Monocacy
National Battlefield
Visitor Study
Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Monocacy National Battlefield. This information will help us improve our management of this site and better serve you, our visitor.

This questionnaire will be given to only a few 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,

Susan W. Trail
Superintendent

This visitor study is partially funded by Recreation Fee Program funds.
DIRECTIONS

Please have the individual, who was randomly selected from your group, complete the following questionnaire. It should take about 20 minutes. After 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 Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; email: littlej@uidaho.edu.
Your Visit To Monocacy National Battlefield

1. a) Prior to your visit to Monocacy National Battlefield, were you and your group aware that this is a Civil War battlefield? Please check (✓) only one.
   ______ Yes ______ No ______ Not sure

b) Prior to this visit, were you and your group aware that Monocacy National Battlefield is managed by the National Park Service? Please check (✓) only one.
   ______ Yes ______ No ______ Not sure

2. a) Prior to this visit, how did you and your group obtain information about Monocacy National Battlefield? Please check (✓) all that apply.
   ______ Obtained no information prior to visit ➔ Go on to Question 3
   ______ Previous visit
   ______ Friends/relatives/word of mouth
   ______ Park website (www.nps.gov/mono/)
   ______ Other websites
   ______ State welcome centers
   ______ Tourism Council of Frederick County
   ______ Maryland Civil War Trails program
   ______ Newspaper/magazine articles
   ______ Telephone/written/email inquiry to park
   ______ Travel guides/tour books
   ______ Maps/brochures
   ______ Highway signs
   ______ Television/radio programs/videos
   ______ Other National Park Service sites
   ______ Other (Please specify: _________________________________)
b) 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  ____ Not sure
   ↓  ↓
   Go on to Question 3

c) If NO, what was the information you and your group needed that was not available? Please be specific.

____________________________________________________________________________________
____________________________________________________________________________________

3. On this trip, what was your primary reason that you and your group visited the Monocacy National Battlefield area (within 1-hour drive of the park)? Please check (✓) only one.

   ____ Resident of local area (within 1-hour drive of the park)  ➔ Go on to Question 4
   ____ Visit Monocacy National Battlefield
   ____ Visit other attractions in the area
   ____ Visit friends/relatives in the area
   ____ Business
   ____ Other (Please specify: ____________________________________________________________)

4. On this visit to Monocacy National Battlefield, what other places did you and your group visit? Please check (✓) all that apply.

   ____ Gettysburg National Military Park, PA
   ____ Antietam National Battlefield, MD
   ____ Harpers Ferry National Historical Park, WV
   ____ Attractions in Washington, D.C.
   ____ Attractions in Baltimore, MD
   ____ National Museum of Civil War Medicine in Frederick, MD
   ____ Manassas National Battlefield Park, VA
   ____ Downtown Frederick, MD
   ____ 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 the Monocacy National Battlefield area (within 1-hour drive of the park)?
   
   _____ Yes  _____ No \( \Rightarrow \) Go on to Question 6

b) If YES, please list the number of nights you and your group stayed in the Monocacy National Battlefield area (within 1-hour drive of the park).
   _____ Number of nights in Monocacy National Battlefield area

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

   (✓) Within a 1-hour drive of the park  
   _____ Lodge/motel/hotel/cabin/rented condo/B&B, etc.
   _____ Campground/RV trailer park
   _____ Personal seasonal residence
   _____ Residence of friends or relatives
   _____ Other (Please specify:__________________________)

6. a) For this visit, please list the number of vehicles that you and your group used to arrive at Monocacy National Battlefield.
   _____ Number of vehicles

b) On this visit to Monocacy National Battlefield, what routes did you use coming into the park? Please check (✓) all that apply.

   _____ Route 355 North  _____ Route 340 East
   _____ Route 355 South  _____ Route 15 South
   _____ Route 85 North  _____ I-70 East
   _____ Route 85 South  _____ I-70 West
   _____ I-270 North  _____ Route 80
   _____ I-270 South
   _____ Other (Please specify:__________________________)
c) On this visit, were the signs directing you to Monocacy National Battlefield adequate? Please check (√) only one response for each of the following.

