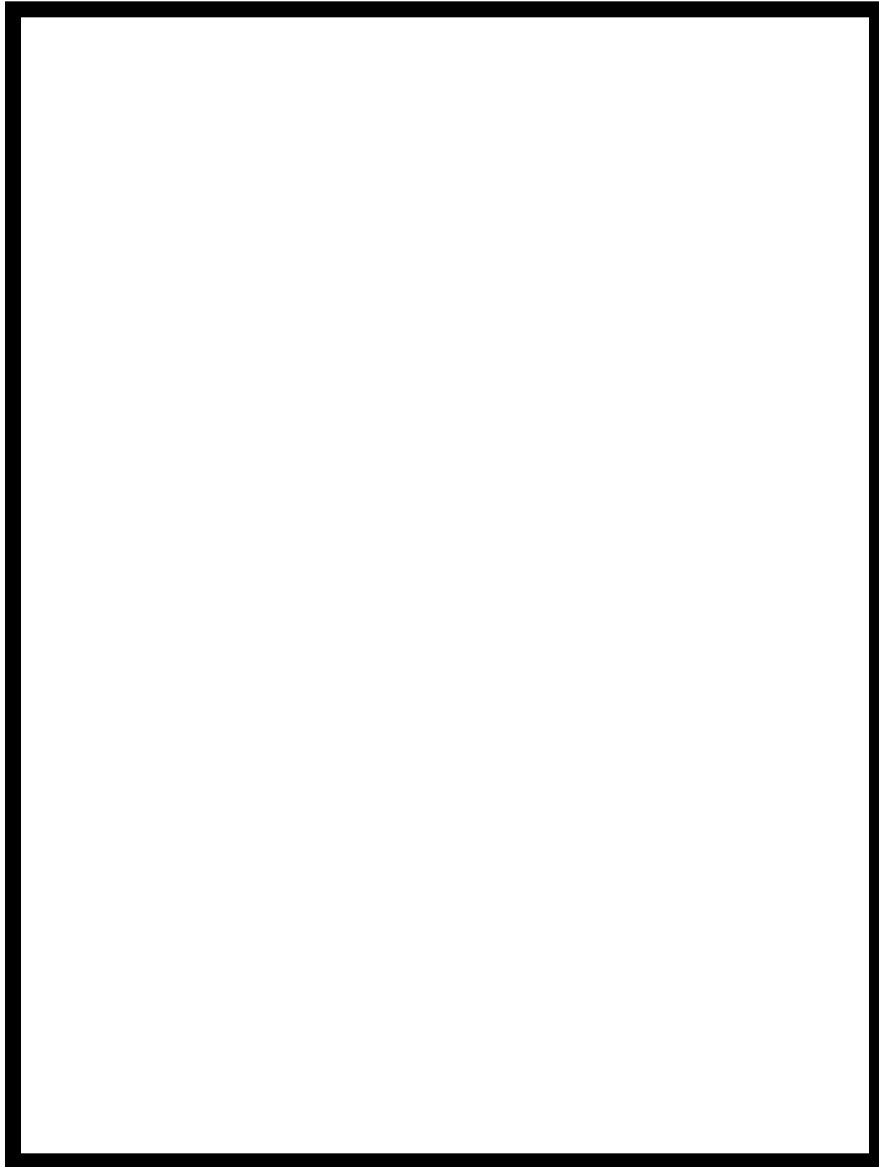


Jefferson National Expansion Memorial Visitor Study



**The
Visitor Services
Project**

June, 1991

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Jefferson National Expansion Memorial 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 Jefferson National Expansion Memorial.

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,

Jerry L. Schober
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 ACT AND PAPERWORK REDUCTION ACT statement: 16 U.S.C 1a-7 authorizes the collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed. Thus the permanent data will be anonymous. Please do not put your name or that of any member of your group on the questionnaire. Data collected through visitor surveys may be disclosed to the Department of Justice when relevant to litigation or anticipated litigation, or to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law.

Burden estimate statement: Public reporting burden for this form is estimated to average 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to Service Information Collection Clearance Officer, National Park Service, P.O. Box 37127, Washington D.C. 20014-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-0097, Washington D.C. 20503.

PLEASE GO ON TO NEXT PAGE



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1. How did you and your group get information about the Jefferson National Expansion Memorial? Please check () **all** that apply.

_____ STATE TOURIST INFORMATION CENTERS

_____ TRAVEL GUIDE/ TOUR BOOK

_____ NEWSPAPER/ MAGAZINE ARTICLES

_____ MAPS

_____ ADVICE FROM FRIENDS OR RELATIVES

_____ PREVIOUS VISIT(S)

_____ TELEPHONE INQUIRY TO THE PARK

_____ WRITTEN INQUIRY TO THE PARK

_____ NO INFORMATION PRIOR TO VISIT

_____ OTHER (Please describe:_____

_____)

YOUR ACTIVITIES

2. On the list below, please check the activities that you and your group did at Jefferson National Expansion Memorial. Please check () **all** that apply.

