



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

**Visitor Services Project**

# **James A. Garfield National Historic Site Visitor Study**





IN REPLY REFER TO:

## United States Department of the Interior

NATIONAL PARK SERVICE  
James A. Garfield National Historic Site  
8095 Mentor Avenue  
Mentor, OH 44060

Summer 2009

Dear Visitor:

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

This questionnaire is only being 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.

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](mailto:littlej@uidaho.edu).

We appreciate your help.





Sincerely,

Sherda Williams  
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) For questions that use circles (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this:  Not like this:   

- 4) Seal it with the stickers provided.
- 5) 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 personal 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](mailto:littlej@uidaho.edu).

## Your Visit To James A. Garfield 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 personal group obtain information about James A. Garfield National Historic Site (NHS)? Please mark (●) **all** that apply in column (a).
- b) If you were to visit James A. Garfield NHS in the future, how would you and your personal group prefer to obtain information about the park? Please mark (●) **all** that apply in column (b).

### a) Prior to this visit

### b) Prior to future visits

- |   |                       |
|---|-----------------------|
| <input type="radio"/> Did not obtain information prior to visit → <b>Go to part b of this question</b>      |                       |
| <input type="radio"/> Previous visits   | <input type="radio"/> |
| <input type="radio"/> Friends/relatives/word of mouth   | <input type="radio"/> |
| <input type="radio"/> Travel guides/tour books (such as AAA, etc.)  | <input type="radio"/> |
| <input type="radio"/> Maps/brochures  | <input type="radio"/> |
| <input type="radio"/> Newspaper/magazine articles   | <input type="radio"/> |
| <input type="radio"/> Inquiry to park via phone, mail, or email   | <input type="radio"/> |
| <input type="radio"/> Television/radio programs/videos  | <input type="radio"/> |
| <input type="radio"/> James A. Garfield NHS website: <a href="http://www.nps.gov/jaga">www.nps.gov/jaga</a> | <input type="radio"/> |
| <input type="radio"/> Other websites  | <input type="radio"/> |
| <input type="radio"/> School class/program  | <input type="radio"/> |
| <input type="radio"/> Local businesses (hotels, motels, restaurants, etc.)                                  | <input type="radio"/> |
| <input type="radio"/> Chamber of commerce/visitors bureau/state welcome center                              | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below)  | <input type="radio"/> |

This visit \_\_\_\_\_ Future visit \_\_\_\_\_

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

- No                       Yes → **Go to Question 2**

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

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2. a) Overall, how would you rate the quality of information provided on the park website ([www.nps.gov/jaga](http://www.nps.gov/jaga)) for planning trips to James A. Garfield NHS? Please mark (●) **one**

Did not use the park's website for trip planning → **Go to Question 3**

Very poor                  Poor                  Average                  Good                  Very good

b) Did you find the information that you needed on the park website?

No                   Yes → **Go to Question 3**

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

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3. **Prior to this visit**, were you and your personal group aware that James A. Garfield NHS is a unit of National Park System?

Yes                   No

4. On this visit to James A. Garfield NHS, which routes did you and your personal group use to reach Mentor, Ohio? Please mark (●) **all** that apply

I-90 from the west                   I-90 from the east

Highway 20 from the west                   Highway 20 from the east

Highway 306 from the south                   Highway 306 from the north

Highway 615 from the south                   Highway 615 from the north

Other routes (Please specify) \_\_\_\_\_

5. On this visit, were the signs directing you and your personal group to James A. Garfield NHS adequate? Please mark (●) **one** answer for each.

a) Interstate signs                   Yes                   No                   Did not use

b) State highway signs                   Yes                   No                   Did not use

c) Signs in local communities                   Yes                   No                   Did not use

d) If you answered NO for any of the above, please explain.

Interstate \_\_\_\_\_

State highway \_\_\_\_\_

In local communities \_\_\_\_\_

6. On this trip, what was the **primary** reason that you and your personal group came to the Mentor, Ohio **area** (within a 1-hour drive of park)? Please mark (●) **one**.

