Golden Spike National Historic Site Visitor Study
August, 2006

Dear Visitor:

Thank you for participating in this study to learn about the opinions, and interests of visitors to Golden Spike 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 involvement 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 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,

Margaret A. Johnston
Superintendent
DIRECTIONS

Please have the individual who was randomly selected from your group complete the following 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 Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; fax: 208-885-4261.
Your Visit to Golden Spike National Historic Site

1. a) Prior to your visit, how did you and your group obtain information about Golden Spike National Historic Site (NHS)? Please check (√) all that apply in the left column.

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

b) On future visits to Golden Spike 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 right column.

   a) Prior to this visit? (✓)              b) Prior to future visits? (✓)

      _____ 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
      _____ NPS park website: www.nps.gov/gosp/
      _____ Other websites
      _____ State welcome center/Chamber of Commerce
      _____ Other National Park Service sites
      _____ Other railroad sites
      _____ Other (Please specify below)

a) _______________________________  b) _______________________________

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

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

   ______________________________________________________________________________________________
   ______________________________________________________________________________________________
2. a) In what town/city did you and your group stay on the **night before your arrival** at Golden Spike NHS? Do not answer if you stayed at home.

   Nearest town/city: ____________________________  State: ____________

b) In what town/city did you and your group stay on the **night after your departure** from Golden Spike NHS? Do not answer if you stayed at home.

   Nearest town/city: ____________________________  State: ____________

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

   _____ Brigham City  _____ Ogden  _____ Tremonton
   _____ Snowville  _____ Corrine  _____ Other (Specify: ____________)

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 3**

  e) If NO, what needed services were not available?

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

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

   _____ Resident of area  ➔ **Go on to Question 4**
   _____ Visit Golden Spike NHS
   _____ Visit other attractions in the area
   _____ Visit friends/relatives in the area
   _____ Business
   _____ Traveling through to another destination
   _____ Other reasons (Please specify: ____________________________)

4. a) On this visit, how long did you and your group spend visiting Golden Spike NHS? Please list partial hours as 1/4, 1/2, or 3/4.

   _____ Number of hours  ➔ **Please go on to the next page**
b) On this visit how long did you and your group stay in the Golden Spike NHS area (within an 1-hour drive of the park)? Please list partial hours or days as 1/4, 1/2, or 3/4.

_____ Number of hours, if less than 24 hours
_____ Number of days, if 24 hours or more

5. On this trip, what were the reasons that you and your group visited Golden Spike NHS? Please check (√) all that apply.

_____ Show site to friends or relatives
_____ Recommended by friends or relatives
_____ Learn about history
_____ Attend a park program or event
_____ Visit a National Park Service Site
_____ Found it by chance
_____ Other reasons (Please specify: _________________________________________)

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

_____ Number of entries

b) On this trip, did you and your group stay overnight away from home in the Golden Spike NHS area (within an 1-hour drive of the park)?

_____ Yes  _____ No  ➔ Go on to Question 7
down

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

_____ Number of nights stayed within an 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 an 1-hour drive of the park (√)

_____ Lodge/motel/hotel/cabin/rented condo/B&B, etc.
_____ Campground/RV park
_____ Personal seasonal residence
_____ Residence of friends or relatives
_____ Other (Please specify: ____________________________________________)

7. On this trip, did you and your group visit the park for the Railroader’s Festival?

_____ Yes  _____ No
8. a) During your visit to the park, did you or your group participate in any Railroader’s Festival activities?  
   ______ Yes  ______ No  → Go on to Question 9  

b) If YES, which Railroader’s Festival activities did you or your group participate in?  
   ____________________________________________________________

9. On this visit to Golden Spike NHS, which of the following sites did you and your group visit? Please check (✓) all that apply. If you did not visit a site, please leave that line blank. 
   ______ Visitor center  
   ______ Last Spike site  
   ______ East Auto Tour  ______ The Last Cut (pullout on East Auto Tour)  
   ______ Chinese Arch (pullout on East Auto Tour)  
   ______ West Auto Tour  ______ Stair Step Cut (pullout on West Auto Tour)  
   ______ Big Fill Walk  ______ Big Fill viewpoint  
   ______ Other (Please specify:____________________________________)

10. On this visit to Golden Spike NHS, please indicate how the following elements affected your park experience. Please check (✓) only one answer for each element. 

