next, whether or not you checked yes or no for this visit, please check () if you are interested in learning about each topic during a future visit.

Topic	Learn on this visit?		Interested on a future visit?
	YES ()	NO ()	()
ANCESTRY AND BIRTH TO 3 YEARS OF AGE (years spent on this plantation)	_____	_____	_____
TOBACCO PLANTATION ECONOMY AND SLAVERY	_____	_____	_____
AGE 3 TO MANHOOD (including learning the occupation of surveying)	_____	_____	_____
WASHINGTON'S MILITARY EXPERIENCE (in the French and Indian War and as Commander-in-Chief in the American Revolution)	_____	_____	_____
POLITICS AND THE PRESIDENCY (Virginia and National Politics, Constitutional Convention, etc.)	_____	_____	_____
WASHINGTON'S FAMILY AND PERSONAL RELATIONSHIPS	_____	_____	_____
WASHINGTON'S LEGACY	_____	_____	_____
THE COMMEMORATION OF GEORGE WASHINGTON	_____	_____	_____
RESEARCH CURRENTLY CONDUCTED AT THE MONUMENT (i.e. archeological findings)	_____	_____	_____

c) Please list any additional topics you and your group are interested in learning about at George Washington Birthplace National Monument.

Please go on to the next page ➡

22. For this visit to the George Washington Birthplace National Monument 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 the monument.
- b) Please list your group’s total expenditures in the **surrounding area**, (within 50 miles of the monument).

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

EXPENDITURES
Inside monument in surrounding area

HOTELS, MOTELS, CABINS, B&B, etc.		\$ _____
CAMPING 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, but not including airfare)		\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES	\$ _____	\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
DONATIONS	\$ _____	\$ _____

c) How many people do the above expenses cover?

ADULTS (18 years or over) _____ CHILDREN (under 18 years) _____

23. a) What did you and your group like **most** about your visit to George Washington Birthplace National Monument?

b) What did you and your group like **least** about your visit to George Washington Birthplace National Monument?

24. By filling out this questionnaire, you are helping to plan for the future of George Washington Birthplace National Monument. What would you propose? Please be as specific as possible, and include comments about facilities, exhibits, activities, and topics on the life of George Washington or any other observations and suggestions. Please use additional paper if needed.

25. Is there anything else you and your group would like to tell us about your visit to the George Washington Birthplace National Monument?

26. How would you rate your overall visit at George Washington Birthplace National Monument? 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
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