Resident of the area (within a 1-hour drive of park)

Visit James A. Garfield NHS

Visit other attractions in the area

Visit friends/relatives in the area

Business

Other (Please specify) \_\_\_\_\_

7. On this visit, what were the reasons that you and your personal group visited James A. Garfield NHS? Please mark (●) **all** that apply.

Visit historic site/learn history

Saw sign on highway

Traveling through to other destinations

Show park to friends/relatives

Visit other attractions in the area

Visit a National Park Service site

Obtain NPS Passport Book stamp

Other (Please specify) \_\_\_\_\_

8. a) In what town/city did you and your personal group stay on the **night before your arrival** at James A. Garfield NHS? If you stayed at home please write the name of your hometown and state.

Nearest town/city \_\_\_\_\_ State \_\_\_\_\_

b) In what town/city did you and your personal group stay on the **night after your departure** from James A. Garfield NHS? If you stayed at home, please write the name of your hometown and state.

Nearest town/city \_\_\_\_\_ State \_\_\_\_\_

9. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in the Mentor, OH area (within a 1-hour drive of James A. Garfield NHS)?
- Yes                       No → **Go to Question 10**
- b) If YES, please list the number of nights you and your personal group stayed in the **area** within a 1-hour drive of James A. Garfield NHS.
- \_\_\_\_\_ Number of nights in the **area**
- c) In which types of lodging did you and your personal group spend the night(s) within a 1-hour drive of James A. Garfield NHS? Please mark (●) **all** that apply.
- Lodges, hotels, motels, vacation rentals, B&B, etc.
- RV/trailer camping
- Tent camping in developed campground
- Seasonal residence
- Residence of friends or relatives
- Other (Please specify) \_\_\_\_\_
10. a) On this trip, how long **in total** did you and your personal group spend in the Mentor, Ohio **area** (within a 1-hour drive of James A. Garfield NHS)? Please list partial days/hours as 1/4, 1/2, or 3/4.
- \_\_\_\_\_ Number of hours **if less than 24 hours**
- Or**
- \_\_\_\_\_ Number of days **if 24 hours or more**
- b) On this visit, how long **in total** did you and your personal group spend visiting James A. Garfield NHS **only**? Please list partial hours as 1/4, 1/2, or 3/4.
- \_\_\_\_\_ Number of hours visiting the **park**
11. Compared with what you had planned, how much time did you and your personal group spend visiting James A. Garfield NHS? Please mark (●) **one**.
- Didn't have a planned amount of time
- About the same time as planned
- Longer than planned visit
- ↓
- Why was visit longer? \_\_\_\_\_
- Shorter than planned visit
- ↓
- Why was visit shorter? \_\_\_\_\_

12. On this trip, which other places within a 1-hour drive of James A. Garfield NHS did you and your personal group visit? Please mark (●) **all** that apply.

- None → **Go to Question 13**
- |   |   |
|---|---|
| <input type="radio"/> Holden Arboretum  | <input type="radio"/> Historic Kirtland, Ohio |
| <input type="radio"/> University Circle Institutions                                      | <input type="radio"/> Lake Metro Farm Park    |
| <input type="radio"/> Century Village   | <input type="radio"/> Kirtland Temple         |
| <input type="radio"/> Cleveland Sports Stadium/Arena                                      | <input type="radio"/> Wineries                |
| <input type="radio"/> Cuyahoga Valley National Park                                       | <input type="radio"/> Beaches                 |
| <input type="radio"/> Ashtabula County covered bridges                                    | <input type="radio"/> Lighthouses             |
| <input type="radio"/> James A. Garfield birthplace<br>(Moreland Hills Historical Society) | <input type="radio"/> Lakeview Cemetery       |
| <input type="radio"/> Lake/Geauga/Cuyahoga Counties Metroparks                            |   |
| <input type="radio"/> Other (Please specify) _____  |   |

13. a) On this visit, in which activities did you and your personal group participate within James A. Garfield NHS? Please mark (●) **all** that apply.