- Signs on interstates  _____ Yes  _____ No  _____ Not sure
- Signs on state highways  _____ Yes  _____ No  _____ Not sure
- Signs in communities  _____ Yes  _____ No  _____ Not sure

d) If you answered NO to any of part c above, please explain the problem.

________________________________________________________________________

________________________________________________________________________

7.  
a) On this visit, how long did you and your group stay at Monocacy National Battlefield on the day you received this questionnaire?

   _____ Number of hours (Please list partial hours as 1/4, 1/2, or 3/4.)

b) Did you and your group visit Monocacy National Battlefield on more than one day during your stay in the area?

   _____ Yes  _____ No  ➔ Go on Question 8

c) If YES, on how many days did you visit?

   _____ Number of days (Please list partial days as 1/4, 1/2, or 3/4.)

8.  During this visit to Monocacy National Battlefield, which of the following sites did you and your group visit? Please check (√) all that apply.

   _____ Gambrill Mill Visitor Center  _____ Gambrill Mill Trail
   _____ Visitor center picnic area  _____ Monocacy River
   _____ Best Farm (on auto tour only)  _____ Worthington Farm House
   _____ Worthington Farm Trail  _____ Thomas Farm Trail
   _____ Other (Please specify:__________________________________________)

Please go on to the next page  ➔
9. a) On this visit, what activities did you and your group participate in while at Monocacy National Battlefield? Please check (√) **all** that apply.

- [ ] Visiting visitor center
- [ ] Enjoying solitude
- [ ] Exercising (jogging, running, walking, walking dogs, etc.)
- [ ] Walking/hiking for educational purposes
- [ ] Attending interpretive programs
- [ ] Birdwatching
- [ ] Wildlife viewing
- [ ] Fishing
- [ ] Learning history
- [ ] Conducting family history/genealogy research
- [ ] Painting/drawing/photography
- [ ] Getting National Park Passport stamp
- [ ] Interacting with a park ranger
- [ ] Other (Please specify: ____________________________)

b) Which **ONE** activity in Question 9a that you or your group **participated in** was your **primary** reason for visiting Monocacy National Battlefield?

__________________________________________________________

c) During this visit, was there anything in Monocacy National Battlefield that you and your group wanted to see or do but were not be able to?

- [ ] Yes
- [ ] No  ➔ Go on Question 10

d) If YES, what was it? __________________________________________

e) What prevented you from being able to see that feature or do that activity?

__________________________________________________________

__________________________________________________________
10. a) Please check (√) **all** of the services/facilities that you and your group used during this visit to Monocacy National Battlefield.

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

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

<table>
<thead>
<tr>
<th>a) Used service/facility?</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Park brochure/map</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Auto tour brochure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Walking trail maps/brochures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Visitor center exhibits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Roadside exhibits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Ranger-led tours/programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Junior Ranger program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Assistance from park staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Access for disabled persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Directional signs (inside park)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Directional signs (outside park)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Visitor center bookstore sales items</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Visitor center restrooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Porta-potties at farm houses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Trails</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Park website (<a href="http://www.nps.gov/mono">www.nps.gov/mono</a>) used before or during visit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

11. For this visit to Monocacy National Battlefield, how many people were in your personal group, including yourself?

_____ Number of people

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

a) Commercial guided tour group  _____ Yes  _____ No
b) Educational/school group  _____ Yes  _____ No
c) Other organized group  _____ Yes  _____ No  
(business, church, scout, youth, etc.)

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

_____ Alone  _____ Family
_____ Friends  _____ Family and friends
_____ Other (Please specify: ______________________ )

14. For you and your personal group on this visit, 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 to Monocacy NB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>last 6 months</td>
</tr>
</tbody>
</table>

Yourself  _____  _____________  _____  _____  
Member #2  _____  _____________  _____  _____  
Member #3  _____  _____________  _____  _____  
Member #4  _____  _____________  _____  _____  
Member #5  _____  _____________  _____  _____  
Member #6  _____  _____________  _____  _____  
Member #7  _____  _____________  _____  _____  

15. For you only, are you Hispanic or Latino?

_____ Yes  _____ No
16. For you only, which of these categories best indicates your race? Please check (✓) one or more.

_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or other Pacific Islander
_____ White

17. For you and each group member (age 16 or over) 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.

<table>
<thead>
<tr>
<th>Highest level of education</th>
<th>Some high school</th>
<th>High school diploma/GED</th>
<th>Some college</th>
<th>Bachelor's degree</th>
<th>Graduate degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #3</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Member #4</td>
<td></td>
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<tr>
<td>Member #5</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Member #6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. a) Does anyone in your group have any disabilities/impairments that affected their visit to Monocacy National Battlefield?

