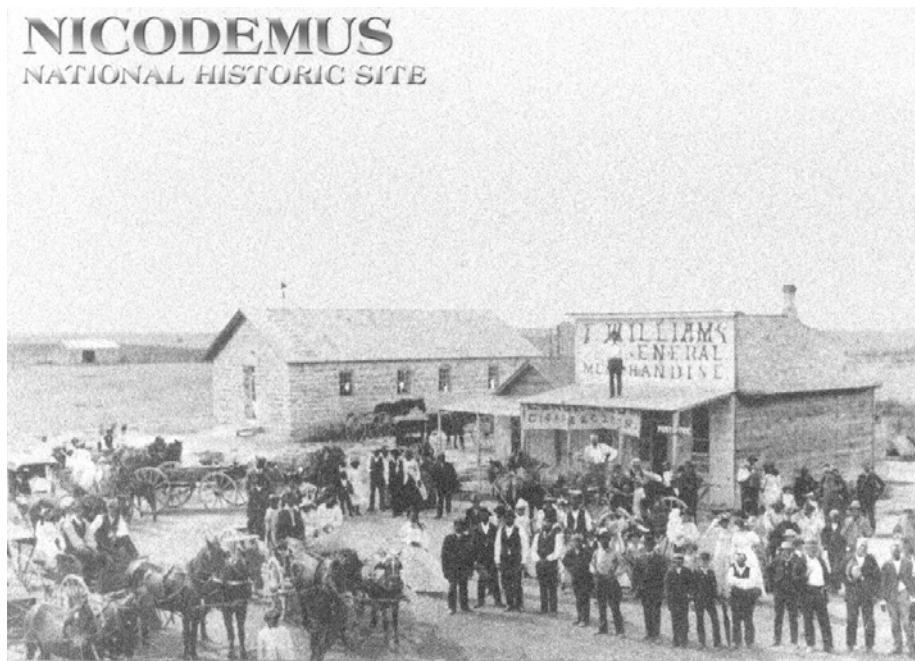




Social Science Program
National Park Service
U.S. Department of the Interior

Visitor Services Project

Nicodemus National Historic Site Visitor Study



OMB Approval: 1024-0224 (NPS# 05-022)
Expiration Date: 01/31/2006



United States Department of the Interior

NATIONAL PARK SERVICE

Nicodemus National Historic Site
304 Washington Avenue
Bogue, KS 67625-3015

IN REPLY REFER TO:

July, 2005

Dear Visitor:

Thank you for participating in this study to learn about the expectations, opinions, and interests of visitors to Nicodemus National Historic Site. This information will help us better manage this site and better serve you, our visitor.

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

After your visit, please fill out 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 that reads "Sherda Williams".

Sherda K. Williams
Superintendent

DIRECTIONS

One person, at least 16 years of age, in your personal group 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.

In this questionnaire, your personal group is defined as anyone that you are visiting the park with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

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 Nicodemus National Historic Site

Nicodemus National Historic Site consists of 5 historic buildings in the town of Nicodemus: African Methodist Episcopal (A.M.E.) Church, Old First Baptist Church, Nicodemus School District No. 1 Building, St. Francis Hotel/Fletcher-Switzer Residence and Township Hall (current park visitor center). Nearly all of the above property is private.

1. a) Prior to your visit, how did you and your group obtain information about Nicodemus National Historic Site (NHS)? Please check (√) **all** that apply in the column on the left below.
- b) On future visits to Nicodemus NHS, 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? (√)

- | 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 | _____ |
| _____ Part of my family heritage | _____ |
| _____ Travel guides/tour books | _____ |
| _____ Videos/television/radio programs | _____ |
| _____ Telephone/email/written inquiry to park | _____ |
| _____ Newspaper/magazine articles | _____ |
| _____ Park website: www.nps.gov/nico | _____ |
| _____ Other websites | _____ |
| _____ State welcome center/Chamber of Commerce | _____ |
| _____ Other National Park Service sites | _____ |
| _____ Visitor information radio (1610 AM) | _____ |
| _____ Other (Please specify: _____) | _____ |

- c) From the sources you used prior to this visit, did you and your group receive the type of information about the park that you needed?

