

Whitman Mission National Historic Site Visitor Study



**The
Visitor Services
Project**

OMB Approval 1024-0135

Expiration Date: 11-30-93

United States Department of the Interior

NATIONAL PARK SERVICE

Whitman Mission National Historic Site
Route 2, Box 247
Walla Walla, Washington 99362

August 1993

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Whitman Mission enjoy, the places they visit within the park, and to get your opinions about your visit.

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 Whitman Mission.

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,

Francis T. Darby
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:

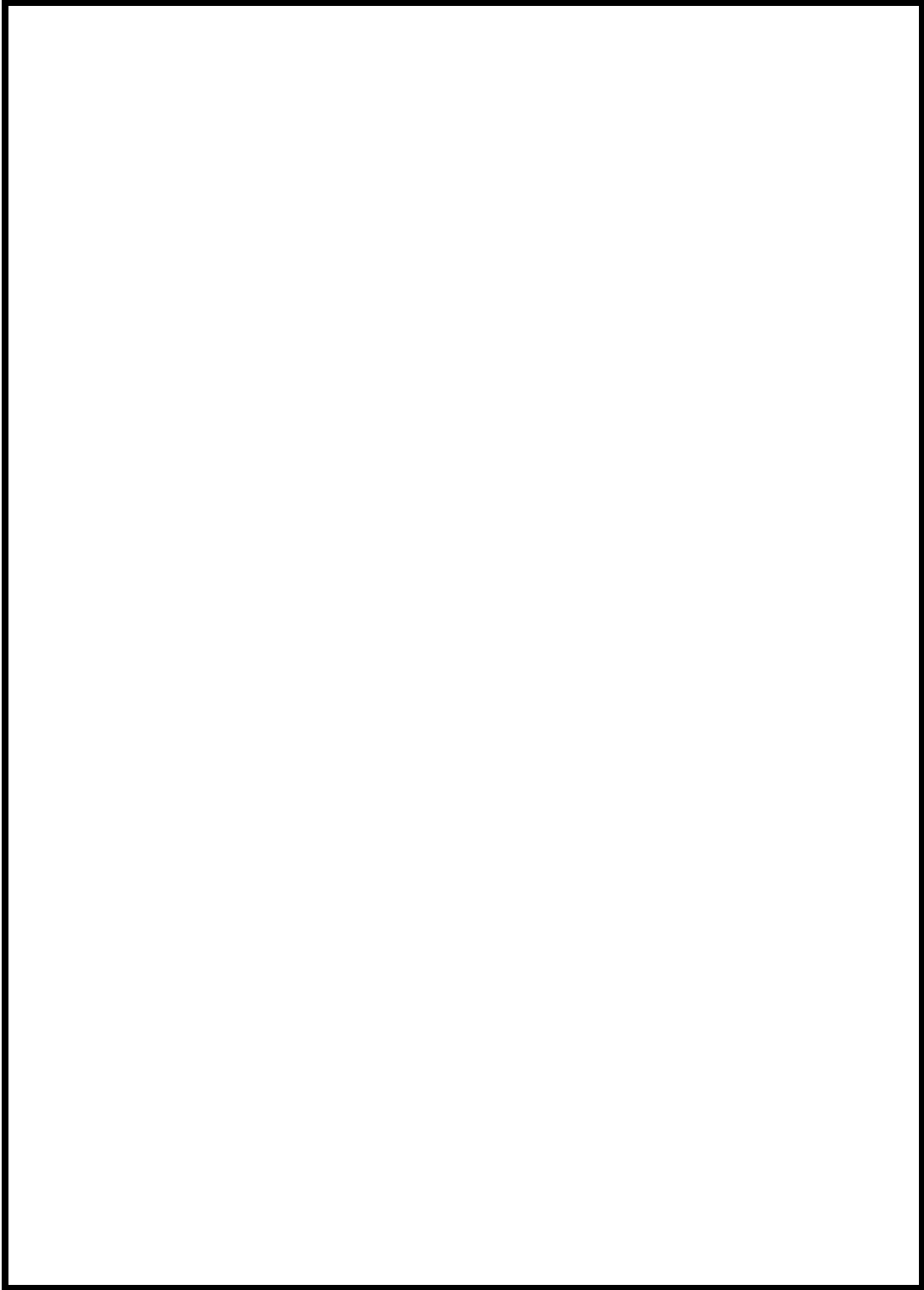
16 U.S.C 1a-7 authorizes the collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing 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. 20013-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-01037, Washington D.C. 20503.

