



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

Visitor Services Project

Lincoln Home National Historic Site

Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE
Lincoln Home National Historic Site
413 South Eighth Street
Springfield, IL 62701-1905

IN REPLY REFER TO:

May 2005

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Lincoln Home National Historic Site. This information will assist us in our efforts to better manage this site and to serve you, our visitors.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should take about 20 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,

A handwritten signature in cursive script, appearing to read "Richard A. Lusardi".

Richard A. Lusardi
Superintendent

DIRECTIONS

One person in your group, at least 16 years of age, should complete the questionnaire. It should take about 20 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 Lincoln Home National Historic Site

1. Prior to this visit to Lincoln Home National Historic Site, were you and your group aware that this park is managed by the National Park Service (NPS)?

_____ Yes _____ No _____ Not sure

2. a) Prior to this visit, how did you and your group obtain information about Lincoln Home National Historic Site? Please check () **all** that apply in the column on the left below.

- b) On future visits to Lincoln Home National Historic Site, what sources would you and your group prefer to use to obtain information in planning your visit? Please check () **all** that apply in the column on the right below.

a) Prior to this visit? ()

b) Prior to future visits? ()

_____ Obtained no information prior to visit → **Go on to Part b of this Question**

_____ Previous visits _____

_____ Friends/relatives/word of mouth _____

_____ Travel guides/tour books/publications _____

_____ Maps/brochures _____

_____ Telephone/written/email inquiry to park _____

_____ State welcome center _____

_____ Chamber of Commerce _____

_____ Newspaper/magazine articles _____

_____ Television/radio/videos _____

_____ Park website: www.nps.gov/liho/ _____

_____ Other websites _____

_____ Abraham Lincoln Presidential Library and Museum _____

_____ Springfield Convention and Visitors Bureau _____

_____ Illinois Tourism Bureau _____

_____ Other places in Springfield (Specify: _____) _____

_____ Other (Please specify: _____) _____

c) From the sources checked on page 4, 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

d) If NO, what type of park information did you and your group need that was not available? Please be specific.

3. On this trip, what was the **primary** reason that you and your group visited the Springfield, Illinois area (within city limits)? Please check () **only one**.

- _____ Resident of Springfield, Illinois → **Go on to Question 4**
- _____ Visit Lincoln Home National Historic Site
- _____ Visit other area attractions
- _____ Visit friends/relatives in the area
- _____ Passing through—unplanned visit
- _____ Business
- _____ Other (Please specify: _____)

4. On this visit, what was your **primary** reason for visiting Lincoln Home National Historic Site? Please check () **only one**.

- _____ Learn about Abraham Lincoln
- _____ Attend school program
- _____ Show site to friends or relatives
- _____ Purchase items in the museum shop
- _____ Other (Please specify: _____)

Please go on to the next page →

5. a) On this trip, did you and your group stay overnight **away from home** in Springfield, Illinois?

_____ Yes _____ No → **Go on Part d of this Question**



- b) If YES, please list the number of nights you and your group stayed.

_____ Number of nights in Springfield, Illinois

- c) In what type of lodging did you and your group spend the night while in Springfield, Illinois? Please check () **all** that apply.

In Springfield, Illinois ()

_____ 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: _____)

- d) In what town/city did you and your group stay on the **night before your arrival** at Lincoln Home National Historic Site? Do not answer if you stayed at home.

Nearest town/city _____ State _____

- e) In what town/city did you and your group stay on the **night after your departure** from Lincoln Home National Historic Site? Do not answer if you stayed at home.

Nearest town/city _____ State _____

6. On this visit, were the signs directing you and your group to Lincoln Home National Historic Site adequate? Please check () **only one** answer for each of the following.

