



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

Visitor Services Project

Saint-Gaudens National Historic Site Visitor Study



OMB Approval 1024-0224 (NPS#04-046)
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United States Department of the Interior

NATIONAL PARK SERVICE
Saint-Gaudens National Historic Site
139 Saint-Gaudens Road
Cornish, New Hampshire 03745-9704

IN REPLY REFER TO:

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.

Please go on to the next page ➔

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 → c) 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.

SIGNS ON NH INTERSTATES _____ YES _____ NO _____ NOT SURE

SIGNS ON VT 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 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?

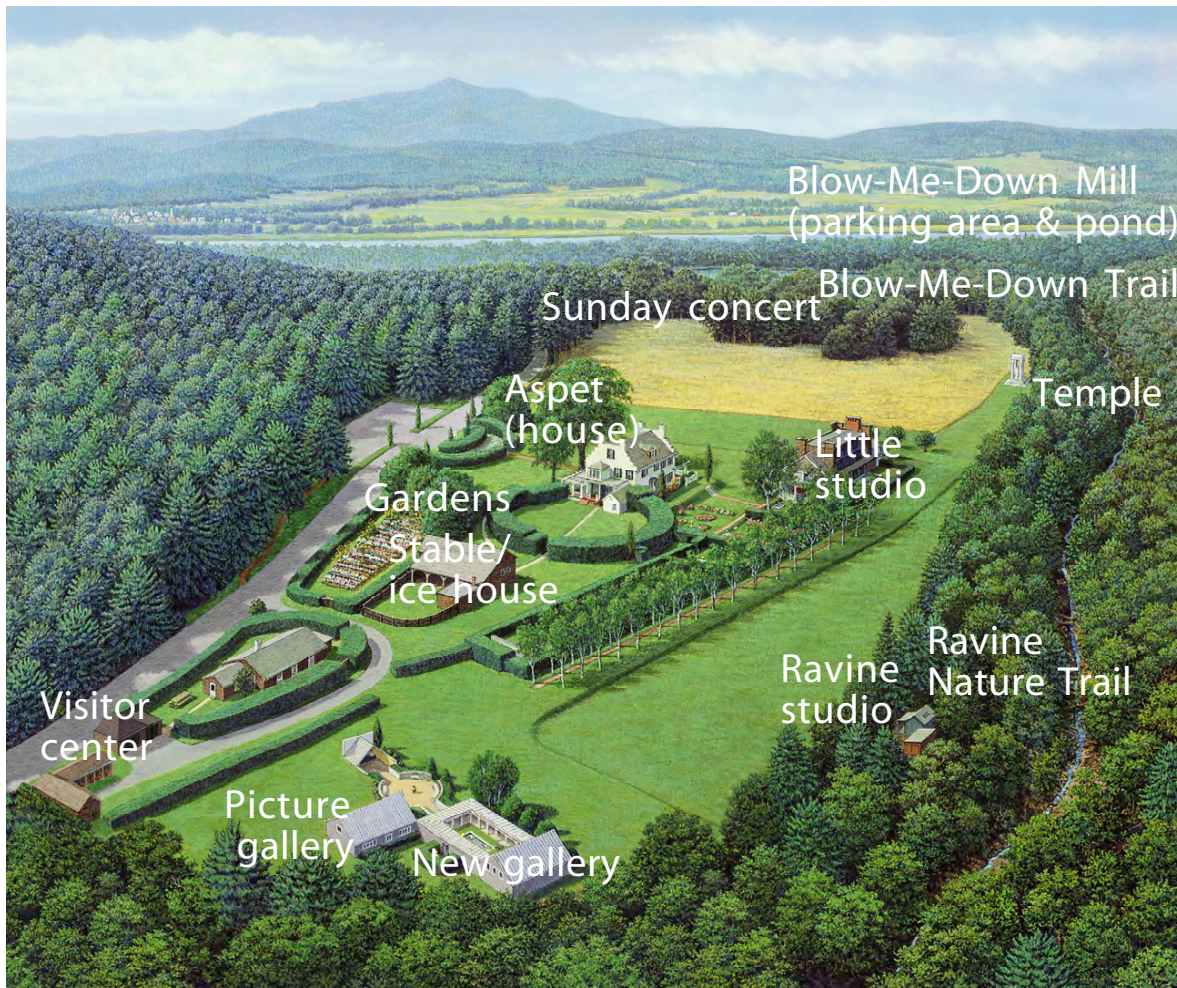


- c) On a future visit, would you and your group be willing to ride a short, free shuttle bus from an off-site parking lot?

_____ 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.

- | | |
|--|---|
| <input type="checkbox"/> VISITOR CENTER | <input type="checkbox"/> LITTLE STUDIO |
| <input type="checkbox"/> NEW GALLERY | <input type="checkbox"/> ASPET (house) |
| <input type="checkbox"/> PICTURE GALLERY | <input type="checkbox"/> RAVINE STUDIO |
| <input type="checkbox"/> RAVINE NATURE TRAIL | <input type="checkbox"/> BLOW-ME-DOWN TRAIL |
| <input type="checkbox"/> TEMPLE | <input type="checkbox"/> STABLE/ICE HOUSE |
| <input type="checkbox"/> GARDENS | <input type="checkbox"/> SUNDAY CONCERT |
| <input type="checkbox"/> BLOW-ME-DOWN MILL (PARKING AREA & POND) | |
| <input type="checkbox"/> 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.

a) Use service/facility?

**b) If used,
how important?**

**c) If used,
what quality?**

Check ()	Not important					Extremely important					Very poor					Very good				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/MAP																				
_____ SELF-GUIDED TRAIL BROCHURES																				
_____ OTHER PARK PUBLICATIONS																				
_____ FOREIGN LANGUAGE BROCHURES																				
_____ ORIENTATION VIDEO (at visitor center)																				
_____ OUTDOOR INTERPRETIVE SIGNS																				
_____ SALES ITEMS IN BOOKSTORE (in visitor center)																				
_____ ASSISTANCE FROM PARK STAFF																				
_____ ASSISTANCE FROM PARK VOLUNTEER																				
_____ RANGER-LED TOURS																				
_____ JUNIOR RANGER PROGRAM																				
_____ COMPUTER DATABASES ON SAINT- GAUDENS AND CORNISH COLONY																				
_____ SUNDAY CONCERTS																				
_____ ACCESS FOR DISABLED PERSONS																				
_____ RESTROOMS																				
_____ WEB SITE (www.nps.gov/saga/) 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:

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

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.

	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	_____	_____	_____	_____	_____

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.

Resource/quality	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know
SCULPTURES/ART	1	2	3	4	5	DK
WILDLIFE (including birds)	1	2	3	4	5	DK
NATURAL QUIET/SOUNDS OF NATURE	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
EDUCATIONAL OPPORTUNITIES	1	2	3	4	5	DK
GARDENS & GROUNDS	1	2	3	4	5	DK
HISTORIC STRUCTURES	1	2	3	4	5	DK

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.

	EXPENDITURES	
	a) In park	b) Outside park
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, taxis, but not including airfare)		\$ _____
ADMISSION, RECREATION, and ENTERTAINMENT FEES	\$ _____	\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, art, clothing, etc.)	\$ _____	\$ _____
DONATIONS	\$ _____	\$ _____

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.

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

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.

OFFICIAL BUSINESS

**Visitor Services Project
Park Studies Unit
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P.O. Box 441139
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