

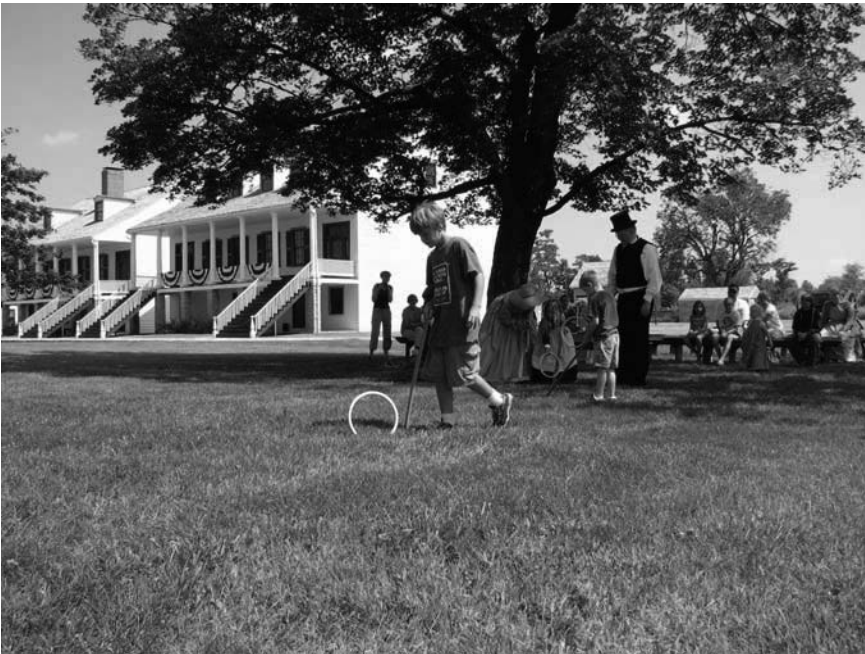


Social Science Division
 National Park Service
 U.S. Department of the Interior

Visitor Services Project

Fort Scott National Historic Site

Visitor Study



IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
 Fort Scott National Historic Site
 P.O. Box 918
 Fort Scott, KS 66701

Summer 2011

Dear Visitor:

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

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 after your visit to complete.

When your visit is over, please complete this questionnaire. Seal it in the postage-paid envelope provided 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,

Betty J. Boyko
 Superintendent

DIRECTIONS

At the end of your visit:

1. Please have the selected individual (at least 16 years old) 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**. Please do not use pencil!

Like this: ● Not like this:

4. Seal it in the postage-paid envelope provided.
5. Drop it in a U.S. mailbox.

Paperwork Reduction Act Statement: The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have to respond. This information will be used by the National Park Service as authorized by 16 U.S.C. 1a-7. We will use this information to evaluate visitor services cooperatively managed by Fort Scott National Historic Site. Your response is voluntary. Your name and address have been requested for follow-up purposes only. At the completion of this collection all names and personal information will be destroyed and in no way be connected with the results of this survey. A Federal agency may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB Control Number. We estimate that it will take an average of 20 minutes to complete the survey associated with this collection of information. You may send comments concerning the burden estimates or any aspect of this information collection 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 Fort Scott National Historic Site

NOTE: In this questionnaire, your **personal group** is defined as anyone with whom you are visiting the park, 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 this visit, how did you and your personal group obtain information about Fort Scott National Historic Site? Please mark (●) **all** that apply in column (a).
 - Did not obtain information prior to visit → **Go to part (b) of this question**
- b) If you were to visit Fort Scott National Historic Site 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) This visit	b) Future visit	Source of information
<input type="radio"/>	<input type="radio"/>	Friends/relatives/word of mouth
<input type="radio"/>	<input type="radio"/>	Inquiry to park via phone, mail or email
<input type="radio"/>	<input type="radio"/>	Fort Scott National Historic Site website: www.nps.gov/fosc
<input type="radio"/>	<input type="radio"/>	Other websites — which one(s)? _____
<input type="radio"/>	<input type="radio"/>	Local businesses (hotels, motels, restaurants, etc.)
<input type="radio"/>	<input type="radio"/>	Maps/brochures
<input type="radio"/>	<input type="radio"/>	Newspaper/magazine articles
<input type="radio"/>	<input type="radio"/>	Previous visits
<input type="radio"/>	<input type="radio"/>	School class/program
<input type="radio"/>	<input type="radio"/>	Social media (such as Facebook, Twitter, etc.)
<input type="radio"/>	<input type="radio"/>	State welcome center/visitors bureau/chamber of commerce
<input type="radio"/>	<input type="radio"/>	Television/radio programs/DVDs
<input type="radio"/>	<input type="radio"/>	Travel guides/tour books (such as AAA, etc.)
<input type="radio"/>	n/a	Other, this visit (Specify) _____
n/a	<input type="radio"/>	Other, future visit (Specify) _____