_____ No _____ Yes **→ Go on to Question 2**



Go on to next page

d) If NO, what additional information did you and your group need? Please be specific.

2. a) Prior to this visit to the Nicodemus NHS area (within a 1-hour drive of the park), were you and your group aware of the existence of the following sites? Please check (√) **all** that apply in the column on the left.

b) Please check (√) **all** the sites in the column on the right that you and your group visited on this trip to Nicodemus NHS.

a) Aware of site? (√)	b) Visited? (√)
_____ Sternberg Museum (Hays, KS)	_____
_____ Hansen Memorial Museum (Logan, KS)	_____
_____ Webster State Park (Stockton, KS)	_____
_____ Cottonwood Ranch State Historic Site (Studley, KS)	_____

3. How did this visit to Nicodemus NHS fit into your travel plans?

- _____ Nicodemus NHS was primary destination
- _____ Nicodemus NHS was one of several destinations
- _____ Nicodemus NHS was not a planned destination

4. a) Where did your trip begin on the day you and your group visited Nicodemus NHS?

Nearest town/city: _____ State: _____

b) Where was your planned destination on the day you and your group left Nicodemus NHS?

Nearest town/city: _____ State: _____

c) In what community did you obtain support services (e.g. information, gas, food, or lodging) for this visit to Nicodemus NHS? Please check (√) **all** that apply.

- | | | |
|--------------------|------------------------------|----------------|
| _____ Hays | _____ Hill City | _____ Stockton |
| _____ Ellis | _____ Wakeeney | _____ Norton |
| _____ Phillipsburg | _____ Other (Specify: _____) | |

Please go on to the next page →

d) Were you and your group able to obtain all of the services that you needed in these communities?

_____ No _____ Yes → **Go on to Question 5**



e) If NO, what services did you and your group need that were not available?

Service (list) _____ Comments (Please be specific.) _____

5. a) For this trip, what were the reasons that your and your group visited the Nicodemus NHS **area** (within a 1-hour drive of the park)? Please check (✓) **all** that apply.

_____ Resident of area → **Go on to Question 6**

_____ Visit Nicodemus NHS (visitor center and other 4 historic buildings)

_____ Visit other attractions in the area

_____ Visit friends/relatives in the area

_____ Attend Homecoming events

_____ Learn African American history

_____ Learn history (other than African American history)

_____ Research family genealogy or history

_____ Attend a school program

_____ Travel through to other destinations

_____ Business

_____ Other reasons (Please specify: _____)

b) From the list above, please list the two most important reasons for visiting the area.

Primary reason: _____

Secondary reason: _____

6. a) On this visit, how long did you and your group spend visiting the visitor center and 4 other historic buildings that are part of Nicodemus NHS? Please list partial hours as 1/4, 1/2, or 3/4.

_____ Number of hours

b) On this visit how long did you and your group stay in the town of Nicodemus?

