

**Sitka
National Historical Park
Visitor Study**

**The
Visitor Services
Project**

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 authorize 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 the 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, 1024-0127, Washington, D.C. 20503.

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YOUR VISIT TO SITKA NATIONAL HISTORICAL PARK

1. Prior to your visit, were you aware that Sitka National Historical Park existed?

_____ YES _____ NO

2. Prior to your visit, how did you and your group obtain information about Sitka National Historical Park? Please check (✓) **all** that apply.

_____ RECEIVED NO INFORMATION PRIOR TO VISIT - **GO ON TO QUESTION 3**

_____ TRAVEL GUIDE/TOUR BOOK(S)

_____ NEWSPAPER/MAGAZINE

_____ MAPS OR BROCHURES

_____ FRIENDS OR RELATIVES

_____ TOUR DIRECTOR

_____ SHIP PERSONNEL

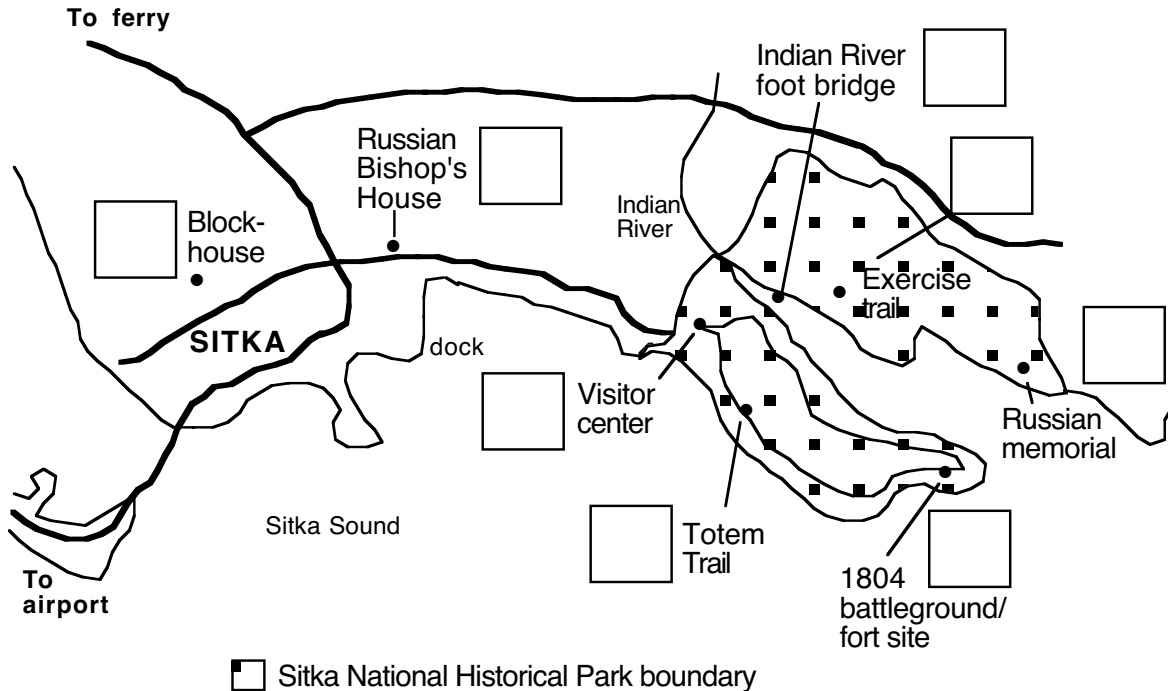
_____ PREVIOUS VISITS

_____ TELEVISION/VIDEOS

_____ TELEPHONE OR WRITTEN INQUIRY TO THE PARK

_____ OTHER (Please specify: _____)

3. On the map below, please check the sites you and your group visited at Sitka National Historical Park during this visit. Simply check (✓) the box beside each place you visited. If you did not visit a site, leave the box blank.



4. On this visit, which of the following sites did you and your group visit in Sitka? Please check (✓) **all** that apply.

- | | |
|---|-----------------------------------|
| _____ CASTLE HILL | _____ SHELDON JACKSON MUSEUM |
| _____ OLD SITKA STATE PARK | _____ ST. MICHAEL'S CATHEDRAL |
| _____ RUSSIAN CEMETERY | _____ BUILDING 29/TILSON BUILDING |
| _____ CENTENNIAL BUILDING
(Isabel Miller Museum,
Russian Dance Group) | _____ ALASKA RAPTOR REHAB CTR. |
| _____ OTHER (Please describe: _____) | |

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5. Are **all** members of your group residents of Sitka?

_____ YES - GO ON TO QUESTION 6

_____ NO

[
What forms of transportation did you use to get to the **Sitka area**? Please check (√) **all** that apply.

_____ FERRY

_____ CRUISE SHIP

_____ CAR

_____ PLANE

_____ RV

_____ OTHER (Please describe: _____
_____)

6. What forms of transportation **in Sitka** did you and your group use to get to **Sitka National Historical Park**? Please check (√) **all** that apply.