- 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.

2. **Prior to this visit**, were you and your personal group aware that Fort Scott National Historic Site is a unit of the National Park System?

No Yes

3. On this trip, what was the **primary** reason that you and your personal group came to the city of Fort Scott, Kansas? Please mark (●) **one**.

- Resident of Fort Scott, Kansas
- Visit Fort Scott National Historic Site (includes use of park facilities/ services/activities)
- Visit other attractions in the area
- Visit friends/relatives in the area
- Traveling through – unplanned visit
- Business
- Other (Please specify) _____

4. Which other local and regional attractions did you and your personal group visit on this trip to Fort Scott National Historic Site? Please mark (●) **all** that apply.

- None visited on this trip → **Go to Question 5**
- Dolly the Trolley Gordon Parks Center
- Downtown Fort Scott Mine Creek Battlefield
- Fort Scott National Cemetery Wilson's Creek National Battlefield
- George Washington Carver National Monument
- Other (Please specify) _____

5. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in Fort Scott, Kansas?

Yes No → **Go to Question 6**

b) If YES, please list the number of nights you and your personal group stayed in Fort Scott, Kansas.

_____ Number of nights in Fort Scott, Kansas

c) In which type(s) of lodging did you and your personal group spend the night(s) in Fort Scott, Kansas? 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) _____

6. On this trip, where did you and your personal group stay on the **night before** and the **night after** visiting Fort Scott National Historic Site? If you stayed at home, please write the name of the town/city and state where you live.

a) BEFORE visit: Town/city _____ State _____

b) AFTER visit: Town/city _____ State _____

7. a) On this visit, which forms of transportation did you and your group use to travel between your overnight accommodations or home and Fort Scott National Historic Site? Please mark (●) **all** that apply.

- Private vehicle (car, SUV, pickup, RV, etc.) Bicycle
- Motorcycle On foot
- Rental vehicle Tour/school bus
- Other (Please specify) _____

b) On this visit, how many vehicles did you and your personal group use to arrive at the park? Please write "0" if you did not arrive by vehicle.

_____ Number of vehicles

8. On this visit, were the signs directing you and your personal group to Fort Scott National Historic Site adequate? Please mark (●) **one** response for each.

a) Regional highway signs Yes No Did not use

b) City street signs Yes No Did not use

c) If you answered NO to either of the above, please explain the problem.

Regional highway signs _____

City street signs _____

9. a) In which communities did you and your personal group obtain support services (e.g. information, gas, food, lodging) for this visit to Fort Scott National Historic Site? Please mark (●) **all** that apply.
- Did not need support services → **Go to Question 10**
- Fort Scott, KS Iola, KS Nevada, MO Pittsburg, KS
- Other (Please specify) _____
- b) Were you and your personal group able to obtain all of the services that you needed in these communities?
- No Yes → **Go to Question 10**
- c) If NO, what services were not available?
- | | |
|----------------|-------------------------------|
| Service (List) | Comments (Please be specific) |
| _____ | _____ |
| _____ | _____ |
10. a) On this visit to Fort Scott National Historic Site, did anyone in your personal group participate in any of the ranger or volunteer-led talks/programs/tours?
- No Yes → **Go to Question 11**
- b) If NO, what prevented you and your personal group from participating in ranger or volunteer-led talks/programs/tours? Please mark (●) **all** that apply.
- Not interested
- Not interested in topics presented
- Did not have time for this activity
- Not aware of ranger or volunteer-led talks/programs/tours offered at park
- Programs not offered at time of visit
- Other (Please specify) _____
11. If you were to attend a ranger or volunteer-led program at Fort Scott National Historic Site, which program length would you prefer? Please mark (●) **one**.
- Under 1/2 hour 1/2 - 1 hour 1 - 2 hours
- Other (Please specify) _____
12. a) During this visit to Fort Scott National Historic Site, did you and your personal group have any personal interaction with park staff?
- Yes No → **Go to Question 13**