_____ VISIT THE MUSEUM OF WESTWARD EXPANSION

_____ VIEW FILMS

_____ RIDE TO THE TOP OF THE ARCH

_____ VISIT THE MUSEUM BOOKSHOP

_____ VISIT THE OLD COURTHOUSE

_____ VISIT THE OLD COURTHOUSE EXHIBIT GALLERIES

_____ WALKED THE GROUNDS FOR EXERCISE

_____ USE THE RESTROOMS

_____ VISIT THE EXHIBIT ON THE 75th ANNIVERSARY OF
THE NATIONAL PARK SERVICE

_____ VISIT THE INFORMATION DESK

_____ OTHER (Please describe: _____)

PLEASE GO ON TO NEXT PAGE



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3. Did you have to wait for the ride to the top of the Arch?
Please check () **one**.

_____ NO **GO ON TO QUESTION 4**

_____ YES

If yes, how long was your wait? _____ HOURS

How did you spend your time? (Please explain.) _____

REASONS YOU VISITED

4. What was your **primary** reason for visiting Jefferson National Expansion Memorial? Please check () **only one**.

_____ TO VISIT THE MUSEUM OF WESTWARD EXPANSION

_____ TO VISIT THE OLD COURTHOUSE

_____ TO RIDE TO THE TOP OF THE GATEWAY ARCH

_____ TO SEE THE GATEWAY ARCH

_____ TO ENJOY RECREATIONAL ACTIVITIES

_____ TO ATTEND RANGER-LED PROGRAMS

_____ OTHER (Please describe: _____

_____)

YOU AND YOUR OPINIONS

5. What languages do you, or someone in your group, understand and speak fluently? Please check () **all** that apply.

- FRENCH ITALIAN
 GERMAN SPANISH
 ENGLISH JAPANESE
 CHINESE RUSSIAN
 SIGN LANGUAGE (American Sign Language or Signed English)
 OTHER (Please specify: _____
 _____)

6. How much time did you and your group spend at the Jefferson National Expansion Memorial this visit?

- NUMBER OF HOURS AT THE ARCH
 NUMBER OF HOURS AT THE OLD COURTHOUSE

7. How many people were in your group?

- NUMBER OF PEOPLE

8. What kind of group were you with? Please check () **one**.

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

PLEASE GO ON TO NEXT PAGE



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9. For you and your group, please indicate:

	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	# TIMES VISITED (INCLUDING THIS VISIT)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

10. Did you find it difficult to locate Jefferson National Expansion Memorial?
Please check () **one**.

_____ NO

GO ON TO QUESTION 11

_____ YES

If yes, how could locating Jefferson National Expansion Memorial be made easier? (Please explain.)

11. Jefferson National Expansion Memorial charges fees for several of the services available (**entrance fee, tram ride, movie**). What was your impression of these fees? Please check () **one** opinion.

_____ TOO EXPENSIVE

_____ APPROPRIATELY PRICED

_____ UNDER PRICED

_____ NO OPINION

12. a) During this visit did you and your group **use** any of the following facilities or services at Jefferson National Expansion Memorial? Please check () **all** that apply.

b) Next rate (from 1-5) the quality of each facility or service you or your group **used** during this visit to Jefferson National Expansion Memorial.

- 1= VERY GOOD
- 2= GOOD
- 3= AVERAGE
- 4= POOR
- 5= VERY POOR

Use service?
()

What quality?
(1-5)

_____	GATEWAY ARCH INFORMATION DESK_____	_____
_____	GATEWAY ARCH TICKET CENTER _____	_____
_____	GATEWAY ARCH MUSEUM SHOP _____	_____
_____	TRAM STAFF _____	_____
_____	THEATER STAFF _____	_____
_____	PARK RANGERS PROGRAMS AT THE MUSEUM _____	_____
_____	PARK RANGERS AT THE TOP OF THE ARCH _____	_____
_____	PARK RANGER PROGRAMS AT THE OLD COURTHOUSE _____	_____
_____	THE ARCH PARKING GARAGE _____	_____
_____	OTHER (Please describe: _____)	_____
	_____)	

PLEASE GO ON TO NEXT PAGE



13. What did you and your group like **most** about your visit to Jefferson National Expansion Memorial?

14. What did you and your group like **least** about your visit to Jefferson National Expansion Memorial?

15. Is there anything else you would like to tell us about your visit to Jefferson National Expansion Memorial?

Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.

STAMP

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**