Signs on interstates _____ Yes _____ No _____ Not sure

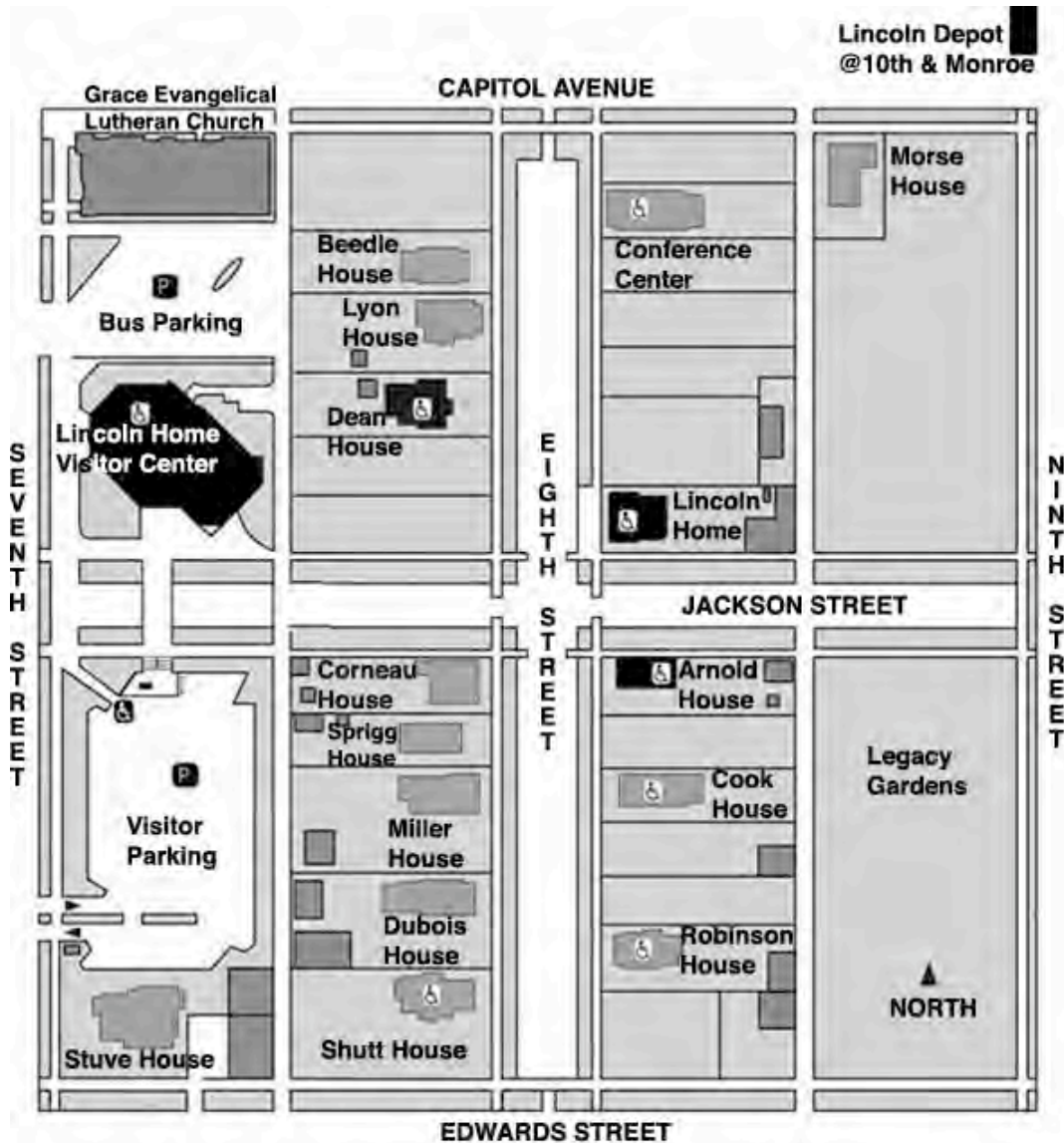
Signs on state highways _____ Yes _____ No _____ Not sure

City street signs in communities _____ Yes _____ No _____ Not sure

Pedestrian signs in communities _____ Yes _____ No _____ Not sure

7. On this visit, which of the following locations at Lincoln Home National Historic Site did you and your group visit? Please check () all that apply. Use the map below to help you locate the sites.

- _____ Lincoln Home National Historic Site Visitor Center
- _____ Lincoln Home
- _____ Dean House Exhibit “What a Pleasant Home Abe Lincoln Has”
- _____ Arnold House Exhibit “If These Walls Could Talk”
- _____ Lincoln Depot
- _____ Legacy Gardens
- _____ 8th Street corridor



Please go on to the next page →

8. On this visit to Lincoln Home National Historic Site, in what activities did you and your group participate? Please check () **all** that apply.

