James A. Garfield
National Historic Site
Visitor Study
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.

We appreciate your help.

Sincerely,

Sherda Williams
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) 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.
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

   O Did not obtain information prior to visit  ➔ Go to part b of this question

   O Previous visits

   O Friends/relatives/word of mouth

   O Travel guides/tour books (such as AAA, etc.)

   O Maps/brochures

   O Newspaper/magazine articles

   O Inquiry to park via phone, mail, or email

   O Television/radio programs/videos

   O James A. Garfield NHS website: www.nps.gov/jaga

   O Other websites

   O School class/program

   O Local businesses (hotels, motels, restaurants, etc.)

   O Chamber of commerce/visitors bureau/state welcome center

   O Other (Please specify below)

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?

   O No  O 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.

2. a) Overall, how would you rate the quality of information provided on the park website (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.

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
- Holden Arboretum
- University Circle Institutions
- Century Village
- Cleveland Sports Stadium/Arena
- Cuyahoga Valley National Park
- Ashtabula County covered bridges
- James A. Garfield birthplace (Moreland Hills Historical Society)
- Lake/Geauga/Cuyahoga Counties Metroparks
- 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
- 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
   - [x] 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.

<table>
<thead>
<tr>
<th>Park ranger (other than Home tour)</th>
<th>Very poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpfulness</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Courteousness</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Quality of information provided</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

17. a) Have you and your personal group visited other presidents’ homes on this trip or past trips?
   - [ ] Yes
   - [x] 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.

<table>
<thead>
<tr>
<th>a) Visitor services/facilities used</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Park brochure/map</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Assistance from park staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Visitor center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Visitor center exhibits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Outdoor exhibits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Bookstore sales items</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(selection, price, etc.)</td>
<td></td>
</tr>
<tr>
<td>O Video/film in visitor center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Guided tours of the Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Junior Ranger program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Access for people with disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Restrooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Picnic tables</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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.

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>a) Inside park</th>
<th>b) Outside park</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodges, hotels, motels, cabins, B&amp;B, etc.</td>
<td>n/a</td>
<td>$_________</td>
</tr>
<tr>
<td>Camping fees and charges</td>
<td>n/a</td>
<td>$_________</td>
</tr>
<tr>
<td>Restaurants and bars</td>
<td>n/a</td>
<td>$_________</td>
</tr>
<tr>
<td>Groceries and takeout food</td>
<td>n/a</td>
<td>$_________</td>
</tr>
<tr>
<td>Gas and oil (auto, RV, boat, etc.)</td>
<td>n/a</td>
<td>$_________</td>
</tr>
<tr>
<td>Other transportation expenses (rental cars, taxis, auto repairs, but NOT airfare)</td>
<td>n/a</td>
<td>$_________</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 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  O  Yes  O  No
   
b) School/educational group  O  Yes  O  No

c) Other group (scouts, work, church, etc.)  O  Yes  O  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

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

<table>
<thead>
<tr>
<th>a) Current age</th>
<th>b) U.S. ZIP code or name of country other than U.S.</th>
<th>c) Number of lifetime visits to James A. Garfield NHS (including this visit)</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>
</tr>
<tr>
<td>Member #5</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Member #6</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Member #7</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

25. a) Are you or members of your group Hispanic or Latino? Please mark (●) **one** for each group member.

<table>
<thead>
<tr>
<th></th>
<th>Yourself</th>
<th>Member #2</th>
<th>Member #3</th>
<th>Member #4</th>
<th>Member #5</th>
<th>Member #6</th>
<th>Member #7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, Hispanic or Latino</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>No, not Hispanic or Latino</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

b) What is your race? What is the race of each member of your personal group? Please mark (●) **one or more** for you and each group member.

<table>
<thead>
<tr>
<th></th>
<th>Yourself</th>
<th>Member #2</th>
<th>Member #3</th>
<th>Member #4</th>
<th>Member #5</th>
<th>Member #6</th>
<th>Member #7</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Asian</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Black or African American</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>White</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
26. For you only, what is the highest level of education you have completed? Please mark (●) one.

- O Some high school
- O Bachelor's degree
- O High school diploma/GED
- O Graduate degree
- O Some college

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

........................................................................................................................................................................

........................................................................................................................................................................

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

........................................................................................................................................................................

........................................................................................................................................................................

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

........................................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

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

- O Less than $24,999
- O $25,000-$34,999
- O $35,000-$49,999
- O $50,000-$74,999
- O $75,000-$99,999
- O $100,000-$149,999
- O $150,000-$199,999
- O $200,000 or more
- O 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

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University of Idaho
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