John Muir National Historic Site

Visitor Study
May - June 2007

Dear Visitor:

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

This questionnaire is only being given to a small percentage of visitors, so your participation is very important! It should only take about 20 minutes after your visit to complete.

When your visit is over, please complete this 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 Director, 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,

Martha J. Lee
Superintendent

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

At the end of your visit:

1) Please have the selected individual complete this questionnaire.
2) Answer the questions carefully since each question is different.
3) Seal it with the stickers provided.
4) Drop it in a U.S. mailbox.

Thank you!

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 John Muir National Historic Site

NOTE: 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.

1. a) Prior to your visit, how did you and your group get information? In the left column below, please check (√) all that apply.

b) Prior to a future visit, how would you and your group prefer to obtain information about John Muir NHS? In the right column below, please check (√) all that apply.

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 (such as AAA, etc.)
- Maps/brochures
- Newspaper/magazine articles
- Email/telephone/written inquiry to park
- Television/radio programs/videos
- John Muir NHS website: www.nps.gov/jomu/
- Other websites
- State welcome center
- School class/program
- Chamber of Commerce
- Information from local motel or other business
- Other (Please specify below.)

a) ____________________________  b) ____________________________
c) From the sources checked above, did you and your group receive the type of information about the park that you needed?

   _____ No       _____ Yes → Go on to part e of this question

   ↓

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

   ____________________________________________

   e) If you and your group used the park website www.nps.gov/jomu/ prior to your visit, did it provide the information that you needed?

   _____ Did not use park website → Go on to Question 2

   _____ No       _____ Yes → Go on to Question 2

   ↓

f) If NO, what information did you need?

   ____________________________________________

   2. a) Prior to this visit, did you and your group know who John Muir was?

   _____ Yes       _____ No

   b) Prior to this visit, were you and your group aware of the Mt. Wanda unit of John Muir NHS?

   _____ Yes       _____ No

   c) Did you and your group learn about Mt. Wanda during this visit?

   _____ Yes       _____ No

   3. a) Prior to this visit, were you and your group aware of the following nearby National Park Service sites? Please check (✓) all that apply.

   b) If you were not previously aware of these sites, did you and your group find out about them on this visit? Please check (✓) all that apply.

   c) Have you and your group members ever visited these sites? Please check (✓) all that apply.

   a) Prior to visit, aware of site? (✓)  b) Find out on this visit? (✓)  c) Visited site? (✓)

   _____ Eugene O’Neill National Historic Site         _____         _____

   _____ Port Chicago Naval Magazine National Memorial         _____         _____

   _____ Rosie the Riveter--World War II Home Front National Historical Park         _____         _____

Please go on to the next page →
4. For this visit, please explain how your visit to John Muir NHS fit into your group's travel plans. Please check (✓) one.
   _____ John Muir NHS was the primary destination
   _____ John Muir NHS was one of several destinations
   _____ John Muir NHS was not a planned destination

5. a) On this visit, how much time did you and your group spend at John Muir NHS compared with what you had planned? Please check (✓) one.
   _____ Didn’t have a planned amount of time
   _____ Less than the time planned
   _____ About the time planned
   _____ More than the time planned

   b) For this visit, when did you and your group make the decision to visit John Muir NHS? Please check (✓) one.
   _____ Unplanned visit
   _____ Today
   _____ About a week ago
   _____ Less than a month ago
   _____ A month ago or more

6. On this visit, were the signs directing you and your group to John Muir NHS adequate? Please check (✓) one answer for each of the following.
   a) Signs on State Highway 4  _____ Yes  _____ No  _____ Did not use
   b) City street signs  _____ Yes  _____ No  _____ Did not use
      in communities

   If you answered “No” for either of the above, please explain.
   a) __________________________________________  b) __________________________________________

7. For this visit, what was the primary reason that you and your group visited the John Muir NHS area (within 35 miles of the park)? Please check (✓) one.
   _____ Resident of area  ➔ Go on to Question 8
   _____ Visit John Muir NHS (including Mt. Wanda)
   _____ Visit other attractions in the area
   _____ Visit friends/relatives in the area
   _____ Travel through to other destinations
   _____ Business
   _____ Other reasons (Please specify: ________________________________ )
8. On this visit, what were the reasons that you and your group visited John Muir NHS? Please check (√) all that apply (see map on page 8).

