

San Antonio Missions 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, 1024-0152, Washington, D.C. 20503.

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YOUR TRIP TO SAN ANTONIO MISSIONS NATIONAL HISTORICAL PARK

1. Prior to your visit, were you aware that San Antonio Missions is a National Park Service site?

_____ YES _____ NO _____ NOT SURE

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

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

_____ PREVIOUS VISITS

_____ FRIENDS OR RELATIVES

_____ TRAVEL GUIDE/TOUR BOOK

_____ NEWSPAPER/MAGAZINE

_____ MAPS/BROCHURES

_____ RADIO/TELEVISION

_____ HOTEL/MOTEL

_____ CONVENTION/VISITOR BUREAU

_____ TELEPHONE INQUIRY TO THE PARK

_____ WRITTEN INQUIRY TO THE PARK

_____ OTHER (Please specify: _____)

3. On this visit, how much time did you and your group spend at sites that are part of San Antonio Missions National Historical Park?

_____ NUMBER OF HOURS

YOUR ACTIVITIES

4. On the list below, please check all of the activities that you and your group participated in at San Antonio Missions National Historical Park during this visit. Please check (√) **all** that apply.

_____ TAKE PHOTOGRAPHS, PAINT OR DRAW

_____ ATTEND RELIGIOUS/CHURCH ACTIVITIES

_____ ATTEND RANGER-LED TALK

_____ TAKE RANGER-LED WALK

_____ TAKE COMMERCIAL TOUR

_____ WATCH CULTURAL DEMONSTRATION

_____ PARTICIPATE IN CULTURAL DEMONSTRATION

_____ SHOP AT PARK BOOKSTORE

_____ SHOP AT PARK GIFT SHOP

_____ PICNIC

_____ HIKE/BIKE

_____ FISH

_____ OTHER (Please describe: _____)

5. On this visit, what forms of transportation did you and your group use to get to San Antonio Missions National Historical Park? Please check (√) **all** that apply.

_____ PRIVATE VEHICLE _____ TOUR BUS

_____ CITY BUS _____ CAB

_____ SCHOOL BUS _____ OTHER (Please describe: _____)

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

- LEARN ABOUT HISTORY/CULTURE
- TAKE PHOTOGRAPHS, PAINT OR DRAW
- RELIGIOUS REASONS
- EDUCATIONAL/SCHOOL ACTIVITY
- ATTEND SCHEDULED RANGER-LED PROGRAMS
- RECREATE (hike, bike, fish, etc.)
- OTHER (Please specify: _____)

7. What languages do you and members of your group regularly speak at home? Please check (√) **all** that apply.

- ENGLISH JAPANESE
- FRENCH SPANISH
- GERMAN OTHER (Please describe: _____)

8. a) On this visit, did you and your group **plan** to visit all four missions (Mission Concepción, Mission San José, Mission San Juan, and Mission Espada) at San Antonio Missions National Historical Park?

YES NO
[[

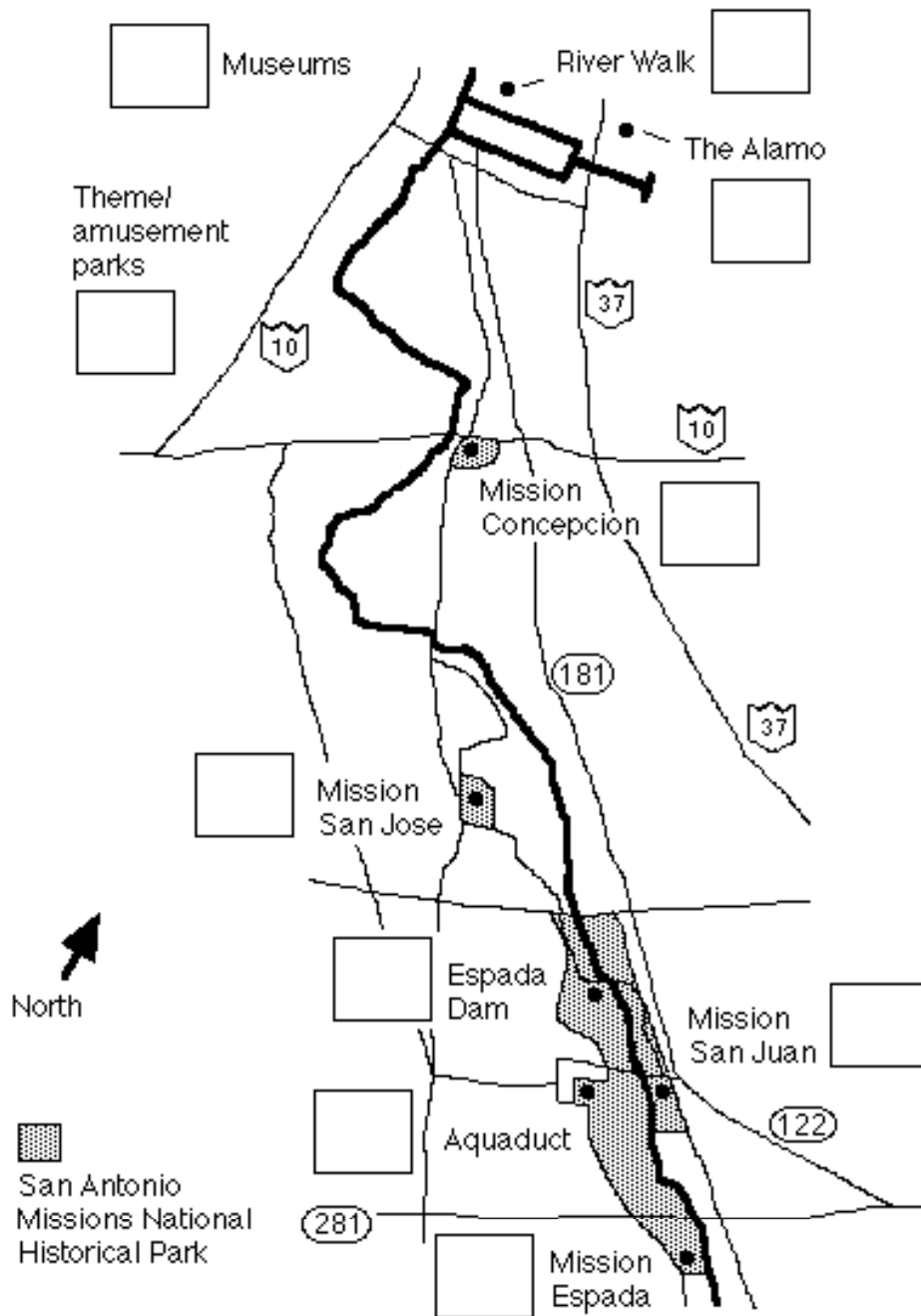
b) On this visit, did you and your group visit all four missions?

