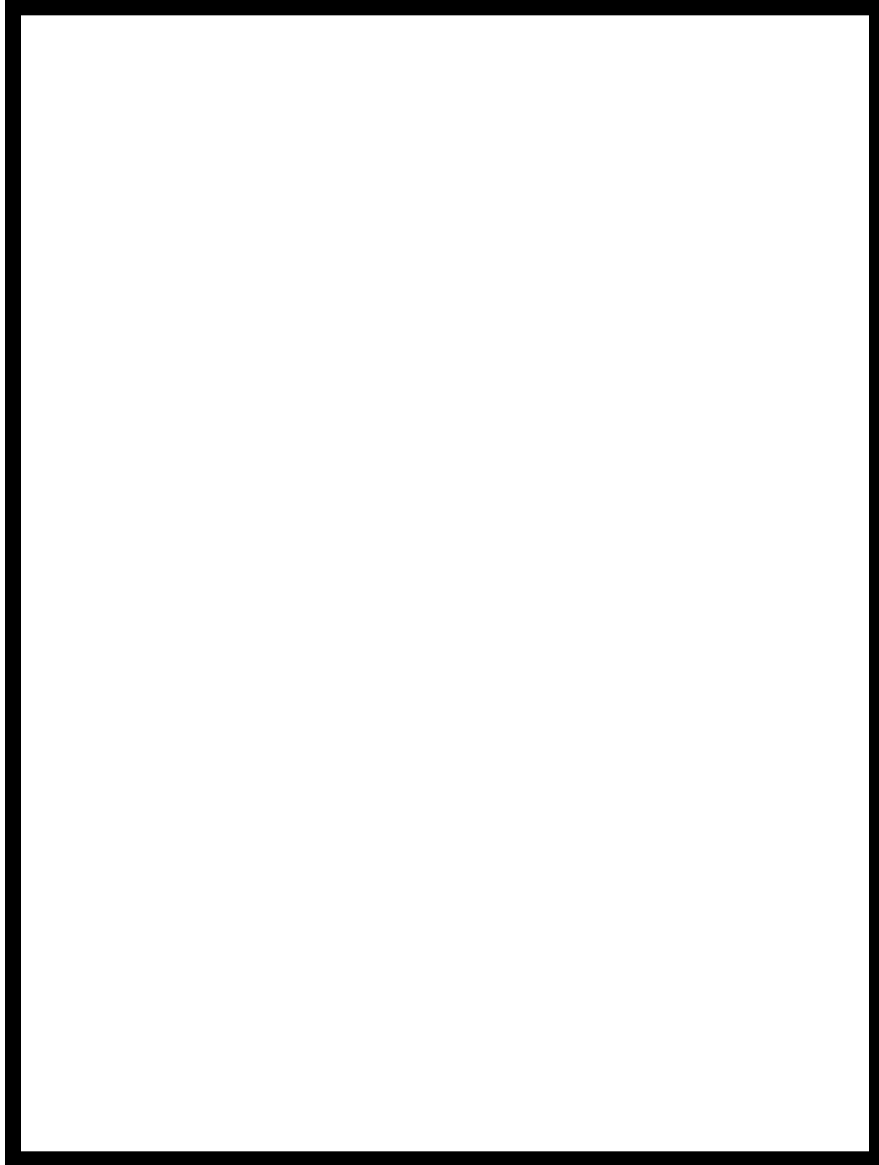


Petersburg National Battlefield Visitor Study



**The
Visitor Services
Project**

OMB Approval 1024-0051

July 1990

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, 1024-0051, Washington D.C. 20503.

PLEASE GO ON TO NEXT PAGE



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

NORTH

PLEASE GO ON TO NEXT PAGE

6

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:

	CURRENT AGE	ZIP CODE OR COUNTRY	# TIMES VISITED (including this visit)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

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).

Use service? (√)	How useful? (1-5)	
_____	PARK FOLDER/MAP	_____
_____	SALES PUBLICATIONS AREA	_____
_____	MUSEUM EXHIBITS	_____
_____	ELECTRONIC MAP PROGRAM	_____
_____	SELF-GUIDED TRAILS	_____
_____	OUTDOOR EXHIBITS	_____
_____	UNION CAMP DEMONSTRATION	_____
_____	RANGER-LED WALKS/TALKS	_____
_____	INFORMATION/DIRECTIONAL SIGNS	_____
_____	CONFEDERATE ARTILLERY PROGRAM	_____
_____	AUDIO TAPE MESSAGES	_____
_____	CITY POINT HOUSE TOUR	_____
_____	OTHER (Please describe:_____)	_____

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?

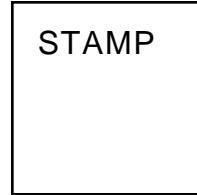
_____ YES

_____ 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

**Visitor Services Project
Cooperative Park Studies Unit
Department of Forest Resources
College of Forestry, Wildlife and
Range Sciences
University of Idaho
Moscow, Idaho 83843**