



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

Visitor Services Project

# Steamtown National Historic Site Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE  
Steamtown National Historic Site  
150 South Washington Ave.  
Scranton, PA 18503

IN REPLY REFER TO:

Summer 2012

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the expectations, opinions, and interests of visitors to Steamtown 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 Lena Le, NPS Visitor Services Project Assistant Director, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone: 208-885-2585, email: [lenale@uidaho.edu](mailto:lenale@uidaho.edu).

We appreciate your help.





Sincerely,

Harold "Kip" Hagen  
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 (○), 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 Steamtown National Historic Site. Your response is voluntary. Your name and contact information have been requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed and will 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 about 20 minutes to complete this questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Lena Le, Visitor Services Project, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, ID, 83844-1139; email: [lenale@uidaho.edu](mailto:lenale@uidaho.edu)

## Your Visit To Steamtown National Historic Site

NOTE: In this questionnaire, your **personal group** is defined as anyone with whom you are visiting the park, such as a spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as a school, church, scout, or tour group.

1. a) Prior to this visit, how did your personal group obtain information about Steamtown National Historic Site (NHS)? 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 Steamtown NHS in the future, how would 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"/>	Steamtown NHS website: <a href="http://www.nps.gov/stea">www.nps.gov/stea</a>
<input type="radio"/>	n/a	Other websites (Specify) _____
n/a	<input type="radio"/>	Other websites (Specify) _____
<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"/>	Other units of the National Park System (NPS)
<input type="radio"/>	<input type="radio"/>	Other tourist sites (non-NPS)
<input type="radio"/>	<input type="radio"/>	School class/program
<input type="radio"/>	<input type="radio"/>	Social media (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 (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 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 your personal group need that was not available? Please be specific.

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2. Prior to this visit, was anyone in your personal group aware that Steamtown NHS is a unit of the National Park System?

- Yes                       No

3. a) On this trip, did your personal group stay overnight away from home in the Steamtown NHS area (within 60 miles of the park)?

- Yes                       No → **Go to Question 4**

b) Please list the number of nights your personal group spent in each of the following types of accommodations in the area within 60 miles of the park.

<u>Accommodation</u>	<u>b) Number of nights spent outside park (within 60 miles)</u>
Lodge, motel, hotel, rented condo/home, cabin, B&B	_____
Residence of friends or relatives	_____
RV/trailer camping	_____
Tent camping in a developed campground	_____
Personal seasonal residence	_____
Other (Please specify) _____	_____

4. On this trip, where did your personal group stay on the **night before** and the **night after** visiting Steamtown NHS? 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 \_\_\_\_\_

5. a) Was every member in your personal group a resident of the Steamtown NHS **area** (within 60 miles of the park)?

- No                       Yes → **Go to Question 6**

b) For the nonresident members of the area (within 60 miles of the park), was visiting Steamtown NHS the primary reason your personal group came to the Steamtown NHS **area** on this trip?

No  Yes

c) For the nonresident members of the area (within 60 miles of the park), what was the method of transportation that your personal group used to travel most of the distance from their home to the Steamtown NHS **area**? Please mark (●) only **one**.

Car  Motorcycle  SUV/truck/van

Motorhome  Airplane

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

6. For you only, if you had not chosen to visit Steamtown NHS on this trip, what other cultural/recreation site would you have visited instead? Please specify below or mark (●) "None."

(Specify) \_\_\_\_\_  None

7. a) For you only, if you had been unable to visit Steamtown NHS on this trip, would you have visited another time?

No, unlikely  Yes, likely → **Go to Question 8**

b) If NO, what would you have done with the time you spent on this trip? Please mark (●) **one**.

Gone somewhere else → Distance from home \_\_\_\_\_

- OR -

Location \_\_\_\_\_

(Place, city, & state)

Vacationed at home

Gone to work at my regular job

Not sure/none of these

8. On this visit, were the signs directing your personal group to and around Steamtown NHS adequate? Please mark (●) **one** answer for each of the following.

a) Interstate signs  Yes  No  Did not use

b) State highway signs  Yes  No  Did not use

c) Signs in Scranton  Yes  No  Did not use

d) Signs in the park  Yes  No  Did not use

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

Interstate \_\_\_\_\_

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

In Scranton \_\_\_\_\_

In park \_\_\_\_\_

9. On this visit to Steamtown NHS, please mark (●) all the sites within the park that your personal group visited.

- |  |   |   |
|--|---|---|
| <input type="radio"/> History Museum     | <input type="radio"/> Rail Yard                 | <input type="radio"/> Technology Museum |
| <input type="radio"/> Locomotive Shop    | <input type="radio"/> Roundhouse                | <input type="radio"/> Trolley Museum    |
| <input type="radio"/> Mainline Excursion | <input type="radio"/> Short train ride          | <input type="radio"/> Visitor Center    |
| <input type="radio"/> Park Library       | <input type="radio"/> Museum Shop and Bookstore |   |

10. a) On this trip, how many times did your personal group enter the park?