- b) If YES, please rate the quality of your interaction with the park staff. Please mark (●) **one** response for each item.
- | | 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"/> |
13. a) On this visit, in which activities did you and your personal group participate within Fort Scott National Historic Site? Please mark (●) **all** that apply.
- Attending living history demonstrations/programs
- Attending ranger or volunteer-led talks/programs/tours (other than living history)
- Creative arts (photography/drawing/painting/writing)
- Enjoying solitude/quiet
- General sightseeing
- Nature study (viewing prairie plants, birds and other wildlife)
- Picnicking
- Shopping in park bookstore
- Taking self-guided tour - Which one?
- Cell phone Brochure Both
- Viewing videos/films
- Viewing indoor exhibits and furnished rooms
- Viewing outdoor exhibits and buildings
- Walking/hiking
- Other (Please specify below)
- _____
- b) Which **one** of the above activities was the primary reason you and your personal group visited Fort Scott National Historic Site on this visit?
- _____
14. a) If you attended a talk, program, or tour on this visit, were you able to hear what the ranger or volunteer was saying?
- No Yes → **Go to Question 15**

b) If NO, what was/were the reason(s) for the problem? Please mark (●) all that apply.

- Group size too large
- Ranger/volunteer voice too quiet
- Train/traffic noise
- Other (Please specify below)
- Hearing impairment _____

15. a) On this visit, which ranger or volunteer-led talks/programs/tours, if any, did you attend? Please mark (●) all that apply in column (a).

b) If you attended more than one talk/program/tour, please **choose one** to evaluate by marking (●) column (b) on the right, then provide additional feedback on that talk/program/tour in parts (c-f) below.

a) Talk/program/tour attended **b) Select one to evaluate below**

- Did not attend any talks/programs/tours on this visit → **Go to Question 16**
- Guided tour
- Talk
- Musical/dramatic/living history presentation
- Other (Please specify) _____

Please mark (●) **one** response for each of the following aspects of the talk/program/tour that you marked in **part (b)** above.

c) Program length Too short About right Too long

d) Effect of tour size on ability to see room interiors No effect - able to see Had difficulty seeing

e) Topics discussed Of interest NOT of interest

f) Did you learn something about Fort Scott National Historic Site from the talk/program/tour that is relevant or meaningful to your life today?

- Yes No Not sure

16. a) **On this visit** to Fort Scott National Historic Site, how much time in **total** did you and your personal group spend visiting the park?

_____ Total number of hours (Please list partial hours as ¼, ½, ¾.)

b) Did you and your personal group visit the park on more than one day?

- No Yes → c) If YES, how many days? _____

17. a) Please mark (●) **all** of the information services and facilities that you or your personal group **used** at Fort Scott National Historic Site 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) Information service/facility used Mark (●)	b) If used, how important?	c) If used, what quality?
	1=Not at all important 2=Slightly important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good

- Access for people with disabilities _____
- Assistance from park staff _____
- Bookstore sales items (selection, price, etc.) _____
- Cell phone tour _____
- Junior Ranger program _____
- Living history demonstrations _____
- Indoor exhibits _____
- Outdoor exhibits _____
- Park brochure/map _____
- Park website: www.nps.gov/fosc used before or during visit _____
- Ranger or volunteer-led programs _____
- Restrooms _____
- Videos/films _____
- Trails _____
- Visitor center - Post Hospital _____

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

Service/facility (List) **Comment** (Please be specific)

18. If you were to visit Fort Scott National Historic Site in the future, how would you and your personal group prefer to learn about cultural and natural history/features of the park? Please mark (●) **all** that apply.

