

# **Wolf Trap Farm Park For The Performing Arts Visitor Study**



**The  
Visitor Services  
Project**

## United States Department of the Interior

### NATIONAL PARK SERVICE

Wolf Trap Farm Park For The Performing Arts  
1551 Trap Road  
Vienna, Virginia 22182

July 1994

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Wolf Trap Farm Park For The Performing Arts 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 Wolf Trap Farm Park.

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,

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Joseph Lawler  
Director

### 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. Prior to this visit, how did you and your group get information about Wolf Trap Farm Park For The Performing Arts? Please check ( / ) all that apply.

\_\_\_\_\_ TELEVISION

\_\_\_\_\_ RADIO

\_\_\_\_\_ NEWSPAPER/MAGAZINE

\_\_\_\_\_ WOLF TRAP FOUNDATION SEASON CALENDAR OF EVENTS

\_\_\_\_\_ ADVISE FROM FRIENDS OR RELATIVES

\_\_\_\_\_ PREVIOUS VISIT(S)

\_\_\_\_\_ NATIONAL PARK SERVICE BROCHURES/MAPS

\_\_\_\_\_ WOLF TRAP FOUNDATION ASSOCIATES

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

\_\_\_\_\_ )

2. How much time did you and your group spend at Wolf Trap Farm Park this visit?

\_\_\_\_\_ NUMBER OF HOURS

3. How many people were in your group?

\_\_\_\_\_ NUMBER OF PEOPLE

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

\_\_\_\_\_ ALONE

\_\_\_\_\_ FAMILY

\_\_\_\_\_ FRIENDS

\_\_\_\_\_ FAMILY AND FRIENDS

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

**PLEASE GO ON TO NEXT PAGE**



5. Are you accompanying an organized group of children, (day care center, summer camp etc.) on this visit to Wolf Trap Farm Park?  
Please check ( ) **one**.

\_\_\_\_\_ YES      \_\_\_\_\_ NO → GO ON TO QUESTION 6 → → →



a). If yes, How many children are in your group?

\_\_\_\_\_ NUMBER OF CHILDREN

b). What is the average age of the children in your group?  
Please check ( ) **one**.

\_\_\_\_\_ 4 years old and younger

\_\_\_\_\_ 5-8 years old

\_\_\_\_\_ 9-12 years old

\_\_\_\_\_ 13 years old and older

c). For yourself, please indicate:

	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	# TIMES VISITED (INCLUDING THIS VISIT)
YOURSELF	_____	_____	_____

d). In your opinion, what was the general reaction of the children you accompanied to Wolf Trap Farm Park, to the program/performance they attended.

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→ GO ON TO QUESTION 7

6. Answer only if you indicated NO to question 5. For you and your group, please indicate:

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

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7. What form of transportation did you and your group use to come to Wolf Trap Farm Park? Please check ( ) all that apply.

\_\_\_\_\_ PRIVATE VEHICLE (passenger car, van truck, etc.)

\_\_\_\_\_ MOTORCYCLE

\_\_\_\_\_ CHARTER/TOUR BUS

\_\_\_\_\_ TAXI

\_\_\_\_\_ METRO BUS

\_\_\_\_\_ WALK

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

8. How many vehicles were used by your group to travel from your starting point to Wolf Trap Farm Park?

\_\_\_\_\_ NUMBER OF VEHICLES



9. a) During this visit did you and your group use any of the following facilities/services at Wolf Trap Farm Park?  
Please check ( ) **all** that apply.
- b) Next rate (from 1-5) the quality of each facility/service you or your group used during this visit to Wolf Trap Farm Park.

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

**Use facility/service?**  
( )

**What quality?**  
(1-5)

_____	ELECTRIC PASSENGER CART	_____
_____	SIGN LANGUAGE INTERPRETERS	_____
_____	RESTROOMS	_____
_____	RESERVATION/INFORMATION PHONE LINE	_____
_____	PARKING	_____
_____	PICNIC AREAS	_____
_____	WATER FOUNTAINS	_____
_____	PATHS/TRAILS	_____
_____	GIFT/NOVELTY SALES	_____
_____	THEATER-IN-THE-WOODS BENCHES	_____
_____	OTHER (Please describe: _____ )	_____

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10. What was your general opinion of the show/performance you watched today? Please be as specific as possible.

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11. If you were planning for the future of Wolf Trap Farm Park, what would you propose? Please be as specific as possible.

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12. What did you like most about this visit to Wolf Trap Farm Park?

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13. What did you like least about this visit to Wolf Trap Farm Park?

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14. Is there anything else you would like to tell us about your visit to Wolf Trap Farm Park?

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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**

**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**