<table>
<thead>
<tr>
<th>Affect your park experience?</th>
<th>Detracted from</th>
<th>No effect</th>
<th>Added to</th>
<th>Did not experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of restrooms</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Availability of RV parking</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Availability of shade</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Availability of picnic areas</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Litter</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

11. On this visit to Golden Spike NHS, compared to what you expected, how crowded did you and your group feel? Please check (✓) only one.  
   ______ Less crowded than expected  
   ______ About the same as expected  
   ______ More crowded than expected  

   Please go on to the next page  →
12. How important is being able to attend a reenactment program to your visit to Golden Spike NHS? Please circle only one.

<table>
<thead>
<tr>
<th>Extremely important</th>
<th>Very important</th>
<th>Moderately important</th>
<th>Somewhat important</th>
<th>Not important</th>
</tr>
</thead>
</table>

13. This question lists activities available to visitors at Golden Spike NHS.

a) As you were planning your trip, what activities did you and your group expect to include on this visit? Please check (✓) all that apply in the left column.

b) On this visit, what activities did you and your group participate in? Please check (✓) all that apply in the right column.

<table>
<thead>
<tr>
<th>a) Activities expected</th>
<th>b) Activities participated in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viewing exhibits in visitor center</td>
<td></td>
</tr>
<tr>
<td>Viewing locomotive trains</td>
<td></td>
</tr>
<tr>
<td>Watching visitor center videos/movies</td>
<td></td>
</tr>
<tr>
<td>Attending ranger-led programs</td>
<td></td>
</tr>
<tr>
<td>Participating in Junior Ranger program</td>
<td></td>
</tr>
<tr>
<td>Attending costumed reenactments</td>
<td></td>
</tr>
<tr>
<td>Shopping at the visitor center bookstore</td>
<td></td>
</tr>
<tr>
<td>Picnicking</td>
<td></td>
</tr>
<tr>
<td>Bicycling</td>
<td></td>
</tr>
<tr>
<td>Hiking or walking</td>
<td></td>
</tr>
<tr>
<td>Birdwatching or wildlife viewing</td>
<td></td>
</tr>
<tr>
<td>Other (Please specify below)</td>
<td></td>
</tr>
</tbody>
</table>

How many did you watch? _____ videos _____ movies

a)(b)

C) Which one of the above activities was the most important to your visit to Golden Spike NHS? Please list only one.

_________________________________________________________
14. a) Please check (✓) all of the visitor services and facilities that you or your group used during this trip to Golden Spike NHS.

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.

<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>Check (✓)</td>
<td>1=Not important</td>
<td>1=Very poor</td>
</tr>
<tr>
<td></td>
<td>2=Somewhat important</td>
<td>2=Poor</td>
</tr>
<tr>
<td></td>
<td>3=Moderately important</td>
<td>3=Average</td>
</tr>
<tr>
<td></td>
<td>4=Very important</td>
<td>4=Good</td>
</tr>
<tr>
<td></td>
<td>5=Extremely important</td>
<td>5=Very good</td>
</tr>
</tbody>
</table>

_____ Park brochure/map
_____ Park newspaper
_____ Visitor center exhibits
_____ Bookstore sales items
   (selection, price, etc.)
_____ Assistance from park staff
   (general park or travel information)
_____ Assistance from park staff
   (specific historical information)
_____ NPS park website: www.nps.gov/gosp
   used before or during visit
_____ Ranger-led programs
_____ Junior Ranger/Engineer brochure
_____ Locomotive/Steam demonstration
_____ Railroader’s Festival activities
_____ Visitor center restrooms
_____ Visitor center picnic area
_____ Visitor center parking
_____ Big Fill picnic area
_____ Big Fill trails

Please go on to the next page ➔
NOTE: In this questionnaire, your personal group is defined as anyone who you are visiting the park with, e.g. spouse, family, friends, etc. This does not include the larger group that you might be traveling with, e.g. school, church, scout, or tour group.