YES - **GO ON TO QUESTION 9**
 NO

c) Why didn't you visit all four missions? _____

VISITING SAN ANTONIO MISSIONS

9. On the map below, please indicate **the order in which you and your group visited** these sites in San Antonio during this visit. Simply write 1, 2, 3, and so forth, in the box beside each site you visited. If you did not visit a site, leave the box blank.



YOU AND YOUR OPINIONS

10. On this visit, how many people were in your group?

_____ NUMBER OF PEOPLE

11. On this visit, what kind of group were you with? Please check (✓) only **one**.

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

12. a) On this visit, were you with a guided tour group?

_____ YES _____ NO

b) On this visit, were you with an educational/school group?

_____ YES _____ NO

13. For you and each member of your group, please indicate:

	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	# TIMES VISITED DURING PAST 12 MONTHS (INCLUDING THIS VISIT)
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

14. a) Please check (✓) the visitor services and facilities which you and your group **used** during this visit to San Antonio Missions 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 (✓)	If used, how important?					If used, what quality?				
	Extremely important				Not important	Very good				Very poor
	1	2	3	4	5	1	2	3	4	5
___ PARK BROCHURE/MAP										
___ SLIDE PROGRAM										
___ RANGER-LED PROGRAMS										
___ CULTURAL DEMONSTRATIONS										
___ ASSISTANCE FROM PARK EMPLOYEES										
___ PARK BOOKSTORE										
___ PARK GIFT SHOP										
___ HISTORICAL EXHIBITS AND SIGNS										
___ ROAD DIRECTIONAL SIGNS										
___ SAN JUAN NATURE TRAIL										
___ HIKE AND BIKE TRAIL										
___ PICNIC FACILITIES										
___ RESTROOMS										

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15. a) Did your group have difficulty locating San Antonio Missions National Historical Park?

_____ YES _____ NO - **GO ON TO QUESTION 16**

b) If so, why did your group have difficulty locating the park? _____

16. a) Are **all** members of your group residents of San Antonio?

_____ YES - - - **GO ON TO QUESTION 17**

_____ NO

b) During this visit to San Antonio Missions National Historical Park, approximately how much money did you and your group spend for lodging, travel, food, and other items in San Antonio? Please write "0" if you and your group did not spend any money during your visit.

In San Antonio

LODGING (hotel, motel, camping, etc.) \$ _____

TRAVEL (gas, bus, taxi, plane fare, etc.) \$ _____

FOOD (restaurant, groceries, etc.) \$ _____

OTHER (souvenirs, film, gifts, etc.) \$ _____

17. Are you a member of Los Compadres (a friends group of San Antonio Missions National Historical Park)?

_____ YES _____ NO

18. In the future, what types of educational programs (e.g. history, architecture, anthropology, archeology, etc.) would you like to have offered about San Antonio Missions National Historical Park? Please be specific.

19. Is there anything else you and your group would like to tell us about your visit to San Antonio Missions National Historical Park?

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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