- Attending ranger-led talks/programs
- Creative arts (photography, drawing, painting, writing, etc.)
- Picnicking
- Taking guided tour of James A. Garfield Home
- Viewing visitor center exhibits
- Visiting visitor center
- Watching film on President Garfield
- Participating in Junior Ranger program
- Other (Please specify) \_\_\_\_\_

b) Which **one** of the above activities was the primary reason you and your personal group visited James A. Garfield NHS on this visit? Please list only **one**.

\_\_\_\_\_



14. If you took the ranger-led or volunteer-led tour of the James A. Garfield home **on this visit**, please mark (●) **one** response for each of the following aspects of the tour.

Did not take tour of James A. Garfield home → **Go to Question 15**

a) Tour length:       Too short       About right       Too long

b) Taking tour at desired time:       Able to take tour at desired time       NOT able to take tour at desired time

c) Ability to see interior of rooms due to tour size:       Able to see       Had difficulty seeing

d) Topics discussed on tour:       Of interest to you       NOT of interest to you

e) On the tour, did you learn something about James A. Garfield that is relevant or meaningful to your life today?

Yes       No       Not sure

15. If you were to visit James A. Garfield NHS in the future, how would you and your personal group prefer to learn about cultural and natural history/features of James A. Garfield NHS? Please mark (●) **all** that apply.

Not interested in learning about the park → **Go to Question 16**

Indoor exhibits       Outdoor exhibits

Park website: [www.nps.gov/jaga](http://www.nps.gov/jaga)       Special events

Volunteer opportunities

Ranger-led interpretive programs

Electronic media/devices available to visitors (downloadable digital files, cell phone tours, podcasts, interactive computer tours, audio, etc.)

Films, movies, slideshows

Printed materials (brochures, books, maps, etc.)

Other (Please specify) \_\_\_\_\_

16. a) During this visit to James A. Garfield NHS, did you and your personal group have any personal interaction with a park ranger other than on the Home tour?

Yes                       No → **Go to Question 17**

b) If YES, please rate the quality of your interaction with the park ranger. Please mark (●) **one** response for each item.

Park ranger (other than Home tour)	Very poor	Poor	Average	Good	Very good
Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of information provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. a) Have you and your personal group visited other presidents' homes on this trip or past trips?

Yes                       No → **Go to Question 18**

b) If YES, which of the following have you and personal group visited? Please mark (●) **all** that apply.

One or more of the other Ohio presidential homes (examples: Rutherford B. Hayes Presidential Center, Fremont, OH; The Harding Home, Marion, OH; etc.)

First Ladies National Historic Site, Canton, Ohio

One or more presidential homes in other states (examples: Jimmy Carter National Historic Site; Harry S. Truman National Historic Site; George Washington Birthplace National Monument; etc.)

Other (Please specify) \_\_\_\_\_

c) Please compare the quality of your overall experience at James A. Garfield NHS with your experiences at other presidential sites (above) that you have visited. Which of the following statements best describes your comparison? Please mark (●) **one**.

James A. Garfield NHS was better than some, not as good as others that I have visited

James A. Garfield NHS was the best of all the presidential sites that I have visited

James A. Garfield NHS was the worst of all the presidential sites that I have visited

d) Please comment: \_\_\_\_\_

18. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** at James A. Garfield NHS during this visit.
- b) Next, for only those services and facilities that you or your personal group **used**, please rate their importance to your visit from 1-5.
- c) Finally, for only those services and facilities that you or your personal group **used**, please rate their quality from 1-5.

a) Visitor services/facilities used	b) If used, how important?	c) If used, what quality?
Mark (●)	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
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Visitor center	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____
<input type="radio"/> Outdoor exhibits	_____	_____
<input type="radio"/> Bookstore sales items (selection, price, etc.)	_____	_____
<input type="radio"/> Video/film in visitor center	_____	_____
<input type="radio"/> Guided tours of the Home	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Access for people with disabilities	_____	_____
<input type="radio"/> Restrooms	_____	_____
<input type="radio"/> Picnic tables	_____	_____

19. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at James A. Garfield NHS during this visit? Please mark (●) **one**.