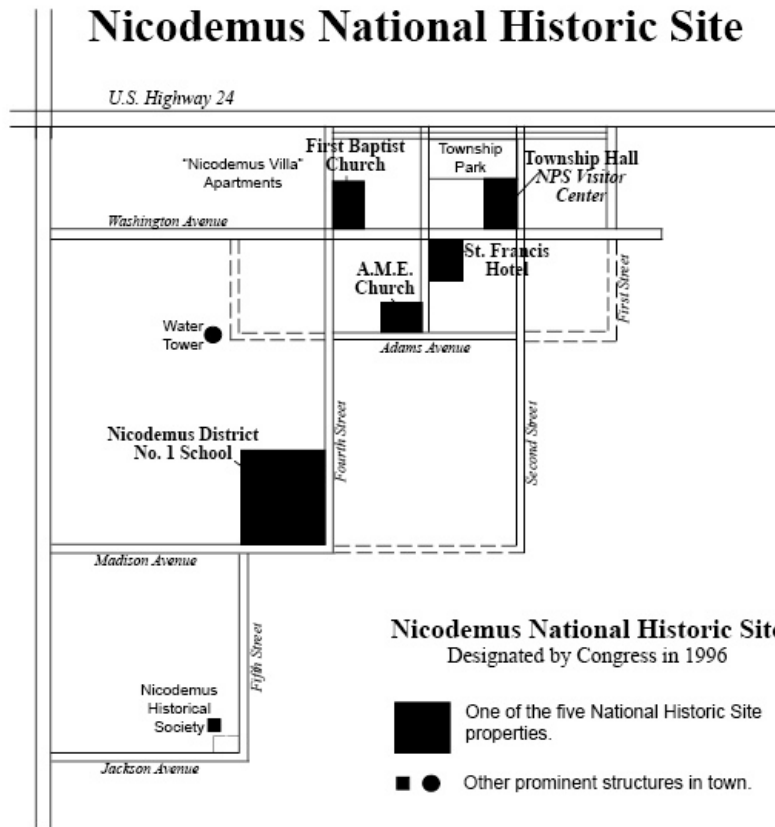
_____ Number of hours, if **less** than 24 hours

_____ Number of days, if 24 hours or **more**

Please list partial hours/days as 1/4, 1/2, or 3/4

7. On this visit, what activities did you and your group participate in while at Nicodemus NHS? Please check (✓) **all** that apply.

- | | |
|--|---------------------------------------|
| _____ Attending Homecoming events | _____ Taking self-guided walking tour |
| _____ Visiting historic buildings | _____ Junior Ranger program |
| _____ Visiting visitor center | _____ Photography/painting/drawing |
| _____ Viewing exhibits in visitor center | _____ Sitting/relaxing |
| _____ Shopping at park bookstore | _____ Enjoying solitude |
| _____ Talking to park rangers | |
| _____ Other (Please specify: _____) | |



Please go on to the next page →

8. a) During your stay in the area (within a 1-hour drive of the park), how many times did you and your group enter the town of Nicodemus?

_____ Number of entries

- b) On this trip, did you and your group stay overnight away from home in the Nicodemus NHS **area** (within a 1-hour drive of the park)? Only 5 historic buildings are in the park; the rest of the town of Nicodemus is outside the park.

_____ Yes

_____ No → **Go on to Question 9**



- c) Please list the number of nights you and your group stayed.

_____ Number of nights stayed within a 1-hour drive of the park

- d) In what type of lodging did you and your group spend the nights? Please check (√) **all** that apply.

Outside the park—within a 1-hour drive of the park (√) _____

_____ Lodge/motel/hotel/cabin/rented condo/B&B, etc.

_____ Campground/trailer park

_____ Personal seasonal residence (including mobile home in town)

_____ Residence of friends or relatives (including mobile home in town)

_____ Other (Please specify: _____)

9. On this visit to Nicodemus NHS, please indicate how the following elements may have affected your park experience. Please check (√) **only one** for each element.

Affect your park experience?	Detracted from	No effect	Added to	Did not experience
Access to historic buildings	_____	_____	_____	_____
Condition of historic buildings	_____	_____	_____	_____
Availability of restrooms	_____	_____	_____	_____
Condition of restrooms	_____	_____	_____	_____
Availability of shade	_____	_____	_____	_____
Availability of seating	_____	_____	_____	_____

10. a) Please check (√) **all** of the visitor services and facilities that you or your group used during this trip to Nicodemus 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 history brochure	_____	_____
_____ Self-guided walking tour brochure/map	_____	_____
_____ Outdoor interpretive signs at 5 historic buildings	_____	_____
_____ Visitor center	_____	_____
_____ Indoor exhibits and information panels	_____	_____
_____ Visitor center video	_____	_____
_____ Visitor center bookstore sales items (selection, price, etc.)	_____	_____
_____ Visitor center restrooms	_____	_____
_____ Porta-potties near visitor center	_____	_____
_____ Assistance from park staff	_____	_____
_____ Directional road signs	_____	_____
_____ Parking – on streets outside park	_____	_____
_____ Park website: www.nps.gov/nico used before or during visit	_____	_____
_____ Junior Ranger program (for children)	_____	_____
_____ Access for disabled persons	_____	_____

