Lincoln Home Visitor Study

The Visitor Services Project
July 1989

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Lincoln Home National Historic Site enjoy, the places they visit within the monument, and to more accurately count visitors.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take a few minutes of your time during your visit to Lincoln Home NHS.

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,

Gentry Davis
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 Lincoln Home National Historic Site this visit?

Circle the appropriate day of the week:

S  M  T  W  Th  F  Sa
GETTING TO LINCOLN HOME

1. On the map below, please draw an arrow showing the route you and your group took to enter Lincoln Home National Historic Site.
YOUR ACTIVITIES

2. On the list below, please check the activities that you and your group did at Lincoln Home National Historic Site. Please check (√) all that apply.

_____ VISIT VISITOR CENTER
_____ TOUR THE LINCOLN HOME
_____ SHOP AT BOOKSTORE
_____ USE THE AREA INFORMATION DESK
_____ REST/RELAX
_____ ATTEND SPECIAL PROGRAMS (lectures, plays, festival)
_____ SELF-GUIDED WALK
_____ OTHER (Please describe:______________________)

3. Prior to this visit, how did you and your group learn about Lincoln Home National Historic Site? Please check (√) all that apply.

_____ TRAVEL GUIDE/TOUR BOOK
_____ NEWSPAPER ARTICLES
_____ MAPS OR BROCHURES
_____ INFORMATION FROM SPRINGFIELD CONVENTION & VISITORS BUREAU
_____ ADVICE FROM FRIEND OR RELATIVE
_____ PREVIOUS VISIT(S)
_____ DID NOT GET INFORMATION PRIOR TO VISIT
_____ OTHER (Please describe:______________________)

PLEASE GO ON TO NEXT PAGE
4. Did you get a ticket to tour the Lincoln Home?
   _____ YES   _____ NO   \(\Rightarrow\)   GO ON TO QUESTION 5
   \(\Downarrow\)
   Did you take a tour?
   _____ YES   _____ NO   \(\Rightarrow\)   Why not?______________________________
   \(\Downarrow\)
   \(\Downarrow\)
   \(\Downarrow\)
   \(\Downarrow\)
   Did you have to wait to take a tour?
   _____ YES   _____ NO   \(\Rightarrow\)   GO ON TO QUESTION 5
   \(\Downarrow\)
   \(\Downarrow\)
   What did you do while you waited?
   \(\hfill\)
   \(\hfill\)
   \(\hfill\)

5. To tour the Lincoln Home, individuals must obtain tickets on a first come, first served basis. Groups can obtain advance reservations. Which of the following alternatives would you prefer?
   _____ FIRST COME, FIRST SERVED
   _____ ADVANCE RESERVATIONS
   _____ COMBINATION OF THE ABOVE
   _____ OTHER (Please describe:______________________________
   \(\hfill\)
6. a) During this visit did you and your group use any of the following information or interpretive services at Lincoln Home National Historic Site? 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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(✓) VISITOR CENTER EXHIBITS</td>
<td>(1-5)</td>
</tr>
<tr>
<td>VISITOR CENTER FILMS</td>
<td>(1-5)</td>
</tr>
<tr>
<td>TICKET RESERVATION SYSTEM</td>
<td>(1-5)</td>
</tr>
<tr>
<td>TOUR OF THE LINCOLN HOME</td>
<td>(1-5)</td>
</tr>
<tr>
<td>RANGER-LED WALKS/ PROGRAMS (other than Lincoln Home tour)</td>
<td>(1-5)</td>
</tr>
<tr>
<td>PARK BROCHURE</td>
<td>(1-5)</td>
</tr>
<tr>
<td>OUTDOOR INTERPRETIVE SIGNS (historic houses)</td>
<td>(1-5)</td>
</tr>
</tbody>
</table>

PLEASE GO ON TO NEXT PAGE
7. On the day of your visit to Lincoln Home National Historic Site, did you and your group also visit any of the following sites? Please check (✓) all that apply.

- [ ] OLD STATE CAPITOL
- [ ] LINCOLN-HERNDON LAW OFFICES
- [ ] LINCOLN'S TOMB STATE HISTORIC SITE
- [ ] GREAT WESTERN DEPOT
- [ ] LINCOLN'S NEW SALEM STATE HISTORIC SITE
- [ ] ILLINOIS STATE MUSEUM
- [ ] CAPITOL COMPLEX VISITOR CENTER

8. Do any members of your group reside outside the Springfield area?

- [ ] YES
- [ ] NO

a) If they stayed in the Springfield area on the night before their visit to Lincoln Home, how much did they spend for lodging?

$________

b) On the day of your visit to Lincoln Home, how much did you and your group spend for travel, food and other items in the Springfield area and in Lincoln Home National Historic Site? Please write "0" if you did not spend any money.

<table>
<thead>
<tr>
<th>SPRINGFIELD AREA</th>
<th>INSIDE LINCOLN HOME NHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAVEL (gas, bus fare, etc.)</td>
<td>$________</td>
</tr>
<tr>
<td>FOOD (restaurant, self-prepared)</td>
<td>$________</td>
</tr>
<tr>
<td>OTHER (film, gifts, etc.)</td>
<td>$________</td>
</tr>
</tbody>
</table>
YOU AND YOUR OPINIONS

9. How many hours did you and your group spend in Lincoln Home National Historic Site this visit?
   _____ NUMBER OF HOURS

10. How many days did you spend in the Springfield area?
    _____ NUMBER OF DAYS

11. How many people were in your group?
    _____ NUMBER OF PEOPLE

12. What kind of group were you with?
    _____ ALONE
    _____ FAMILY
    _____ FRIENDS
    _____ FAMILY AND FRIENDS
    _____ GUIDED TOUR GROUP
    _____ OTHER (Please describe:____________________)

13. How many members of your group were in a wheelchair? If none, please write "0."
    _____ IN WHEELCHAIRS

PLEASE GO ON TO NEXT PAGE
14. 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 Lincoln Home National Historic Site including this visit.

<table>
<thead>
<tr>
<th></th>
<th>AGE</th>
<th>ZIP CODE (country)</th>
<th># TIMES VISITED</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td>____</td>
<td>__________________</td>
<td>____</td>
</tr>
<tr>
<td>MEMBER #2</td>
<td>____</td>
<td>__________________</td>
<td>____</td>
</tr>
<tr>
<td>MEMBER #3</td>
<td>____</td>
<td>__________________</td>
<td>____</td>
</tr>
<tr>
<td>MEMBER #4</td>
<td>____</td>
<td>__________________</td>
<td>____</td>
</tr>
<tr>
<td>MEMBER #5</td>
<td>____</td>
<td>__________________</td>
<td>____</td>
</tr>
</tbody>
</table>

additional members: ____________________________________________

15. Did you and your group find it difficult to locate Lincoln Home?

_____ YES   _____ NO  ➔  GO ON TO QUESTION 16

If so, why was it difficult to locate the park? _______________________

_______________________________________________________________

_______________________________________________________________

How could locating the park be improved? _______________________

_______________________________________________________________

_______________________________________________________________
16. Is there anything else you would like to tell us about your visit to Lincoln Home National Historic Site?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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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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