PLEASE GO ON TO NEXT PAGE



1. On the map below, please indicate the places you and your group visited at Whitman Mission Home National Historic Site 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 5.



2. Prior to this visit, how did you and your group get information about the Whitman Mission National Historic Site? Please check (/) all that apply.

- TRAVEL GUIDE/TOUR BOOK
- NEWSPAPER/MAGAZINE ARTICLES
- MAPS
- ADVICE FROM FRIENDS OR RELATIVES
- PREVIOUS VISIT(S)
- WRITTEN INQUIRY TO CHAMBER OF COMMERCE
- NO INFORMATION PRIOR TO VISIT
- OTHER (Please describe: _____
_____)

3. Did you and your group find it difficult to locate Whitman Mission National Historic Site? Please check () **one**.

YES NO-GO ON TO QUESTION 4



If YES, how could locating Whitman Mission National Historic Site be made easier? (Please explain.)

PLEASE GO ON TO NEXT PAGE



4. a) During this visit did you and your group use any of the following interpretive/information services at Whitman Mission National Historic Site? Please check () **all** that apply.

b) Next rate (from 1-5) the quality of each interpretive/information service you or your group used during this visit to Whitman Mission National Historic Site,

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

Use service?
 ()

What quality?
 (1-5)

_____	RANGER AT INFORMATION DESK	_____
_____	PARK BROCHURE	_____
_____	PARK NEWSPAPER	_____
_____	VISITOR CENTER EXHIBITS	_____
_____	VISITOR CENTER SLIDE SHOW	_____
_____	LIVING HISTORY DEMONSTRATION	_____
_____	WAYSIDE EXHIBITS	_____
_____	SURROUNDING AREA BROCHURES	_____
_____	TREE AND BIRD GUIDE	_____
_____	OTHER (Please describe:	_____
	_____)	

5. How many hours did you and your group spend at Whitman Mission National Historic Site this visit?

NUMBER OF HOURS ___ AND _ MINUTES

6. How many people were in your group?

_____ NUMBER OF PEOPLE

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

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ GUIDED TOUR GROUP

_____ OTHER (Please describe: _____)

8. Please list the ethnic backgrounds for the individuals in your group. Please check () **all** that apply.

_____ AMERICAN INDIAN OR ALASKA NATIVE

_____ ASIAN OR PACIFIC ISLANDER

_____ HISPANIC

_____ BLACK, NOT OF HISPANIC ORIGIN

_____ WHITE, NOT OF HISPANIC ORIGIN

_____ DO NOT WISH TO ANSWER

PLEASE GO ON TO NEXT PAGE



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. a) During this visit did you and your group use any of the following facilities at Whitman Mission National Historic Site? Please check () **all** that apply.
- b) Next rate (from 1-5) the quality of each facility you or your group used during this visit to Whitman Mission National Historic Site,

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

Use facility?
 ()

What quality?
 (1-5)

_____	RESTROOMS	_____
_____	TRAILS	_____
_____	PARKING AREA	_____
_____	SALES PUBLICATION AREA	_____
_____	PICNIC AREA	_____
_____	OTHER (Please describe: _____)	_____

11. During this visit, did noise, modern structures, air or other types of pollution interfere with your experience?

_____ NO

_____ YES



How? (Please explain.)

PLEASE GO ON TO NEXT PAGE



12. The Mission House area is currently maintained as a mowed grassy lawn. Which of the following maintenance options would you prefer in the future (Please check () **one**):

_____ MAINTAIN THIS AREA AS IT IS NOW.

_____ RESTORE THIS AREA TO WHAT IT MIGHT HAVE LOOKED LIKE WHEN THE WHITMANS LIVED HERE (Short native grass, weeds, bare ground, etc.).

_____ I DON'T CARE

13. On the list below, please check () **all** the sites which you and your group visited or plan to visit on this trip. If you did not visit or don't plan to visit a site, leave it blank.

_____ FORT WALLA WALLA MUSEUM

_____ KIRKMAN HOUSE

_____ DAYTON DEPOT

_____ BRUCE MANSION

_____ PIONEER PARK

_____ LEWIS & CLARK TRAIL STATE PARK

_____ WHITMAN COLLEGE

_____ WALLA WALLA COLLEGE

_____ FRASIER FARMSTEAD

- 14. In your own words what are the main ideas (messages) that you have learned from the exhibits and other services offered at Whitman Mission National Historic Site?

- 15. Is there anything else you would like to tell us about your visit to Whitman Mission Home National Historic Site?

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

STAMP

OFFICIAL BUSINESS

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