_____ Yes  _____ No ➔ Go on to Question 19

↓

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 and/or service problems during this visit to Monocacy National Battlefield?

_____ Yes  _____ No ➔ Go on to Question 19

↓

Go on to part d of this question

Please go on to the next page ➔
d) If YES, what were the problems?

________________________________________________________________________

________________________________________________________________________

19. For you and your group, please report all expenditures for the items listed below for this visit to Monocacy National Battlefield and the surrounding area (within 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 the park.

b) Please list your group's total expenditures outside the park (within 1-hour drive of the park).

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>a) Inside park</th>
<th>b) In surrounding area outside park</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodge/hotel/motel/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 takeout 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>$___________</td>
<td></td>
</tr>
<tr>
<td>(rental cars, taxis, auto repairs, but NOT airfare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission, recreation, entertainment fees</td>
<td>$___________</td>
<td></td>
</tr>
<tr>
<td>All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)</td>
<td>$___________</td>
<td>$___________</td>
</tr>
<tr>
<td>Donations</td>
<td>$___________</td>
<td>$___________</td>
</tr>
</tbody>
</table>

Please write "0" if no money was spent in a particular category.

Please write "0" if no children in the group were covered by expenditures.

c) How many people do the above expenses cover?

_____ Adults (18 years or over)  _____ Children (under 18 years)
20. It is the National Park Service’s responsibility to protect Monocacy National Battlefield’s natural, scenic, and cultural resources, while at the same time providing for public enjoyment. Please rate the importance of each of the following resources/attributes to you and your group. Please circle only **one** response for each item.

<table>
<thead>
<tr>
<th>Resource/attribute</th>
<th>Not important</th>
<th>Somewhat important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green/open space</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Preserved battlefield landscape</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Historic structures/buildings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Recreational opportunities (hiking, exercising, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Interaction with park staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Educational opportunities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clean air (visibility)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Solitude</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

21. On a future visit to Monocacy National Battlefield, what subjects would you and your group be most interested in learning about? Please check (√) all that apply.

- [ ] Not interested in learning → **Go on to Question 22**
- [ ] Military history
- [ ] Civilian history of the Civil War period
- [ ] Architecture of the area
- [ ] Archeological research
- [ ] History of local area
- [ ] Other (Please specify:________________________________________)

Please go on to the next page →
22. On a future visit to Monocacy National Battlefield, what types of interpretive services would you and your group like to have available? Please check (✓) all that apply.

_____ Not interested in interpretive services  ➔ Go on to Question 23
_____ Indoor exhibits
_____ Outdoor exhibits
_____ Audio programs (CDs, tapes, etc.)
_____ Printed materials (brochures, books, maps, etc.)
_____ Interactive computer programs
_____ Self-guided tours
_____ Ranger-led tours/programs
_____ Living history programs
_____ Junior Ranger program
_____ Other (Please specify: ____________________________)

23. a) Would you recommend visiting Monocacy National Battlefield to others?

_____ Yes

_____ No

b) If YES, please explain why.  c) If NO, please explain why not.

__________________________  ____________________________
__________________________  ____________________________
__________________________  ____________________________
__________________________  ____________________________
__________________________  ____________________________
__________________________  ____________________________

24. a) What did you and your group like most about your visit to Monocacy National Battlefield?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
b) What did you and your group like least about your visit to Monocacy National Battlefield?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

25. If you were a manager planning for the future of Monocacy National Battlefield, what would you and your group propose? Please be specific.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

26. Is there anything else you and your group would like to tell us about your visit to Monocacy National Battlefield?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

27. Overall, how would you and your group rate the quality of facilities, services, and recreational opportunities at Monocacy National Battlefield 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

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