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.

PLEASE GO ON TO NEXT PAGE
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: ____________________________)

PLEASE GO ON TO NEXT PAGE
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.

PLEASE GO ON TO NEXT PAGE
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:

<table>
<thead>
<tr>
<th>CURRENT AGE</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
<th># TIMES VISITED DURING PAST 12 MONTHS (INCLUDING THIS VISIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>MEMBER #2</td>
<td>_____</td>
<td>_____</td>
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<tr>
<td>MEMBER #3</td>
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<td>MEMBER #4</td>
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<td>MEMBER #5</td>
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<td>MEMBER #6</td>
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<tr>
<td>MEMBER #7</td>
<td>_____</td>
<td>_____</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Use service?</th>
<th>If used, how important?</th>
<th>If used, what quality?</th>
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<tbody>
<tr>
<td>Check (✓)</td>
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<tr>
<td>____ PARK BROCHURE/MAP</td>
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<td>____ SLIDE PROGRAM</td>
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<td>____ RANGER-LED PROGRAMS</td>
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<td>____ CULTURAL DEMONSTRATIONS</td>
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<td>____ ASSISTANCE FROM PARK EMPLOYEES</td>
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<td>____ PARK BOOKSTORE</td>
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<td>____ PARK GIFT SHOP</td>
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<td>____ HISTORICAL EXHIBITS AND SIGNS</td>
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<td>____ ROAD DIRECTIONAL SIGNS</td>
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<td>____ SAN JUAN NATURE TRAIL</td>
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<td>____ HIKE AND BIKE TRAIL</td>
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<td>____ PICNIC FACILITIES</td>
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<td>____ RESTROOMS</td>
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PLEASE GO ON TO NEXT PAGE
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.
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 83844-1133