- Not interested in learning about the park → **Go to Question 19**
- Audiovisual programs (DVD, video, or audio) Children’s activities
- Informal interaction with park staff Indoor exhibits
- Park website: www.nps.gov/fosc Outdoor exhibits
- Self-guided tours with brochure Special events
- Self-guided tours with cell phone Volunteer opportunities
- Living history demonstrations/costumed interpretive programs
- Other electronic media/devices available to visitors (downloadable digital files, podcasts, interactive computer programs/tours, etc.)
- Printed materials (brochures, books, maps, etc.)
- Ranger or volunteer-led talks/programs/tours
- Other (Please specify) _____

19. a) Fort Scott National Historic Site was involved in some of the nation’s historically significant events. Please mark (●) **all** of the historical events that you were aware Fort Scott was involved in.

b) Please indicate how much your level of understanding of each event improved during your visit. Please mark (●) **one** answer for each event.

Did not learn about any events on this visit → **Go to part (c) of this question**

c) Next, mark (●) the events you would be interested in learning (or learning more) about on a future visit.

a) Prior to your visit, aware of Fort Scott’s involvement?		Event	b) Level of understanding improved?				c) Interested on future visit?	
Yes	No		Not at all	A little	Somewhat	A lot	Yes	No
<input type="radio"/>	<input type="radio"/>	Maintaining a permanent Indian frontier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Opening of the West/Westward expansion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	“Bleeding” Kansas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	Civil War	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d) Please list any aspects of the above events that you and your personal group are interested in learning (or learning more) about during a future visit to Fort Scott National Historic Site.

20. For you and your personal group, please estimate all expenditures for the items listed below for this visit to Fort Scott National Historic Site and Fort Scott, Kansas. **Please write "0" if no money was spent in a particular category.**

a) Please list your group's total expenditures inside Fort Scott National Historic Site.

Spent no money inside the park → **Go to part (b) of this question**

b) Please list your group's total expenditures in the city of Fort Scott, Kansas.

Spent no money in Fort Scott, Kansas → **Go to part (c) of this question**

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to Fort Scott National Historic Site.

	EXPENDITURES	
	a) Inside park	b) Outside park
Lodges, hotels, motels, cabins, B&Bs, etc.	n/a	\$ _____
Camping fees and charges	n/a	\$ _____
Guide 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	n/a	\$ _____
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. Would you and your personal group be likely to visit Fort Scott National Historic Site again in the future?

- Yes, likely No, unlikely Not sure

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

- Less than \$24,999 \$25,000-\$34,999 \$35,000-\$49,999 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000-\$149,999 \$150,000-\$199,999 \$200,000 or more Do not wish to answer

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

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

- Commercial guided tour group School/educational group Other (scouts, work, church)

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

24. a) On this visit, which type of personal group (not guided tour/school/other organized group) were you with?

- Alone Family Other (Please specify) Friends Family and friends

b) On this visit, how many people were in your personal group, including yourself?

_____ Number of people

c) How many times did you and your personal group enter Fort Scott National Historic Site on this visit?

_____ Number of entries

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

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

26. For you only, what is your gender? Please mark (●) one.

- Male Female

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

Table with columns: a) Current age, b) U.S. ZIP code or name of country other than U.S., c) Number of visits to Fort Scott National Historic Site (including this visit). Rows include Yourself and Member #2 through #7.

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

Table with columns: Yourself, Member #2, Member #3, Member #4, Member #5, Member #6, Member #7. Rows: Yes, Hispanic or Latino; No, not Hispanic or Latino.

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.

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American Indian or Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. 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 30**

b) If YES, what services or activities were difficult to access/participate in?

30. If you were a manager planning for the future of Fort Scott National Historic Site what would you and your personal group propose?

31. Is there anything else you and your personal group would like to tell us about your visit to Fort Scott National Historic Site?

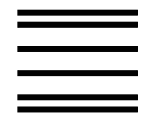
32. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at Fort Scott National Historic Site during this visit? Please mark (●) **one**.

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

Thank you for your help! Please seal the questionnaire in the postage-paid envelope provided and drop it in any U.S. mailbox.

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