Saint-Gaudens National Historic Site
Visitor Study
August 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 Saint-Gaudens National Historic Site. 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, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

B. J. Dunn
Superintendent

This visitor study is partially funded by Fee Demonstration Funding, with additional support from Eastern National.
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. 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.
YOUR VISIT TO SAINT-GAUDENS NATIONAL HISTORIC SITE

1. Prior to, or during your visit, did you become aware of the Friends group &/or Trustees of the Saint-Gaudens Memorial (both groups help sponsor activities such as the Sunday concert series and Picture Gallery exhibits).
   _____ NO   _____ YES   _____ NOT SURE

2. a) Prior to your visit, how did you and your group get information about Saint-Gaudens National Historic Site (NHS)? Please check ( ) all that apply.
   _____ OBTAINED NO INFORMATION PRIOR TO VISIT  ➔ Go on to Question 3
   _____ PREVIOUS VISIT(S)
   _____ FRIENDS/RELATIVES/WORD OF MOUTH
   _____ TRAVEL GUIDES/TOUR BOOKS
   _____ MAPS/BROCHURES
   _____ STATE WELCOME CENTER/CHAMBER OF COMMERCE
   _____ TELEVISION/RADIO PROGRAMS/VIDEOS
   _____ NEWSPAPER/MAGAZINE ARTICLES
   _____ TELEPHONE, WRITTEN, OR E-MAIL INQUIRY TO PARK
   _____ HIGHWAY SIGNS
   _____ INTERNET—National Park Service or Saint-Gaudens NHS web site:  
     <www.nps.gov/>   <www.nps.gov/saga/>
   _____ INTERNET—FRIENDS GROUP WEB SITE  www.sgnhs.org
   _____ INTERNET—OTHER WEB SITE
   _____ OTHER NATIONAL PARK UNIT
   _____ OTHER (Please specify: __________________________________________)

   b) From the sources checked above, did you and your group receive the type of information about the park that you needed?
   _____ NO   _____ YES   _____ NOT SURE
   ➔ Go on to Question 3

   c) If NO, what type of park 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 spend at Saint-Gaudens NHS? Please list partial hours or days, for example: 6-1/2 hours.

____ NUMBER OF HOURS

b) Did you enter the park more than once on this visit?

____ NO  ____ YES  

If YES, how many times did you enter Saint-Gaudens NHS on this visit?

NUMBER OF ENTRIES  ____

4. On this trip, what was the primary reason that you and your group visited the Saint-Gaudens NHS area (within 1/2-hour drive)? Please check ( ) only one.

____ RESIDENT OF AREA (within 1/2-hour drive)  Go on to Question 5

____ VISIT SAINT-GAUDENS NATIONAL HISTORIC SITE

____ VISIT OTHER AREA ATTRACTIONS
(Please specify:____________________________)

____ VISIT FRIENDS/RELATIVES IN THE AREA

____ BUSINESS OR OTHER REASONS

5. Before or after this visit to Saint-Gaudens NHS, which of the following communities did you and your group stop in/visit within 1/2-hour drive of the park? Please check ( ) all that apply.

____ DID NOT VISIT ANY COMMUNITIES  Go on to Question 6

____ CORNISH, NH or CORNISH Flat, NH (besides your visit to Saint-Gaudens NHS located in Cornish, NH)

____ PLAIN FIELD, NH

____ CHARLESTOWN, NH

____ CLAREMONT, NH

____ LEBANON, NH

____ WEST LEBANON, NH

____ WINDSOR, VT

____ WHITE RIVER JUNCTION, VT

____ OTHER (Please specify:___________________________________)

Please go on to the next page  

6. a) On this visit, were the signs directing you and your group to Saint-Gaudens NHS adequate? Please check ( ) one answer for each of the following.

SIGN ON NH INTERSTATES _____ YES _____ NO _____ NOT SURE
SIGN ON VT INTERSTATES _____ YES _____ NO _____ NOT SURE
SIGN ON STATE HIGHWAYS _____ YES _____ NO _____ NOT SURE
SIGN IN COMMUNITIES _____ YES _____ NO _____ NOT SURE

b) If you answered "no" to any of Part a above, please explain how the signs were not adequate. Specify which signs from above that you are referring to.

