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.
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 (v) the box beside each place you visited. If you did not visit a site, leave the box blank.

To ferry

Russian Bishop's House

Indian River foot bridge

To airport

Blockhouse

Indian River

dock

Visitor center

Totem Trail

1804 battleground/fort site

Sitka National Historical Park boundary

4. On this visit, which of the following sites did you and your group visit in Sitka? Please check (v) 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:__________________________)

PLEASE GO ON TO NEXT PAGE
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:______________________________
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: ________________________________)

PLEASE GO ON TO NEXT PAGE
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.

<table>
<thead>
<tr>
<th>Use service?</th>
<th>Importance?</th>
<th>Quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very important</td>
<td>Not important</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

- ___ 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:

<table>
<thead>
<tr>
<th>CURRENT AGE</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
<th># TIMES VISITED SITKA NHP (INCLUDING THIS VISIT)</th>
</tr>
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<tbody>
<tr>
<td>YOURSELF</td>
<td></td>
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<tr>
<td>MEMBER #2</td>
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<td>MEMBER #7</td>
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PLEASE GO ON TO NEXT PAGE
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.
OFFICIAL BUSINESS

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