

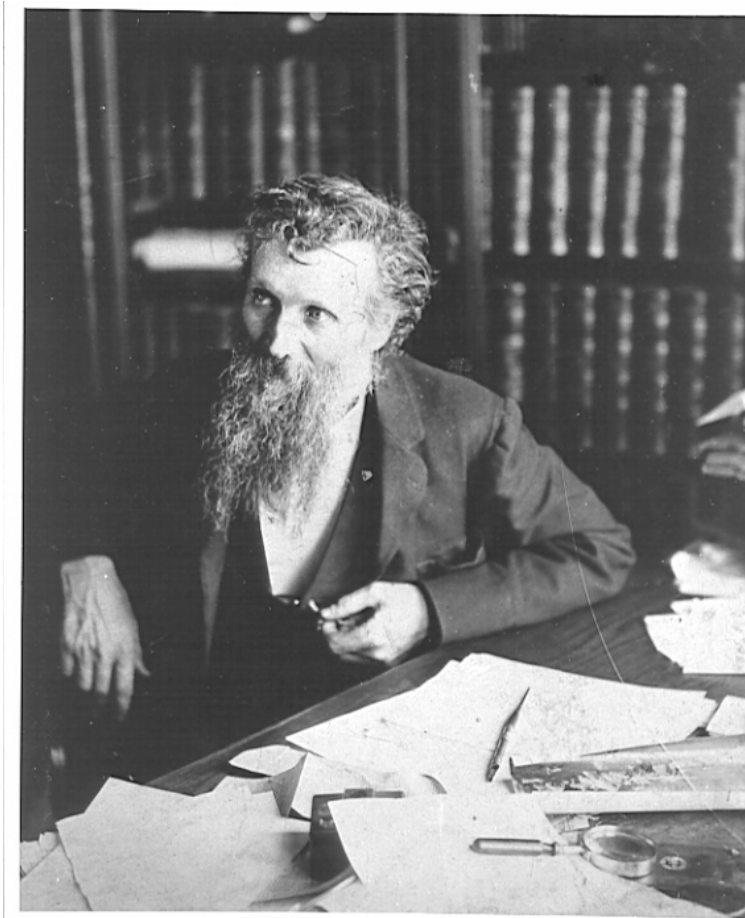


Social Science Program
National Park Service
U.S. Department of the Interior

Visitor Services Project

John Muir National Historic Site

Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE
John Muir National Historic Site
4202 Alhambra Ave.
Martinez, CA 94553

IN REPLY REFER TO:

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

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.

Please go on to the next page →

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 (✓)

- | | |
|--|---|
| <input type="checkbox"/> Obtained no information prior to visit | → Go on to part b of this question |
| <input type="checkbox"/> Previous visits | <input type="checkbox"/> |
| <input type="checkbox"/> Friends/relatives/word of mouth | <input type="checkbox"/> |
| <input type="checkbox"/> Travel guides/tour books (such as AAA, etc.) | <input type="checkbox"/> |
| <input type="checkbox"/> Maps/brochures | <input type="checkbox"/> |
| <input type="checkbox"/> Newspaper/magazine articles | <input type="checkbox"/> |
| <input type="checkbox"/> Email/telephone/written inquiry to park | <input type="checkbox"/> |
| <input type="checkbox"/> Television/radio programs/videos | <input type="checkbox"/> |
| <input type="checkbox"/> John Muir NHS website: www.nps.gov/jomu/ | <input type="checkbox"/> |
| <input type="checkbox"/> Other websites | <input type="checkbox"/> |
| <input type="checkbox"/> State welcome center | <input type="checkbox"/> |
| <input type="checkbox"/> School class/program | <input type="checkbox"/> |
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> |
| <input type="checkbox"/> Information from local motel or other business | <input type="checkbox"/> |
| <input type="checkbox"/> Other (Please specify below.) | <input type="checkbox"/> |

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? (√)
<input type="checkbox"/> Eugene O'Neill National Historic Site	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Port Chicago Naval Magazine National Memorial	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rosie the Riveter--World War II Home Front National Historical Park	<input type="checkbox"/>	<input type="checkbox"/>

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 (✓)