View films in Visitor Center
 Experience exhibits (in Visitor Center, Arnold House, and Dean House)
 Visit museum shop in Visitor Center
 Obtain assistance from park staff
 Take Lincoln Home tour
 Obtain National Park Service and area information
 Participate in Junior Ranger program
 Conduct historic/genealogy research
 Exercise (walk, jog, walk dog, etc.)
 Seek solitude
 Other (Please specify: _____)

9. a) On this visit, how long did you and your group stay at Lincoln Home National Historic Site? (Please list partial hours, for example: 6-1/2 hours).

_____ Number of hours

- b) On this visit, did you and your group visit the park on more than one day?

_____ No _____ Yes → c) If YES, on how many days did you visit?

_____ Number of days

- d) On this visit, how many times did you and your group enter Lincoln Home National Historic Site?

_____ Number of entries

- e) On this visit to Lincoln Home National Historic Site, did you and your group have enough time to see and do all that you wanted to?

_____ No _____ Yes → **Go on to Question 10**



- f) If NO, please explain. _____

10. a) On this visit, did you and your group have any specific safety concerns while visiting Lincoln Home National Historic Site?

_____ Yes _____ No → **Go on to Question 11**



- b) If YES, what were they? _____

11. a) Please check () **all** the visitor services and facilities that you or your group **used** during this visit to Lincoln Home National Historic Site.
- 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.

a) Used service/facility?	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
Check () _____		
_____ Park brochure (Lincoln Home Official Visitor Guide)	_____	_____
_____ Park map	_____	_____
_____ Other park handouts (park and area information, etc.)	_____	_____
_____ Films (in Visitor Center)	_____	_____
_____ Lincoln Home tour	_____	_____
_____ Sales items in museum shop (in Visitor Center)	_____	_____
_____ Assistance from park staff	_____	_____
_____ Junior Ranger program	_____	_____
_____ Park website: www.nps.gov/liho/ used before or during visit	_____	_____
_____ Access to Lincoln Depot	_____	_____
_____ Assistance from Lincoln Depot staff	_____	_____
_____ Visitor Center exhibits	_____	_____
_____ Arnold House exhibit "If These Walls Could Talk"	_____	_____
_____ Dean House exhibit "What a Pleasant Home Abe Lincoln Has"	_____	_____

Please go on to the next page →

12. a) Please check () **all** the visitor services and facilities that you or your group used during this visit to Lincoln Home National Historic Site.

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.

a) Used service/facility?	b) If used, how important?	c) If used, what quality?
	1=Not important	1=Very poor
	2=Somewhat important	2=Poor
	3=Moderately important	3=Average
	4=Very important	4=Good
	5=Extremely important	5=Very good

Check ()

<input type="checkbox"/> Walkways/boardwalks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outdoor exhibits/signs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Restrooms	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access for disabled persons	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parking areas	<input type="checkbox"/>	<input type="checkbox"/>

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

- | | |
|--|---|
| <input type="checkbox"/> Alone | <input type="checkbox"/> Family |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Family and friends |
| <input type="checkbox"/> Other (Please specify: _____) | |

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

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| a) Guided tour group | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Educational/school group | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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, please indicate:

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

17. a) On this visit, did anyone in your group have any disabilities/impairments that limited their ability to visit/enjoy Lincoln Home National Historic Site?

_____ Yes _____ No → **Go on to Question 18**



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

- _____ Hearing _____ Mobility
 _____ Learning _____ Visual
 _____ Mental _____ Other (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. a) What is the **one** language you and/or members of your group prefer to use for the following?

Speaking Reading
 List one: _____ List one: _____

Please go on to the next page →

b) What services in the park would you and your group like to have provided in languages other than English?

_____ None → **Go on to Question 19**

Services that need to be translated: _____

19. For you and each member (aged 16 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 diploma/GED	Some college	Bachelor's degree	Graduate degree
Yourself	_____	_____	_____	_____	_____
Member #2	_____	_____	_____	_____	_____
Member #3	_____	_____	_____	_____	_____
Member #4	_____	_____	_____	_____	_____
Member #5	_____	_____	_____	_____	_____
Member #6	_____	_____	_____	_____	_____
Member #7	_____	_____	_____	_____	_____

20. a) On this visit, did you and your group take a tour of Lincoln Home?

