The
Visitor Services
Project
United States Department of the Interior
NATIONAL PARK SERVICE
INDEPENDENCE NATIONAL HISTORICAL PARK
511-513 WALNUT STREET
PHILADELPHIA, PA. 19106

July, 1986

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Independence enjoy, and the places they visit within the park.

This questionnaire is only being given to a select number of visitors. Your participation is very important! It should only take a few minutes of your time during your visit to Independence.

When your visit is over, please complete the questionnaire. Then, seal it with the sticker provided on the last page and simply drop it in any U.S. mailbox.

Please be assured that all of the information is confidential. Do not write your name on the questionnaire. If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Sincerely,

Hobart G. Cawood
Superintendent

IMPORTANT

When did you first enter Independence National Historical Park this visit?

_____ DAY OF THE WEEK (M,T,W,Th,F,Su)

__ : ___ TIME OF DAY ___am ___pm

DIRECTIONS

This questionnaire is in three parts. The first part asks about the places you visited during this trip to Independence National Historical Park.

The second part asks about your activities during your visit.

The third part asks questions about you, your group, and your thoughts about Independence National Historical Park.

One person in your group should complete the questionnaire. It should take only a few minutes. When you have completed the questionnaire, please seal it with the sticker provided and drop it in any U.S. mailbox. No postage is needed.

PLEASE GO ON TO PART 1, NEXT PAGE
PART 1: PLACES YOU VISITED

On the map below, please circle the places you visited during this visit to Independence National Historical Park.

Then, indicate the order in which you visited the places by writing 1st, 2nd, 3rd, and so forth in the box marked '#', beside each place you circled.

If you did not visit any of these places, please go on to part 2 on the next page.

Liberty Bell Pavilion
Independence Hall
Franklin Court
Carpenter's Hall
Visitor Center
Todd or Bishop White Houses
The City Tavern

PLEASE GO ON TO PART 2, NEXT PAGE
PART 2: YOUR ACTIVITIES

On the list below, please check (✓) the activities that you or your group did during this visit to Independence National Historical Park. (Please check all that apply.)

________ PICNIC

________ OUTDOOR RELAXATION (sunbathe, read, etc.)

________ ATTEND INTERPRETIVE PROGRAMS (tours, films, etc.)

________ VISIT MUSEUMS AND/OR EXHIBITS

________ ATTEND OUTDOOR ENTERTAINMENT PROGRAMS (concerts, plays, etc.)

________ SHOP FOR SOUVENIRS OR BOOKS

________ ATTEND CIVIC FUNCTIONS (rallies, parades, etc.)

________ TAKE CARRIAGE RIDE

________ USE POST OFFICE

________ USE RESTROOM FACILITIES

________ GET INFORMATION AT VISITOR CENTER

________ VISIT LIBRARY OR OFFICE (American Philosophical Society, Pennsylvania Horticultural Society, etc.)

________ WALK PET

________ OTHER (Please describe: __________________________)


PART 3: YOU AND YOUR OPINIONS

We hope you enjoyed your visit to Independence National Historical Park. Below are several questions that will help us learn about the people who participated in the study and their thoughts about the park.

1. How many hours did you spend in Independence National Historical Park this visit?

________ NUMBER OF HOURS

2. How many people were in your group?

________ NUMBER OF PEOPLE

3. What kind of group were you with?

________ ALONE

________ FAMILY

________ FRIENDS

________ FAMILY AND FRIENDS

________ GUIDED TOUR GROUP

________ OTHER (Please describe: __________________________)
4. For yourself and the other members of your group, please indicate:

1) your age on your last birthday,

2) the zip code of your permanent residence (if you are from a country other than the United States, please give the name of that country), and

3) the number of times you have visited Independence National Historical Park including this trip.

<table>
<thead>
<tr>
<th>AGE</th>
<th>ZIP CODE</th>
<th>#TIMES VISITED</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td></td>
<td></td>
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<tr>
<td>MEMBER #2</td>
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<td>MEMBER #3</td>
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<td>MEMBER #5</td>
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<tr>
<td>additional members:</td>
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</table>

5. During this visit, did you purchase anything at any of the book and gift sales areas in the park buildings?

   ____ YES
   ____ NO

For which of the following reasons? (Please check all that apply.)

   ____ TO AID WITH THIS VISIT
   ____ TO USE AT ANOTHER TIME
   ____ TO GIVE AS A GIFT
   ____ TO KEEP AS A SOUVENIR
   ____ OTHER (Please describe:__________)

6. During this visit, did you visit The City Tavern?

   ____ YES
   ____ NO

For which of the following reasons?

   ____ TO VIEW THE HISTORIC BUILDING
   ____ TO DINE OR HAVE A DRINK
   ____ BOTH OF THE ABOVE
   ____ OTHER (Please describe:__________)

PLEASE GO ON TO NEXT PAGE
7a. What did you like most about this visit to Independence National Historical Park?

7b. What did you like least about this visit to Independence National Historical Park?

8. Do you live in the Philadelphia metropolitan area?
   
   YES
   
   NO

   a. What did you like most about this visit to Philadelphia?

   b. What did you like least about this visit to Philadelphia?

9. Prior to this visit, how did you get information about Independence National Historical Park?
   
   _____ TRAVEL GUIDE/TOUR BOOK (from travel agent, AAA, etc.)
   
   _____ NEWSPAPER ARTICLES
   
   _____ PARK BROCHURE
   
   _____ ADVICE FROM FRIEND OR RELATIVE
   
   _____ DID NOT GET INFORMATION PRIOR TO VISIT
   
   _____ OTHER (Please describe: ____________________________)

10. Is there anything else you would like to tell us about your visit to Independence National Historical Park?

   ____________________________

   ____________________________

   ____________________________

   ____________________________

   ____________________________

   ____________________________

   ____________________________

   Thank you for your help. Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox—no postage is needed.