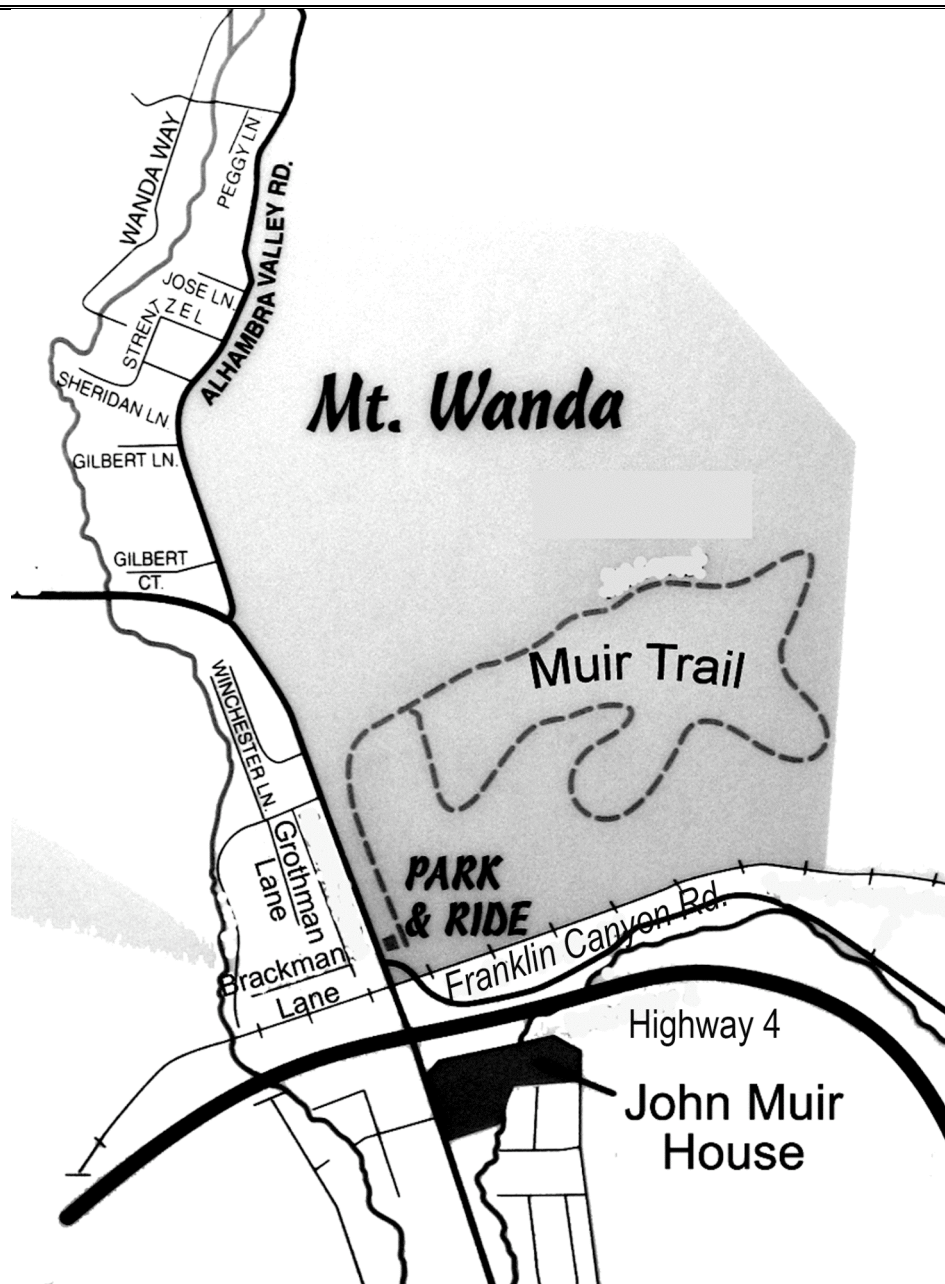
- Did not use any services → **Go on to part b of this question**
- Buy gasoline
- Eat a meal
- Stay overnight in a motel
- Stay overnight in a RV park/campground
- Shop
- Obtain information about John Muir NHS
- Obtain other travel/tourism information
- Other (Please specify: _____)

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

Service (List)

Comments (Please be specific)

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.

- | | |
|--|--|
| <input type="checkbox"/> Learning about John Muir | <input type="checkbox"/> Walking trails at Mt. Wanda |
| <input type="checkbox"/> Viewing exhibits in Martinez Adobe | <input type="checkbox"/> Viewing John Muir House |
| <input type="checkbox"/> Visiting historic orchards | <input type="checkbox"/> Picnicking |
| <input type="checkbox"/> Attending ranger-led walks at Mt. Wanda | <input type="checkbox"/> Painting/drawing/taking photographs |
| <input type="checkbox"/> Attending ranger-led tours of John Muir House | |
| <input type="checkbox"/> Nature study (viewing plants and wildlife, including birds) | |
| <input type="checkbox"/> 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.

Affect your park experience?	Detracted from	No effect	Added to	Did not experience
Highway noise	_____	_____	_____	_____
Nearby suburban development	_____	_____	_____	_____
Availability of park staff/volunteers	_____	_____	_____	_____
Ability to roam freely	_____	_____	_____	_____

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.

Resource/attribute/experience	Not important	Somewhat important	Moderately important	Very important	Extremely important
Natural landscape (Mt. Wanda)	1	2	3	4	5
Historic structures	1	2	3	4	5
Historic orchards	1	2	3	4	5
Natural quiet/sounds of nature	1	2	3	4	5
Recreational opportunities (hiking, camping, etc.)	1	2	3	4	5
Educational opportunities	1	2	3	4	5

14. John Muir NHS was established because of its significance to the nation. In your opinion, what is the national significance of this park?

Please go on to the next page →

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.

a) Visitor services and facilities used	b) If used, how important?	c) If used, what quality?
Check (√)	1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
_____ Park brochure/map	_____	_____
_____ John Muir Visitor Center	_____	_____
_____ Sales items in visitor center bookstore (selection, quality, price, etc.)	_____	_____
_____ Visitor center restrooms	_____	_____
_____ Visitor center film	_____	_____
_____ Assistance from park staff	_____	_____
_____ Martinez Adobe exhibits	_____	_____
_____ Ranger-led tour of John Muir House	_____	_____
_____ Self-guided booklet tour of John Muir House	_____	_____
_____ Walk through John Muir House	_____	_____
_____ Junior Ranger program	_____	_____
_____ Mt. Wanda trails	_____	_____
_____ Trailside exhibits	_____	_____
_____ Picnic areas	_____	_____
_____ John Muir NHS website: www.nps.gov/jomu/ (used before or during visit)	_____	_____

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

Service (List)	Comment (Please be specific)
_____	_____
_____	_____
_____	_____

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.

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

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: _____)

Please go on to the next page →

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.

	Current age	U.S. Zip Code or name of country other than U.S.	Number of visits made to John Muir NHS (including this visit) lifetime
Yourself	_____	_____	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____
Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____

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

_____ Martinez Adobe

_____ Visitor center

_____ Viewing exhibits

_____ Ranger-led programs

_____ Restrooms

_____ Trails

_____ Historic orchards

_____ 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, 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.

OFFICIAL BUSINESS

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