15. a) On this visit, how many people were in your personal group, including yourself?
   ______ Number of people

b) On this visit, how many vehicles did you and your group use to travel to the park?
   ______ Number of vehicles

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

   Commercial guided tour group ______ Yes ______ No
   School/educational group ______ Yes ______ No
   Railroad enthusiast group ______ Yes ______ No
   Other organized group ______ Yes ______ No
   (business group, scout group, etc.)

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

   ______ Alone ______ Family
   ______ Friends ______ Family and friends
   ______ Other (Please specify: ____________________________)

18. For you and your personal group on this visit, please indicate the following. If you do not have information for a group member, please leave that line blank.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Current age</th>
<th>U.S. Zip Code or name of country other than U.S.</th>
<th>Number of visits made to this park (including this visit) past 12 months</th>
<th>Number of visits made to this park lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>______</td>
<td>______</td>
<td>______________________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #2</td>
<td>______</td>
<td>______</td>
<td>______________________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #3</td>
<td>______</td>
<td>______</td>
<td>______________________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #4</td>
<td>______</td>
<td>______</td>
<td>______________________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #5</td>
<td>______</td>
<td>______</td>
<td>______________________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #6</td>
<td>______</td>
<td>______</td>
<td>______________________________</td>
<td>______</td>
</tr>
<tr>
<td>Member #7</td>
<td>______</td>
<td>______</td>
<td>______________________________</td>
<td>______</td>
</tr>
</tbody>
</table>
19. a) Does anyone in your group have a physical condition that made it difficult to access or participate in park activities or services?  
   _____ Yes  
   _____ No ➔ Go on to Question 20

b) If YES, on this visit, what activities or services did the person(s) have difficulty accessing or participating in? Please check (√) all that apply.  
   _____ None ➔ Go on to Question 20  
   _____ Visitor center facilities and exhibits  
   _____ Indoor audio-visual programs (videos, movies)  
   _____ Auto tours  
   _____ Interpretive or educational programs or activities  
   _____ Information/reservation desks or staff  
   _____ Trails  
   _____ Other (Please specify: ____________________________)

c) Because of the physical condition, what specific problems did the person(s) have? Please check (√) all that apply.  
   _____ Hearing (difficulty hearing ranger programs, audio-visual exhibits or programs, or information desk staff even with hearing aid)  
   _____ Visual (difficulty in seeing exhibits, directional signs, visual aids that are part of programs even with prescribed glasses or due to blindness)  
   _____ Mobility (difficulty in accessing facilities, services, or programs even with walking aid and/or wheelchairs)  
   _____ Other (Please describe: ____________________________)

20. 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.

<table>
<thead>
<tr>
<th></th>
<th>Highest level of education (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some high school</td>
</tr>
<tr>
<td>Yourself</td>
<td></td>
</tr>
<tr>
<td>Member #2</td>
<td></td>
</tr>
<tr>
<td>Member #3</td>
<td></td>
</tr>
<tr>
<td>Member #4</td>
<td></td>
</tr>
<tr>
<td>Member #5</td>
<td></td>
</tr>
<tr>
<td>Member #6</td>
<td></td>
</tr>
<tr>
<td>Member #7</td>
<td></td>
</tr>
</tbody>
</table>

Please go on to the next page ➔
21. For you and your group, please estimate your expenditures for the items listed below for this visit to Golden Spike NHS and the surrounding area (within an 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 Golden Spike NHS.

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

**NOTE:** If you are a resident of the area within an 1-hour drive of the park, only include expenditures that were directly related to this visit to Golden Spike NHS.