Very poor	Poor	Average	Good	Very good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. For you and your personal group, please estimate all expenditures for the items listed below for this visit to James A. Garfield 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 James A. Garfield NHS.

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

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to James A. Garfield NHS.

<b>EXPENDITURES</b>		
	<b>a) Inside park</b>	<b>b) Outside park</b>
Lodges, hotels, motels, cabins, B&B, etc.	n/a	\$ _____
Camping fees and charges	n/a	\$ _____
Restaurants and bars	n/a	\$ _____
Groceries and takeout food	n/a	\$ _____
Gas and oil (auto, RV, boat, etc.)	n/a	\$ _____
Other transportation expenses (rental cars, taxis, auto repairs, but NOT airfare)	n/a	\$ _____
Admission, recreation, entertainment fees	\$ _____	\$ _____
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
Donations	\$ _____	\$ _____

c) How many people do the above expenses cover?

\_\_\_\_\_ Adults (18 years or over)          \_\_\_\_\_ Children (under 18 years)

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

21. On this visit, were you and your personal group part of the following types of organized groups?

a) Commercial guided tour group                       Yes                       No

b) School/educational group                               Yes                       No

c) Other group (scouts, work, church, etc.)                       Yes                       No

d) If you were with one of these organized groups, how many people, including yourself, were in this group?

\_\_\_\_\_ Number of people in organized group

22. a) On this visit, what kind of personal group (not guided tour/school/other organized group) were you with?
- Alone  Friends
- Family  Family and friends
- Other (Please specify) \_\_\_\_\_
- b) On this visit, how many people were in your personal group, including yourself?
- \_\_\_\_\_ Number of people
- c) On this visit, how many vehicles did you and your personal group use to arrive at the park?
- \_\_\_\_\_ Number of vehicles
- d) On this trip, how many times did you and your personal group enter the park?
- \_\_\_\_\_ Number of times entered
23. 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 24**
- b) If YES, what services or activities were difficult to access/participate in?
- \_\_\_\_\_
- c) Did the person(s) access or participate in the services/activities that were difficult?
- Yes  No
- d) Because of the physical condition, what specific problems did the person(s) have? Please mark (●) **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, or 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) \_\_\_\_\_



26. For you only, what is the highest level of education you have completed? Please mark (●) **one**.

- |   |   |
|---|---|
| <input type="radio"/> Some high school        | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> High school diploma/GED | <input type="radio"/> Graduate degree   |
| <input type="radio"/> Some college            |   |

27. a) What did you and your personal group like **most** about your visit to James A. Garfield NHS?

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b) What did you and your personal group like **least** about your visit to James A. Garfield NHS?

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28. Is there anything else you and your personal group would like to tell us about your visit to James A. Garfield NHS?

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29. a) Which category best represents your annual **household** income? Please mark (●) only **one**.

- |  |   |   |
|--|---|---|
| <input type="radio"/> Less than \$24,999 | <input type="radio"/> \$50,000-\$74,999   | <input type="radio"/> \$150,000-\$199,999   |
| <input type="radio"/> \$25,000-\$34,999  | <input type="radio"/> \$75,000-\$99,999   | <input type="radio"/> \$200,000 or more     |
| <input type="radio"/> \$35,000-\$49,999  | <input type="radio"/> \$100,000-\$149,999 | <input type="radio"/> Do not wish to answer |

b) How many people are in your household? \_\_\_\_\_ Number of people

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  
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