7. On this trip, what was the primary reason that you and your group visited Saint-Gaudens NHS? Please check ( ) only one.

_____ LEARN ABOUT AUGUSTUS SAINT-GAUDENS
_____ SEE SCULPTURES/ART BY AUGUSTUS SAINT-GAUDENS
_____ VISIT THE GARDENS
_____ ATTEND SUNDAY CONCERT/SPECIAL EVENT
_____ VISIT UNIT OF NATIONAL PARK SYSTEM
_____ WALK FOR EXERCISE/WALK DOG(S)
_____ WALK THE TRAILS
_____ PASSING BY TO ANOTHER DESTINATION
_____ SEE EXHIBITS IN PICTURE GALLERY
_____ OTHER (Please specify:______________________________)

8. a) On this visit, did you and your group have any difficulty finding your way from the parking lot to the visitor center?

_____ NO _____ YES ➔ b) If YES, what was the problem?

↓

_____ YES, LIKELY _____ NO, UNLIKELY _____ NOT SURE
9. On this visit to Saint-Gaudens NHS, which of the following sites or activities did you and your group visit? Please check ( ) all that apply.

_____ VISITOR CENTER  _____ LITTLE STUDIO
_____ NEW GALLERY  _____ ASPET (house)
_____ PICTURE GALLERY  _____ RAVINE STUDIO
_____ RAVINE NATURE TRAIL  _____ BLOW-ME-DOWN TRAIL
_____ TEMPLE  _____ STABLE/ICE HOUSE
_____ GARDENS  _____ SUNDAY CONCERT
_____ BLOW-ME-DOWN MILL (PARKING AREA & POND)
_____ OTHER (Please specify: ________________________________)

Please go on to the next page ➤
10. a) Please check ( ) the visitor services and facilities that you and your group used during this visit to Saint-Gaudens NHS.

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

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

<table>
<thead>
<tr>
<th>a) Use service/facility?</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1  2  3  4  5</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Check ( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ PARK BROCHURE/MAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ SELF-GUIDED TRAIL BROCHURES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ OTHER PARK PUBLICATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ FOREIGN LANGUAGE BROCHURES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ ORIENTATION VIDEO (at visitor center)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ OUTDOOR INTERPRETIVE SIGNS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ SALES ITEMS IN BOOKSTORE (in visitor center)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ ASSISTANCE FROM PARK STAFF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ ASSISTANCE FROM PARK VOLUNTEER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ RANGER-LED TOURS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ JUNIOR RANGER PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ COMPUTER DATABASES ON SAINT-GAUDENS AND CORNISH COLONY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ SUNDAY CONCERTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ ACCESS FOR DISABLED PERSONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ RESTROOMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ WEB SITE (<a href="http://www.nps.gov/saga/">www.nps.gov/saga/</a>)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

used before or during visit
11. a) On this trip, did you and your group stay overnight away from home in the Saint-Gaudens NHS area (within 1/2-hour drive)?

_____ YES  _____ NO  ➔ Go on to Question 12

b) If YES, please list the number of nights you and your group stayed in the Saint-Gaudens NHS area (within 1/2-hour drive).

NUMBER OF NIGHTS in Saint-Gaudens NHS area  ______

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

__________________________________________________________________________
Outside park within 1/2-hr. drive ( )

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

RV/TRAILER CAMPING  ______

TENT CAMPING IN DEVELOPED CAMPGROUND  ______

PERSONAL SEASONAL RESIDENCE  ______

RESIDENCE OF FRIENDS OR RELATIVES  ______

OTHER (Please specify:____________________________________________________)  ______

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 specify:____________________________________________________)

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

   a) Guided tour group?  _____ YES  _____ NO

   b) Educational/school group?  _____ YES  _____ NO

14. 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

Please go on to the next page ➔
15. For you and your personal group, please indicate:

<table>
<thead>
<tr>
<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)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>past 12 months</td>
</tr>
<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>

16. For you and each of the adults (age 18 or over) in your personal group on this visit, please indicate the highest level of education completed. 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 BACHELOR'S COLLEGE DEGREE</th>
<th>GRADUATE DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADULT #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADULT #3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADULT #4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADULT #5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADULT #6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADULT #7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. a) Does anyone in your group have any disabilities/impairments that limited their ability to visit Saint-Gaudens NHS?