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>a) Inside Golden Spike NHS</th>
<th>b) In surrounding area outside Golden Spike NHS</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: (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>

c) How many people do these expenses cover?

  _____ Number of adults (18 years or over)
  _____ Number of children (under 18 years)

Please write "0" if the expenditures did not cover any children.
22. a) Currently, Golden Spike NHS charges an entrance fee ($7/vehicle). In your opinion, how appropriate is this amount? Please circle only one answer.
   
   Too low       About right       Too high

b) On this visit, how would you and your group rate the value for the entrance fee you paid? Please circle only one.
   
   Very poor       Poor       Average       Good       Very good

c) On a future visit, if the entrance fee were charged at $5/adult (16 years and under free) and the services remained the same, how appropriate is this amount? Please circle only one answer.
   
   Too low       About right       Too high

23. a) During this visit to Golden Spike NHS, did you and your group learn about the following topics? Please check (√) all topics that you learned about in the column on the left.

   a) This visit (√)  
   b) Future visit (√)

   Not interested in learning ➔ Go on to Question 24

   ______ Building and engineering the transcontinental railroad

   ______ Joining of railroads and the Last Spike Ceremony on 10 May 1869

   ______ Railroad operations at Promontory (1870-1942)

   ______ History of the Promontory Tent City (1869)

   ______ People who built the transcontinental railroad (surveyors, laborers, company directors, politicians, etc.)

   ______ Social/economic effect of the railroad on the country

   ______ Political history of transcontinental railroad construction (funding, land grants, scandals, lobbying, politicians, etc.)

   ______ Westward expansion/closing of the frontier

   ______ Effect on Native American way of life

   ______ Prehistoric/natural history of northern Utah

   ______ Other (Please specify below)

   a) ___________________________  b) ___________________________

   Please go on to the next page ➔
24. It is the National Park Service’s responsibility to protect the natural, scenic, and cultural resources at Golden Spike NHS while providing for public enjoyment. Choose five items from the list below that were the most important to you and your group during your visit to Golden Spike NHS, and rank them from 1-5 (1=Most important and 5=Fifth in importance). Leave the rest blank.

**Rank from 1 to 5 the most important attributes/resources**

- [ ] Clean air
- [ ] Scenic views
- [ ] Historic views
- [ ] Escape from urban setting
- [ ] Historic/cultural resources (trestles, culverts, railroad grades, tracks)
- [ ] Re-created historic scenes (replica locomotives, Last Spike site)
- [ ] Commemoration of historic events
- [ ] Interpretive/educational opportunities
- [ ] Recreational opportunities (hiking/biking/auto tours)

25. On a future visit, how would you and your group prefer to learn about the history and resources of Golden Spike NHS? Please check (√) all that apply.

- [ ] Not interested in learning about the history/resources ➔ Go on to Question 26
- [ ] Living history (costumed programs, steam demonstrations, etc.)
- [ ] Formal ranger-led programs (talks, walks, lectures, etc.)
- [ ] Children/family focused exhibits and programs
- [ ] Self-guided activities (interpretive signs, guide books and audio tours)
- [ ] Scale model railroad exhibits
- [ ] NPS park website: www.nps.gov/gosp – links to other railroad sites
- [ ] Printed materials (books, brochures, etc.)
- [ ] Audio/visual programs (films, videos, etc.)
- [ ] Re-creation of 10 May 1869 Promontory Tent City
- [ ] Topographic relief map of transcontinental railroad route
- [ ] Other (Please specify: _________________________________)
26. a) What did you and your group like **most** about this visit to Golden Spike NHS?

__________________________________________________________________________

__________________________________________________________________________

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

__________________________________________________________________________

__________________________________________________________________________

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

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

28. Is there anything else you and your group would like to tell us about your visit to Golden Spike NHS?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

29. Overall, how would you and your group rate the quality of services, facilities, and recreational opportunities at Golden Spike NHS 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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