\_\_\_\_\_ Number of times entered

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

\_\_\_\_\_ Number of vehicles

11. On this visit to Steamtown NHS, what other attractions in the local **area** did your personal group visit? Please mark (●) **all** that apply

- |   |  |
|---|--|
| <input type="radio"/> Lackawanna Coal Mine Tour               | <input type="radio"/> Everhart Museum          |
| <input type="radio"/> Lackawanna County Historical Society    | <input type="radio"/> Mall at Steamtown        |
| <input type="radio"/> Lackawanna County Visitor Center – I-81 | <input type="radio"/> PA Iron Furnaces         |
| <input type="radio"/> PA Anthracite Heritage Museum           | <input type="radio"/> Scranton Cultural Center |
| <input type="radio"/> Other (Please specify) _____            |  |

12. a) On this visit, how much time **in total** did your personal group spend visiting Steamtown NHS? Please list partial hours as 1/4, 1/2, 3/4.

\_\_\_\_\_ **Total** number of hours

b) On this visit, did your personal group visit Steamtown NHS on more than one day?

Yes                       No → **Go to Question 13**

c) If YES, on how many days did you visit the park? \_\_\_\_\_ Number of days

13. a) On this visit, in which activities did your personal group participate within Steamtown NHS? Please mark (●) **all** that apply in column (a).

b) If you were to visit the park in the future, in which activities would your personal group prefer to participate within the park? Please mark (●) **all** that apply in column (b).

a) This visit	b) Future visit	Activity
<input type="radio"/>	<input type="radio"/>	Creative arts (photography/drawing/painting/writing)
<input type="radio"/>	<input type="radio"/>	Living history programs
<input type="radio"/>	<input type="radio"/>	Locomotive Shop – Roundhouse Tour
<input type="radio"/>	<input type="radio"/>	Participate in Junior Ranger program
<input type="radio"/>	<input type="radio"/>	Picnicking
<input type="radio"/>	<input type="radio"/>	Ranger/volunteer-led guided walking tours
<input type="radio"/>	<input type="radio"/>	Shopping in Museum Shop and Bookstore
<input type="radio"/>	<input type="radio"/>	Train ride (long excursion – Moscow – Tobyhanna – Delaware Water Gap)
<input type="radio"/>	<input type="radio"/>	Train ride (short excursion – Scranton Limited Train Ride)
<input type="radio"/>	<input type="radio"/>	Trolley Museum
<input type="radio"/>	<input type="radio"/>	Viewing indoor exhibits
<input type="radio"/>	<input type="radio"/>	Viewing outdoor exhibits
<input type="radio"/>	<input type="radio"/>	Visiting Children’s Discovery Center
<input type="radio"/>	<input type="radio"/>	Other (Please specify) _____

c) Which **one** of the above activities was the primary reason your personal group visited Steamtown NHS on this visit?

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14. a) Please mark (●) **all** the information services and facilities that your personal group **used** at Steamtown NHS during this visit.
- b) For only those services and facilities that your personal group **used**, please rate their importance to your visit from 1-5.
- c) For only those services and facilities that your personal group **used**, please rate their quality from 1-5.

<p><b>b) If used, how important?</b> 1=Not at all important 2=Slightly important 3=Moderately important 4=Very important 5=Extremely important</p>	<p><b>c) If used, what quality?</b> 1=Very poor 2=Poor 3=Average 4=Good 5=Very good</p>
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**a) Information services/facilities used**

- |                       |   |       |       |
|-----------------------|---|-------|-------|
| <input type="radio"/> | Assistance from park staff  | _____ | _____ |
| <input type="radio"/> | Bulletin boards   | _____ | _____ |
| <input type="radio"/> | Indoor exhibits   | _____ | _____ |
| <input type="radio"/> | Outdoor exhibits  | _____ | _____ |
| <input type="radio"/> | Junior Ranger program   | _____ | _____ |
| <input type="radio"/> | Living history demonstrations   | _____ | _____ |
| <input type="radio"/> | Museum Shop and Bookstore sales items<br>(selection, price, etc.)                                   | _____ | _____ |
| <input type="radio"/> | Park brochure/map   | _____ | _____ |
| <input type="radio"/> | Park website: <a href="http://www.nps.gov/stea">www.nps.gov/stea</a><br>used before or during visit | _____ | _____ |
| <input type="radio"/> | Ranger/volunteer-led guided walking tours   | _____ | _____ |
| <input type="radio"/> | Ranger/volunteer program on train excursion   | _____ | _____ |
| <input type="radio"/> | Videos/films  | _____ | _____ |
| <input type="radio"/> | Visitor Center (overall)  | _____ | _____ |

15. a) Did your personal group use the park website (<http://www.nps.gov/stea>) to obtain information to plan this trip to Steamtown NHS?

- Yes                       No → **Go to Question 16**

b) Overall, how would your personal group rate the quality of information provided on the park website? 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"/>

c) Did you find the information that your personal group needed on the park website?

No                       Yes → **Go to Question 16**

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

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16. a) Please mark (●) **all** the visitor services and facilities that your personal group **used** at Steamtown NHS during this visit.

b) For only those services and facilities that your personal group **used**, please rate their importance to your visit from 1-5.

c) For only those services and facilities that your personal group **used**, please rate their quality from 1-5.

