Petersburg National Battlefield Visitor Study

The Visitor Services Project
Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Petersburg National Battlefield 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 Petersburg National Battlefield.

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,

Frank J. Deckert
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.

PRIVACY AND PAPERWORK REDUCTION ACTS STATEMENT:
16 U.S.C. 1a-7 authorizes the collection of this information. The primary use of this information is to learn about the expectations, opinions and interests of visitors to this park and will be used by park managers to better manage this park. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. The information may also be provided to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law; to the Department of Justice when relevant to litigation or anticipated litigation.
BURDEN ESTIMATES: Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the collection of information. Direct comments regarding the burden estimate or any other aspect of this form to Service Information Collection Clearance Officer, National Park Service, Department of the Interior, Washington D.C. 20240; and the Office of Management and Budget, Paperwork Reduction Project, 1024-0061, Washington D.C. 20503.
YOUR ACTIVITIES

1. On the list below, please check the activities that you and your group did in the Petersburg National Battlefield area. Please check ( ) all that apply.

   ______ BATTLEFIELD AUTO TOUR (inside park)
   ______ SIEGE LINE AUTO TOUR (outside park)
   ______ PICNICKING
   ______ HISTORICAL RESEARCH
   ______ JOGGING/HIKING
   ______ BICYCLING
   ______ PHOTOGRAPHY/NATURE STUDY
   ______ FISHING
   ______ ATTEND INTERPRETIVE PROGRAM
   ______ ATTEND ARTILLERY DEMONSTRATION
   ______ OTHER (Please describe: ________________________ )
PLACES YOU VISITED

2. On the map below, please indicate the places you and your group visited in the Petersburg National Battlefield area this trip. Simply check (✓) the box beside each place you visited. If you did not visit any of these places, please go on to page 6.

Petersburg National Battlefield Area

PLEASE GO ON TO NEXT PAGE
3. Did you and your group visit the City Point Unit during your visit?

_____ YES

_____ NO

If yes, please check (✓) below all the sites you and your group visited at the City Point Unit:

_____ Appomattox Manor

_____ Grant's Cabin

_____ Outside Exhibits

_____ The Beach Area

YOU AND YOUR OPINIONS

4. How much time did you and your group spend at Petersburg National Battlefield this visit?

If less than one day (fewer than 24 hours):

_____ NUMBER OF HOURS

If one day or more (24 hours or more):

_____ NUMBER OF DAYS

5. How many people were in your group?

_____ NUMBER OF PEOPLE
6. What kind of group were you with?

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

7. For you and your group, please indicate:

<table>
<thead>
<tr>
<th>CURRENT AGE</th>
<th>ZIP CODE OR COUNTRY</th>
<th># TIMES VISITED (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>
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<td>MEMBER #4</td>
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<td>MEMBER #5</td>
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<td>MEMBER #6</td>
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<tr>
<td>MEMBER #7</td>
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PLEASE GO ON TO NEXT PAGE
8. a) During this visit did you and your group use any of the following information or interpretive services at Petersburg National Battlefield? 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>(✓)</td>
<td></td>
</tr>
<tr>
<td>PARK FOLDER/MAP</td>
<td></td>
</tr>
<tr>
<td>SALES PUBLICATIONS AREA</td>
<td></td>
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<tr>
<td>MUSEUM EXHIBITS</td>
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<tr>
<td>ELECTRONIC MAP PROGRAM</td>
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<tr>
<td>SELF-GUIDED TRAILS</td>
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<td>OUTDOOR EXHIBITS</td>
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<tr>
<td>UNION CAMP DEMONSTRATION</td>
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<tr>
<td>RANGER-LED WALKS/TALKS</td>
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</tr>
<tr>
<td>INFORMATION/DIRECTIONAL SIGNS</td>
<td></td>
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<tr>
<td>CONFEDERATE ARTILLERY PROGRAM</td>
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<tr>
<td>AUDIO TAPE MESSAGES</td>
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</tr>
<tr>
<td>CITY POINT HOUSE TOUR</td>
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<tr>
<td>OTHER (Please describe:______________________)</td>
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</tbody>
</table>

9. Have you used auto tape tours at other parks or historic sites? Please check (✓) one.
   • YES
   • NO
10. On your next trip to Petersburg National Battlefield, would you purchase at a minimal fee, an auto tape to use while on tour of the area? Please check (√) one.

[ ] YES, LIKELY
[ ] NO, UNLIKELY
[ ] NO OPINION

11. What is your opinion on the number of Civil War battlefield sites being preserved in the United States today? Please check (√) one.

[ ] TOO MANY
[ ] THE RIGHT NUMBER
[ ] NOT ENOUGH
[ ] NO OPINION

12. Did you find it difficult to locate Petersburg National Battlefield?

[ ] YES
[ ] NO

If so, how could locating Petersburg National Battlefield be made easier? (Please explain.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. During this visit, did other visitors and their activities interfere with your visit to Petersburg National Battlefield?

[ ] YES
[ ] NO

How? (Please explain)

________________________________________________________________________
________________________________________________________________________

PLEASE GO ON TO NEXT PAGE
14. During this visit, did noise, modern structures, air or other types of pollution interfere with your experience?
   
   _____ YES  
   _____ NO  
   
   How? (Please explain.)
   
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

15. Is there anything else you would like to tell us about your visit to Petersburg National Battlefield?
   
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   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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