Please go on to the next page →

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 on this visit, please indicate:

	Current age	U.S. ZIP Code or name of foreign country	Number of visits to Nicodemus NHS (including this visit) since 1996	
				lifetime
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

17. For you and each of the members (age 16 or over) in your personal group on this visit, please indicate the highest level of education completed. Please check (✓) **only one** for each person. If you do not have the information for any group member, please leave that line blank.

	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	_____	_____	_____	_____	_____

Please go on to the next page →

18. For you and your group, please estimate your expenditures for the items listed below for this visit to Nicodemus NHS and the surrounding area (within a 1-hour drive of the park). Please write "0" if no money was spent in a particular category.

- a) Please list your group's total expenditures inside Nicodemus NHS.
- b) Please list your group's total expenditures in the surrounding area within 1-hour drive of the park.

NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to Nicodemus NHS.

	EXPENDITURES	
	a) Inside Nicodemus NHS	b) In surrounding area outside Nicodemus NHS
Lodge/hotel/ motel/ cabins, B&B, etc.		\$ _____
Camping fees and charges		\$ _____
Guide fees and charges		\$ _____
Restaurants and bars		\$ _____
Groceries and takeout food		\$ _____
Gas and oil (auto, RV, boat, etc.)		\$ _____
Other transportation expenses: (rental cars, taxis, auto repairs, but NOT airfare)		\$ _____
Admission, recreation, entertainment fees		\$ _____
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
Donations	\$ _____	\$ _____

c) How many people do the above expenses cover?

_____ Number of adults (18 years or over)

_____ Number of children (under 18 years)

19. a) Congress gave the National Park Service the responsibility of working with the people of Nicodemus to protect and preserve the historic structures, landscapes, and history of Nicodemus. How important do you and your group think it is to protect the following features and values? Please circle **only one** response for each feature/value.

Feature/value	Not important	Somewhat important	Moderately important	Very important	Extremely important
Dugout sites/other archeological sites	1	2	3	4	5
Historic buildings	1	2	3	4	5
Historic artifacts (such as photos, papers, tools, furniture, etc.)	1	2	3	4	5
Stories from settlers/residents	1	2	3	4	5
Landscape (in town & agricultural setting)	1	2	3	4	5
Traditions (Homecoming, canning, quilting, etc.)	1	2	3	4	5
Quietness in town	1	2	3	4	5

b) Please list any of the above features or values that you think the National Park Service should not be helping residents preserve.

20. a) As a result of your visit to Nicodemus NHS, have you gained new insights into the culture/people who established this community?

Yes No → **Go on to Question 21**



b) If YES, please explain what you learned: _____

Please go on to the next page →

21. On a future visit to Nicodemus NHS, how would you and your group prefer to learn about the cultural and natural history of the park? Please check (✓) **all** that apply.

- Not interested in learning → **Go on to Question 22**
- Living history (ranger-in-costume programs)
- Roving rangers available to answer questions
- Ranger-led programs (talks, walks, etc.)
- Children's programs
- Indoor exhibits and information panels
- Park websites
- Touch screen computers
- Printed materials (books, brochures, etc.)
- Audio/visual programs (films, videos, etc.)
- Listening to history/stories from residents
- Other (Please specify: _____)

22. a) What did you and your group like **most** about this visit to Nicodemus NHS?

b) What did you and your group like **least** about this visit to Nicodemus NHS?

23. If you were a park manager planning for the future of Nicodemus NHS, what would you propose? Please be specific.

24. Is there anything else you and your group would like to tell us about your visit to Nicodemus NHS?

25. Overall, how would you and your group rate the quality of services, facilities, and recreational opportunities at Nicodemus 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
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P.O. Box 441139
Moscow, Idaho 83844-1139**