___ Learn more about John Muir
___ Visit John Muir House
___ Visit Martinez Adobe
___ Hike trails at Mt. Wanda
___ See historic landscape/orchards
___ Learn more local history
___ Saw sign on highway
___ Show park to friends/relatives
___ Visit a National Park Service site
___ See what is there
___ Obtain stamp in National Park passport book
___ Other reasons (Please specify:

9. a) What services did you and your group use in Martinez, California that were specifically related to this park visit? Please check (√) all that apply.

Used service in **Martinez, CA** on this visit (√)

___ Did not use any services ⇒ **Go on to part b of this question**
___ Buy gasoline
___ Eat a meal
___ Stay overnight in a motel
___ Stay overnight in a RV park/campground
___ Shop
___ Obtain information about John Muir NHS
___ Obtain other travel/tourism information
___ Other (Please specify: ___________________________)

b) Do you have any comments about the above services, or services you would like to see provided in Martinez, CA?

<table>
<thead>
<tr>
<th>Service (List)</th>
<th>Comments (Please be specific)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please go on to the next page ⇒
10. a) On this visit, what activities did you and your group participate in while visiting John Muir NHS? Please check (✓) all that apply.

- Learning about John Muir
- Walking trails at Mt. Wanda
- Viewing exhibits in Martinez Adobe
- Viewing John Muir House
- Visiting historic orchards
- Picnicking
- Attending ranger-led walks at Mt. Wanda
- Attending ranger-led tours of John Muir House
- Nature study (viewing plants and wildlife, including birds)
- Other (Please specify: ___________________________________________________________)

...
b) Which one of the above activities was the primary reason you and your group visited John Muir NHS on this visit? Please list one response.

11. On this visit to John Muir NHS, how long did you and your group spend visiting the park? List partial hours or days as 1/4, 1/2, 3/4.

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

12. On this visit to John Muir NHS, please indicate how the following elements affected your park experience. Please check (✓) 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>Highway noise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nearby suburban development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of park staff/volunteers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to roam freely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. It is the National Park Service’s responsibility to protect John Muir NHS natural and cultural resources/attributes and visitor experiences that depend on them. How important is protection of the following to you and your group? Please circle one answer for each resource/attribute/experience.

<table>
<thead>
<tr>
<th>Resource/attribute/experience</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>Natural landscape (Mt. Wanda)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Historic structures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Historic orchards</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Natural quiet/sounds of nature</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Recreational opportunities (hiking, camping, etc.)</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>
</tbody>
</table>

14. John Muir NHS was established because of its significance to the nation. In your opinion, what is the national significance of this park?
15. a) Please check (✓) **all** visitor services and facilities that you or your group **used** in John Muir NHS during this visit.

b) Next, for only those services and facilities that you or your group **used**, please rate their importance to your visit 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) Visitor services and facilities used</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>1=Not important</td>
<td>1=Very poor</td>
</tr>
<tr>
<td>John Muir Visitor Center</td>
<td>2=Somewhat important</td>
<td>2=Poor</td>
</tr>
<tr>
<td>Sales items in visitor center bookstore</td>
<td>3=Moderately important</td>
<td>3=Average</td>
</tr>
<tr>
<td>Visitor center restrooms</td>
<td>4=Very important</td>
<td>4=Good</td>
</tr>
<tr>
<td>Visitor center film</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance from park staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Martinez Adobe exhibits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ranger-led tour of John Muir House</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-guided booklet tour of John Muir House</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk through John Muir House</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior Ranger program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mt. Wanda trails</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trailside exhibits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picnic areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Muir NHS website: <a href="http://www.nps.gov/jomu/">www.nps.gov/jomu/</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(used before or during visit)

d) If you and your group have comments on any of the above services, please use the lines below.

<table>
<thead>
<tr>
<th>Service (List)</th>
<th>Comment (Please be specific)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
16. a) During your visit to John Muir NHS, did you and your group learn about the following topics? Please check (√) “Yes” or “No” for each topic.

b) Next, whether or not you checked “Yes” or “No” for this visit, please check (√) if you are interested in learning about each topic during a future visit to John Muir NHS. Please check (√) “Yes” or “No” for each topic.