_____ Yes _____ No → **Go on to Question 21**



b) If YES, please rate the amount of time you and your group spent for the two parts of the tour—outside and inside Lincoln Home. Please circle **only one** answer for each.

- Outside Lincoln Home tour Too short About right Too long
- Inside Lincoln Home tour Too short About right Too long

c) Please rate the following aspects of the tour. Please circle **only one** for each.

- Taking tour at desired time Was able to take at desired time Was NOT able to take at desired time
- Ability to view interior of the rooms because of tour size Could see Had difficulty seeing
- Topics covered on the tour Of interest NOT of interest
- Ability to make a personal connection to Abraham Lincoln **as a result of the tour** (Does his life have relevance to your life today?)

_____ Yes _____ No _____ Not sure

d) On a future tour of Lincoln Home, would you and your group prefer to have a pre-visit reservation system to obtain tickets for the tour?

_____ Yes _____ No _____ Not sure

e) Please provide any additional comments on the tour of Lincoln Home.

21. Please indicate how the following elements may have affected your park experience on this visit. Please check () **only one** for each element.

Affect your experience?	Detracted from	No effect	Added to	Did not experience
Background noise (such as lawnmowers, engines, etc.)	_____	_____	_____	_____
Modern vehicles	_____	_____	_____	_____
Modern streets/structures surrounding park	_____	_____	_____	_____

22. On a future visit to Lincoln Home National Historic Site, how would you and your group prefer to learn about or make personal connections to Abraham Lincoln (relevance of Lincoln's life to our lives today)? Please check () **all** that apply.

- _____ Not interested in learning about park or making personal connections to Abraham Lincoln → **Go on to Question 23**
- _____ Printed guidebook to the historic neighborhood
- _____ Printed materials (books, brochures, maps)
- _____ Audio-visual programs (videos, movies, slide shows)
- _____ Self-guided audio tours
- _____ Ranger-guided walks/programs
- _____ Additional ranger tours focusing on subjects such as period furnishings, Mary Todd Lincoln, the Lincoln children, etc.
- _____ Roving rangers available to answer questions
- _____ Information desk staff
- _____ Indoor exhibits
- _____ Outdoor exhibits
- _____ Internet websites
- _____ Other (Please specify: _____)

Please go on to the next page →

23. For you and your group, please estimate all expenditures for the items listed below for this visit to Lincoln Home National Historic Site and Springfield, Illinois. Please write "0" if no money was spent in a particular category.
- a) Please list your group's total expenditures inside Lincoln Home National Historic Site.
- b) Please list your group's total expenditures in Springfield, Illinois.

NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to Lincoln Home National Historic Site.

EXPENDITURES

	a) Inside Lincoln Home National Historic Site	b) Outside park in Springfield
Hotels, motels, cabins, B&B, etc.		\$ _____
Camping fees and charges		\$ _____
Guide fees and charges		\$ _____
Restaurants and bars		\$ _____
Groceries and takeout food		\$ _____
Gas and oil (auto, RV, etc.)		\$ _____
Other transportation expenses (rental cars, taxies, auto repairs, but not airfare)		\$ _____
Admission, recreation, entertainment fees		\$ _____
Parking 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) _____

24. This park was established because of its significance to the nation. In your opinion, what is the national significance of Lincoln Home National Historic Site?

25. a) After this visit (viewing exhibits, movies, taking the tour, etc.), do you feel that you were able to make a personal connection to Abraham Lincoln (i.e. does his life have relevance to your life today)?

Yes No Not sure



- b) If YES, what is the most important way that Lincoln's life has relevance to your life today?

26. On a future visit to Lincoln Home National Historic Site, what subjects would you and your group like to learn more about? Please check () **all** that apply.

Not interested in learning about park → **Go on to Question 27**

Lincoln's childhood Lincoln's family life

Lincoln as a lawyer Lincoln as President

Lincoln's neighborhood

Other (Please specify: _____)

27. If you were a manager planning for the future of Lincoln Home National Historic Site, what would you and your group propose? Please be specific.

28. Is there anything else you and your group would like to tell us about your visit to Lincoln Home National Historic Site?

29. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your group at Lincoln Home National Historic Site during this visit? Please circle **only one**.

Very poor Poor Average Good Very good

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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