_____ TOUR BUS

_____ PERSONAL VEHICLE

_____ RENTAL CAR

_____ BICYCLE

_____ WALK TO PARK

_____ OTHER (Please describe: _____
_____)

7. On this visit, what were your group's reasons for visiting Sitka National Historical Park? Please check (√) **all** that apply.

_____ PART OF PACKAGE TOUR

_____ RECREATION (walk, jog, picnic, etc.)

_____ LEARN ABOUT HISTORY

_____ VISIT A NATIONAL PARK SERVICE SITE

_____ SEE EXHIBITS/FURNISHINGS (Russian Bishop's House, park visitor center)

_____ TRAVEL BREAK

_____ PURCHASE SOUVENIRS/GIFTS

_____ OTHER (Please describe: _____)

YOUR ACTIVITIES

8. On the list below, please check all of the activities that you and your group participated in during this visit to Sitka National Historical Park. Please check (✓) **all** that apply.

- _____ VISIT PARK VISITOR CENTER
- _____ VISIT ART/CULTURAL CENTER IN PARK VISITOR CENTER
- _____ VIEW TOTEM POLES
- _____ VISIT RUSSIAN BISHOP'S HOUSE
- _____ ATTEND RANGER-LED ACTIVITY
- _____ BUY SALES ITEM(S) AT THE RUSSIAN BISHOP'S HOUSE
AND/OR PARK VISITOR CENTER
- _____ READ OUTDOOR EXHIBITS
- _____ WALK PARK TRAILS
- _____ JOG PARK TRAILS
- _____ USE TRAIL EXERCISE STATIONS
- _____ WALK DOG
- _____ PICNIC
- _____ TAKE PHOTOGRAPHS
- _____ BEACH ACTIVITIES (walk along beach, view tidal pools, fish, etc.)
- _____ VISIT RAIN FOREST
- _____ OTHER (Please describe: _____)

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9. a) Please check (√) the visitor services and facilities which you and your group **used** during this visit to Sitka National Historical Park in the left column.
- b) Next, for only those services and facilities which you and your group used, please rate their **importance** from 1-5.
- c) Finally, for only those services and facilities which you or your group used, please rate their **quality** from 1-5.

Use service? Check (√)	Importance?					Quality?				
	Very important		Not important			Very good		Very poor		
	1	2	3	4	5	1	2	3	4	5
___ PARK BROCHURE/MAP										
___ ART AND CULTURAL CENTER										
___ MOVIE/VIDEO/SLIDE PROGRAM										
___ PARK VISITOR CENTER EXHIBITS										
___ FIRST FLOOR EXHIBITS - RUSSIAN BISHOP'S HOUSE										
___ SECOND FLOOR TOUR OF RUSSIAN BISHOP'S HOUSE										
___ RANGER-LED ACTIVITY (other than Russian Bishop's House)										
___ OUTDOOR EXHIBITS										
___ TOTEM POLES										
___ TRAILS										
___ PICNIC AREAS										
___ SALES ITEMS FROM RUSSIAN BISHOP'S HOUSE, PARK VISITOR CENTER										
___ INFORMATION FROM PARK EMPLOYEES										

YOU AND YOUR OPINIONS

10. How many people were in your group?

_____ NUMBER OF PEOPLE

11. What kind of group were you with? Please check (✓) only **one**.

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

12. Were you with a guided tour group?

_____ YES

_____ NO

13. For you and your group, please indicate:

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

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14. a) During this visit to Sitka, how much time did you and your group spend at the Russian Bishop's House? If none, please write "0."

NUMBER OF ____ HOURS AND ____ MINUTES

- b) During this visit to Sitka, how much time did you and your group spend at Sitka National Historical Park visitor center? If none, please write "0."

NUMBER OF ____ HOURS AND ____ MINUTES

15. In the future, would you and your group use a shuttle bus to get to Sitka National Historical Park if it were available? Please check (√) **one**.

____ YES, LIKELY ____ NO, UNLIKELY ____ DON'T KNOW

16. Are you a resident of Sitka?

____ YES ____ NO - **GO ON TO QUESTION 17**

On this visit, did you participate in recreation in Sitka National Historical Park?

____ YES ____ NO - **GO ON TO QUESTION 17**

Why did you choose to recreate in the park? Please check (√) **all** that apply.

____ CONVENIENT/IN MY NEIGHBORHOOD

____ PROVIDES NEEDED FACILITIES (picnic, trails, exercise stations,
restrooms, etc.)

____ RECOMMENDED BY OTHERS

____ FELT SAFE IN AREA

____ OTHER (Please specify: _____)

17. One trail at Sitka National Historical Park has exercise stations along it. Do you favor keeping the exercise stations on the park trail? Please check (√) **one**.

____ YES ____ NO ____ DON'T KNOW

18. If you were a manager planning for the future of Sitka National Historical Park, what would you propose? Please be specific.

19. Is there anything else you and your group would like to tell us about your visit to Sitka National Historical Park and the surrounding area?

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



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OFFICIAL BUSINESS

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