Statue of Liberty Visitor Study

The Visitor Services Project
June 1989

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Statue of Liberty National Monument enjoy, the places they visit within the park, and to more accurately count visitors.

This questionnaire is only being given to a select number of visitors. Your participation is very important! It should only take a few minutes of your time during your visit to Statue of Liberty National Monument.

When your visit is over, please complete the questionnaire. Then, seal it with the sticker provided on the last page and simply drop it in any U.S. mailbox.

If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Sincerely,

Kevin Buckley
Superintendent
DIRECTIONS

One adult in your group should complete the questionnaire. It should only take a few minutes. When you have completed the questionnaire, please seal it with the sticker provided and drop it in any U.S. mailbox. We appreciate your help.

When did you and your group first arrive at Statue of Liberty National Monument this visit?

Please circle the appropriate day of the week:

S  M  T  W  Th  F  Sa

Write in the hour:

TIME OF DAY ____a.m. OR ____p.m.
PLACES YOU VISITED

On the map below, please indicate the places you and your group visited on Liberty Island. Simply check (✓) the box beside each place you visited. If you did not visit any of these places, please go on to page 6.

Statue of Liberty National Monument
YOUR ACTIVITIES

1. On the list below, please check the activities that you and your group did at Statue of Liberty National Monument. Please check ( ) all that apply.

   ______ PICNIC
   ______ CLIMB THE STATUE
   ______ VISIT THE OBSERVATION DECK
   ______ VISIT THE STATUE EXHIBIT
   ______ VISIT THE IMMIGRATION EXHIBIT
   ______ TAKE A RANGER-LED WALK
   ______ VISIT THE GIFT SHOP
   ______ VISIT THE RESTAURANT
   ______ OTHER (Please describe: ________________________)

YOU AND YOUR OPINIONS

2. How much time did you and your group spend at Statue of Liberty National Monument this visit?

   ______ NUMBER OF HOURS

3. How many people were in your group?

   ______ NUMBER OF PEOPLE
4. What kind of group were you with?

   _____ ALONE
   _____ FAMILY
   _____ FRIENDS
   _____ FAMILY AND FRIENDS
   _____ GUIDED TOUR GROUP
   _____ YOUTH GROUP
   _____ OTHER (Please describe: ____________________)

5. For you and your group, please indicate:

   1) your age on your last birthday,

   2) the zip code of your permanent residence (if you are from a country other than the United States, please give the name of that country), and

   3) the number of times you have visited Statue of Liberty National Monument including this visit.

<table>
<thead>
<tr>
<th>AGE</th>
<th>ZIP CODE (country)</th>
<th># TIMES VISITED</th>
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</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td>_____</td>
<td>____________</td>
</tr>
<tr>
<td>MEMBER #2</td>
<td>_____</td>
<td>____________</td>
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<tr>
<td>MEMBER #3</td>
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<tr>
<td>MEMBER #4</td>
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<td>____________</td>
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<tr>
<td>MEMBER #5</td>
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<td>____________</td>
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<tr>
<td>additional members</td>
<td>____________________________</td>
<td>__________________________</td>
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</tbody>
</table>

   PLEASE GO ON TO NEXT PAGE
6. a) During this visit did you and your group use any of the following services at Statue of Liberty National Monument? Please check ( ) all that apply.

b) Next, rate the quality of each service you and your group used during this visit to Statue of Liberty National Monument. Please mark each service used from 1 to 5 (1= VERY GOOD, 2= GOOD, 3= AVERAGE, 4= POOR, 5= VERY POOR).

<table>
<thead>
<tr>
<th>Use service?</th>
<th>What quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOAT TRIP</td>
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<tr>
<td>DIRECTIONAL SIGNS</td>
<td></td>
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<tr>
<td>RESTAURANT</td>
<td></td>
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<tr>
<td>GIFT SHOP</td>
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</tbody>
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7. What was your primary reason for visiting Liberty Island? Please check ( ) one.

_____ TO CLIMB THE STATUE AND VISIT THE CROWN
_____ TO PICNIC AND VIEW THE HARBOR
_____ TO PARTICIPATE IN A RANGER-LED WALK/TALK
_____ TO VISIT THE MUSEUM
_____ OTHER (Please describe:__________________________________________
__________________________________________)
8. a) During this visit did you and your group use any of the following information or interpretive services at Statue of Liberty National Monument? Please check (/) all that apply.

b) How useful were the services you used? Please mark each service used from 1 to 5 (1= EXTREMELY USEFUL, 2= VERY USEFUL, 3= MODERATELY USEFUL, 4= SOMEWHAT USEFUL, 5= NOT USEFUL).

<table>
<thead>
<tr>
<th>Use service? ( / )</th>
<th>How useful? (1-5)</th>
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</thead>
<tbody>
<tr>
<td>_____</td>
<td>_____</td>
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<tr>
<td>PARK FOLDER/ MAP</td>
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<td>_____</td>
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<td>SALES PUBLICATIONS</td>
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<tr>
<td>MUSEUM EXHIBITS</td>
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<td>WAYSIDE EXHIBITS</td>
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<tr>
<td>RANGER-LED WALKS/ TALKS</td>
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<tr>
<td>DIRECTIONAL SIGNS</td>
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9. What did you and your group like most about this visit to Statue of Liberty National Monument?

__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

10. What did you and your group like least about this visit to Statue of Liberty National Monument?

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__________________________________________________________________________
11. Is there anything else you would like to tell us about your visit to Statue of Liberty National Monument?

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Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.
OFFICIAL BUSINESS

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College of Forestry, Wildlife and
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