_____ YES  _____ NO  ➔ Go on to Question 18

b) If yes, what kind of disability? Please check ( ) all that apply.

_____ HEARING  _____ VISUAL
_____ MOBILITY  _____ LEARNING
_____ MENTAL  _____ OTHER (Please specify:__________________)
c) Because of the disability/impairment, did you and your group encounter any access/service problems in the park?

____ YES  ____ NO  ⇒ Go on to Question 18

d) If YES, what were the problems?

18. Are you Spanish, Hispanic or Latino?

____ YES  ____ NO

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. It is the National Park Service’s responsibility to protect Saint-Gaudens NHS’s natural, scenic and cultural resources/qualities while at the same time providing for public enjoyment. How important is protection of the following resources/qualities in the park to you and your group? Please circle one response for each resource.

<table>
<thead>
<tr>
<th>Resource/quality</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</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCULPTURES/ART</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>WILDLIFE (including birds)</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>EDUCATIONAL OPPORTUNITIES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>GARDENS &amp; GROUNDS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
<tr>
<td>HISTORIC STRUCTURES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>DK</td>
</tr>
</tbody>
</table>

Please go on to the next page ⇒
21. For you and your group, please list approximate expenditures for the items listed below for this visit to Saint-Gaudens NHS and surrounding area (within 1/2-hour drive). Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures at Saint-Gaudens NHS.

b) Please list your group's total expenditures in the area outside the park (within 1/2-hour drive of Saint-Gaudens NHS).

NOTE: Surrounding area residents should only include expenditures that were directly related to this visit to Saint-Gaudens NHS.

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>a) In park</th>
<th>b) Outside park</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>GUIDE 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</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</td>
<td>$_________</td>
<td></td>
</tr>
<tr>
<td>(rental cars, auto repairs, taxies, but not including airfare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMISSION, RECREATION, and ENTERTAINMENT FEES</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>ALL OTHER PURCHASES (souvenirs, film, books, art, clothing, etc.)</td>
<td>$_________</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) _____

22. a) Currently the visitor center bookstore sells a variety of publications and related items. On a future visit, are there any sales items that are not currently sold, that you would like to have for sale? Please specify: ________________________________

b) What is your opinion about the current sales item prices? Please check one.

_____ TOO LOW    _____ ABOUT RIGHT    _____ TOO HIGH
23. a) On this visit, what did you and your group like **most** about the exhibits at Saint-Gaudens NHS?

___________________________________________________________________________________

b) On this visit, what did you and your group like **least** about the exhibits at Saint-Gaudens NHS?

___________________________________________________________________________________

24. a) On a future visit to Saint-Gaudens NHS, which of the following programs/workshops/tours would you prefer? Please check ( ) all that apply.

b) What is the best time of day to hold the programs? Please write the preferred starting time.

<table>
<thead>
<tr>
<th>a) Type of program( )</th>
<th>b) Preferred starting time</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ RANGER-LED TOUR/PROGRAM</td>
<td>_____ a.m. _____ p.m.</td>
</tr>
<tr>
<td>____ ART/SCULPTURE WORKSHOPS</td>
<td>_____ a.m. _____ p.m.</td>
</tr>
<tr>
<td>____ ART LECTURES</td>
<td>_____ a.m. _____ p.m.</td>
</tr>
<tr>
<td>____ CHILDREN'S ACTIVITIES (separate area)</td>
<td>_____ a.m. _____ p.m.</td>
</tr>
<tr>
<td>____ NATURAL HISTORY LECTURES</td>
<td>_____ a.m. _____ p.m.</td>
</tr>
<tr>
<td>____ SPECIAL EVENING PROGRAMS</td>
<td>_____ a.m. _____ p.m.</td>
</tr>
<tr>
<td>(Please specify:__________________________________________________________)</td>
<td></td>
</tr>
<tr>
<td>____ AUDIO TOUR</td>
<td>Go on to Question 25</td>
</tr>
<tr>
<td>____ SELF-GUIDED TOUR WITH SIGNS</td>
<td>Go on to Question 25</td>
</tr>
<tr>
<td>____ OTHER</td>
<td>_____ a.m. _____ p.m.</td>
</tr>
<tr>
<td>(Please specify:__________________________________________________________)</td>
<td></td>
</tr>
</tbody>
</table>

c) What is/are the best day(s) of the week to hold programs, workshops or activities? Please circle all that apply.