<b>b) If used, how important?</b>	<b>c) If used, what quality?</b>
1=Not at all important	1=Very poor
2=Slightly important	2=Poor
3=Moderately important	3=Average
4=Very important	4=Good
5=Extremely important	5=Very good

**a) Visitor services/facilities used**

<input type="radio"/>	Access for people with disabilities	_____	_____
<input type="radio"/>	Park directional signs	_____	_____
<input type="radio"/>	Park History Museum	_____	_____
<input type="radio"/>	Park Technology Museum	_____	_____
<input type="radio"/>	Trolley Museum	_____	_____
<input type="radio"/>	Picnic areas	_____	_____
<input type="radio"/>	Short train ride (value for fee paid)	n/a	_____
<input type="radio"/>	Train excursion experience (value for fee paid)	n/a	_____
<input type="radio"/>	Train excursion at Moscow Station layover	_____	_____

d) If you rated any of the above services/facilities as “very poor” or “poor,” please explain why.

Service \_\_\_\_\_ Reason \_\_\_\_\_

Service \_\_\_\_\_ Reason \_\_\_\_\_

17. a) For the safety issues below, please indicate how safe your personal group felt from crime and accidents during this visit to Steamtown NHS. Please mark (●) **one** answer for each issue.

**How safe did you feel in the park?**

Safety issue	Very unsafe	Unsafe	Neither safe nor unsafe	Safe	Very safe
Personal safety—from crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal safety—from accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal property—from crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) If you marked that you felt “very unsafe” or “unsafe” for any of the above issues, please explain why.

\_\_\_\_\_

\_\_\_\_\_

18. It is the National Park Service’s responsibility to protect Steamtown NHS’s natural, scenic, and cultural resources while at the same time providing for public enjoyment. How important is protection of the following resources/attributes in the park to your personal group? Please mark (●) **one** answer for each resource/attribute.

Resource/attribute	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Clean air (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic sites and buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operation of trains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preservation of locomotives & trains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repair/maintenance of trains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. If you were to visit Steamtown NHS in the future, would your personal group be likely to participate in a children’s program? Please mark (●) **one**.

- Yes, likely
- No, not likely, we don’t have/won’t be traveling with children
- No, we have children, but are not interested
- Not sure

20. For your personal group, please estimate expenditures for the items listed below for this visit to Steamtown NHS and the surrounding **area** (within 60 miles of the park). **Please write "0" if no money was spent in a particular category.**

a) Please list your personal group's total expenditures inside Steamtown NHS.

b) Please list your personal group's total expenditures in the **surrounding area** outside the park (within 60 miles of the park).

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

		<b>EXPENDITURES</b>		
		<b>a) Inside park</b>	<b>b) Outside park</b>	
Spent no money (●)	<input type="radio"/>	→ Go to (b)	<input type="radio"/>	→ Go to (c)
Lodge, hotel, motel, cabin, B&B, 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, excursion train fees		\$ _____		\$ _____
All other expenditures (souvenirs, books, postcards, sporting goods, clothing, donations, etc.)		\$ _____		\$ _____

c) How many people do the above expenditures cover? Please write "0" if no children were covered by the expenditures.

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

21. a) For you only, 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

c) How much income did your household forgo to make this trip (due to taking unpaid time off from work)? Mark (●) "None" or specify the amount forgone.

None - **OR** - Amount forgone \$ \_\_\_\_\_

22. On this visit, was your personal group part of the following types of organized groups? Please mark (●) **one** for **each**.

- |                                       |                           |                          |
|---------------------------------------|---------------------------|--------------------------|
| a) Commercial guided tour group       | <input type="radio"/> Yes | <input type="radio"/> No |
| b) School/educational group           | <input type="radio"/> Yes | <input type="radio"/> No |
| c) Other (scouts, work, church, etc.) | <input type="radio"/> Yes | <input type="radio"/> 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

23. a) On this visit, what type of personal group (not guided tour/school/other organized group) were you with? Please mark (●) only **one**.

- |  |  |
|--|--|
| <input type="radio"/> Alone                        | <input type="radio"/> Friends            |
| <input type="radio"/> Family                       | <input type="radio"/> Family and friends |
| <input type="radio"/> Other (Please specify) _____ |  |

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

\_\_\_\_\_ Number of people in personal group



27. When visiting an area such as Steamtown NHS, what language(s) do most members of your personal group prefer to use for speaking and reading?

a) Speaking     English     Other (Specify) \_\_\_\_\_

b) Reading     English     Other (Specify) \_\_\_\_\_

c) In your opinion, what **services** in the park need to be provided in languages other than English? Please specify a service(s) or mark (●) "None."

None    Service (Specify) \_\_\_\_\_  
\_\_\_\_\_

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

Some high school                       Bachelor's degree

High school diploma/GED               Graduate degree

Some college

29. Is there anything else your personal group would like to tell us about your visit to Steamtown NHS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Very poor              Poor              Average              Good              Very good  
                                                                                       

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

**OFFICIAL BUSINESS**

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