<table>
<thead>
<tr>
<th>Topic</th>
<th>a) Learned on this visit?</th>
<th>b) Interested on future visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (√)</td>
<td>No (√)</td>
</tr>
<tr>
<td>John Muir and his significance</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Historic orchards and their significance</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Significance of Martinez Adobe and its connection to the community and region</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Native plant and animals at Mt. Wanda</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Other (Please specify below.)</td>
<td>____</td>
<td>____</td>
</tr>
</tbody>
</table>

17. On a future visit, how would you and your group prefer to learn about cultural and natural history/features of John Muir NHS? Please check (√) all that apply.

_____ Not interested in learning about the park ➔ Go on to Question 18
_____ Indoor exhibits
_____ Outdoor exhibits
_____ John Muir NHS website: www.nps.gov/jomu/
_____ Ranger-led activities/programs
_____ Junior Ranger program
_____ Children’s programs (other than Junior Ranger program)
_____ Self-guided tours
_____ Interactive computer programs
_____ Teacher materials/education kits
_____ Volunteer opportunities
_____ Audiovisual programs (video, movie, etc.)
_____ Electronic media (downloadable digital files, MP3 players, etc.)
_____ Printed materials (brochures, books, maps, etc.)
_____ Other (Please specify: __________________________)
18. John Muir's gravesite, a 1.25-acre site with historic pear trees, is about 1 mile from the Muir House. It has recently been acquired by the park, but is not currently open to the public. On a future visit to John Muir NHS, would you and your group be interested in visiting the gravesite?

_____ Yes, likely  _____ No, unlikely  _____ Not sure

19. a) On this visit, were you and your personal group part of an organized tour group?

_____ Yes  _____ No  ➔ Go on to Question 20

b) If “Yes”, what type of group were you and your personal group with? Please check (✓) all that apply.

_____ School  _____ Social club
_____ Church  _____ Recreation
_____ Scouts  _____ Commercial
_____ Adult day care  _____ Retirement home
_____ Other (Please specify:______________________________________________)

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

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

21. 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 personal group use to arrive at the park?

_____ Number of vehicles

c) On this visit, how many times did you and your personal group enter John Muir NHS during your stay in the area?

_____ Number of entries

22. a) When visiting an area such as John Muir NHS, what one language do you and most members of your personal group prefer to use for the following?

Speaking  Reading

________________________________________  ______________________________
b) What services in the park would you like to have provided in languages other than English?

_____ None ➔ Go on to Question 23

c) Which language?__________________________________________________________

23. For you and your personal group on this visit, please provide the following. If you do not know the answer, please leave it blank.

<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 made to John Muir NHS (including this visit) lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #4</td>
<td></td>
<td></td>
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<tr>
<td>Member #5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #6</td>
<td></td>
<td></td>
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<tr>
<td>Member #7</td>
<td></td>
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</tr>
</tbody>
</table>

24. For you only, what is the highest level of education you have completed? Please check (✓) one.

_____ Some high school       _____ Bachelor’s Degree

_____ High School Diploma/GED  _____ Graduate Degree

_____ Some college

25. For you only, what is your gender? Please check (✓) one.

_____ Male                  _____ Female

26. a) Does anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services?

_____ Yes                       _____ No ➔ Go on to Question 27

Please go on to the next page ➔
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 27

- Muir home
- Visitor center
- Ranger-led programs
- Trails
- Other (Please specify: ____________________________)

- Martinez Adobe
- Viewing exhibits
- Restrooms
- Historic orchards

- Go on to Question 27

- Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff, even with hearing aid)
- Visual (difficulty seeing exhibits, directional signs, visual aids that are part of programs, even with prescribed glasses or due to blindness)
- Mobility (difficulty accessing facilities, services, or programs, even with walking aid and/or wheelchair)
- Other (Please specify: ____________________________)

27. What was the most important thing that you learned during this visit to John Muir NHS?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

28. a) What did you and your group like most about your visit to John Muir NHS?

__________________________________________________________________________
__________________________________________________________________________

b) What did you and your group like least about your visit to John Muir NHS?

__________________________________________________________________________
29. If you were a manager planning for the future of John Muir NHS, what would you propose? Please be specific.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

30. Is there anything else you and your group would like to tell us about your visit to John Muir NHS?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

31. Overall, how would you rate the quality of the visitor facilities, services, and recreational opportunities provided to you and your group at John Muir NHS during this visit? Please circle 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.