SUNDAY  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  SATURDAY

25. a) On a future visit, would you and your group be willing to pay a small fee ($1 to $5/person) for a ranger-led tour?

 _____ YES, LIKELY   _____ NO, UNLIKELY   _____ NOT SURE

b) On a future visit, would you and your group be willing to pay a small fee ($1 to $5/person) to attend special programs/lectures?

 _____ YES, LIKELY   _____ NO, UNLIKELY   _____ NOT SURE

Please go on to the next page ➤
c) On a future visit, would you and your group be willing to pay a fee ($75 to $100/person) to attend special art/sculpting classes (single class or series)?

____ YES, LIKELY  ____ NO, UNLIKELY  ____ NOT SURE

26. On a future visit to Saint-Gaudens NHS, how would you and your group prefer to learn about the cultural and natural history? Please check ( ) all that apply.

____ NOT INTERESTED IN LEARNING  ➔ Go on to Question 27
____ TRAVEL GUIDES/GUIDEBOOKS
____ OTHER PRINTED MATERIALS (books, brochures, maps, park newspaper, etc.)
____ INTERNET/WEB SITES
____ AUDIO-VISUAL PROGRAMS (videos, movies, etc.)
____ RANGER-LED WALKS/TOURS
____ ROVING RANGERS AVAILABLE TO ANSWER QUESTIONS
____ LIVING HISTORY (ranger-in-costume programs)
____ INDOOR EXHIBITS
____ OUTDOOR EXHIBITS
____ OTHER (Please specify:______________________________)

27. On a future visit, please check ( ) all of the following exhibits/activities you and your group would like to have available at Saint-Gaudens NHS.

____ NOT INTERESTED IN EXHIBITS/ACTIVITIES  ➔ Go on to Question 28
____ EXHIBIT ON CORNISH ART COLONY
____ SCULPTOR-IN-RESIDENCE PROGRAM
____ LECTURE SERIES
____ SCULPTING CLASS
____ CHILDREN’S ACTIVITIES
____ MORE ORIENTATION EXHIBITS
____ MORE OF AUGUSTUS SAINT-GAUDENS' WORK ON DISPLAY
____ MORE GALLERY SPACE TO DISPLAY ADDITIONAL SCULPTURES/ART (other than Augustus Saint-Gaudens' work)
____ OTHER ARTIST-IN-RESIDENCE PROGRAMS
____ OTHER HANDS-ON ACTIVITIES (Please specify:____________________)
____ OTHER (Please specify:_______________________________________)
28. a) The current entrance fee is $5.00 for adults, good for up to 7 days. This fee is used to support park services, facilities and preservation projects. In your opinion, how appropriate is the amount of this entrance fee?

_____ TOO LOW     _____ ABOUT RIGHT    _____ TOO HIGH

b) Would you or members of your group visit the park more frequently if there was no entrance fee?

_____ YES, LIKELY     _____ NO, UNLIKELY    _____ NOT SURE

c) Are you and your group aware of the annual park pass for Saint-Gaudens NHS, which costs $25 and allows entry to this park for one year from date of purchase for pass holder and one carload of guests?

_____ YES          _____ NO          _____ NOT SURE

29. Please write any additional suggestions or comments that you would like to share to help managers planning for the future of the site. Please be specific.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

30. Is there anything else you and your group would like to tell us about your visit to Saint-Gaudens NHS?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

31. Overall, how would you rate the quality of the visitor services provided to you and your group at Saint-Gaudens NHS 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 stickers provided and drop it in any U.S. mailbox.