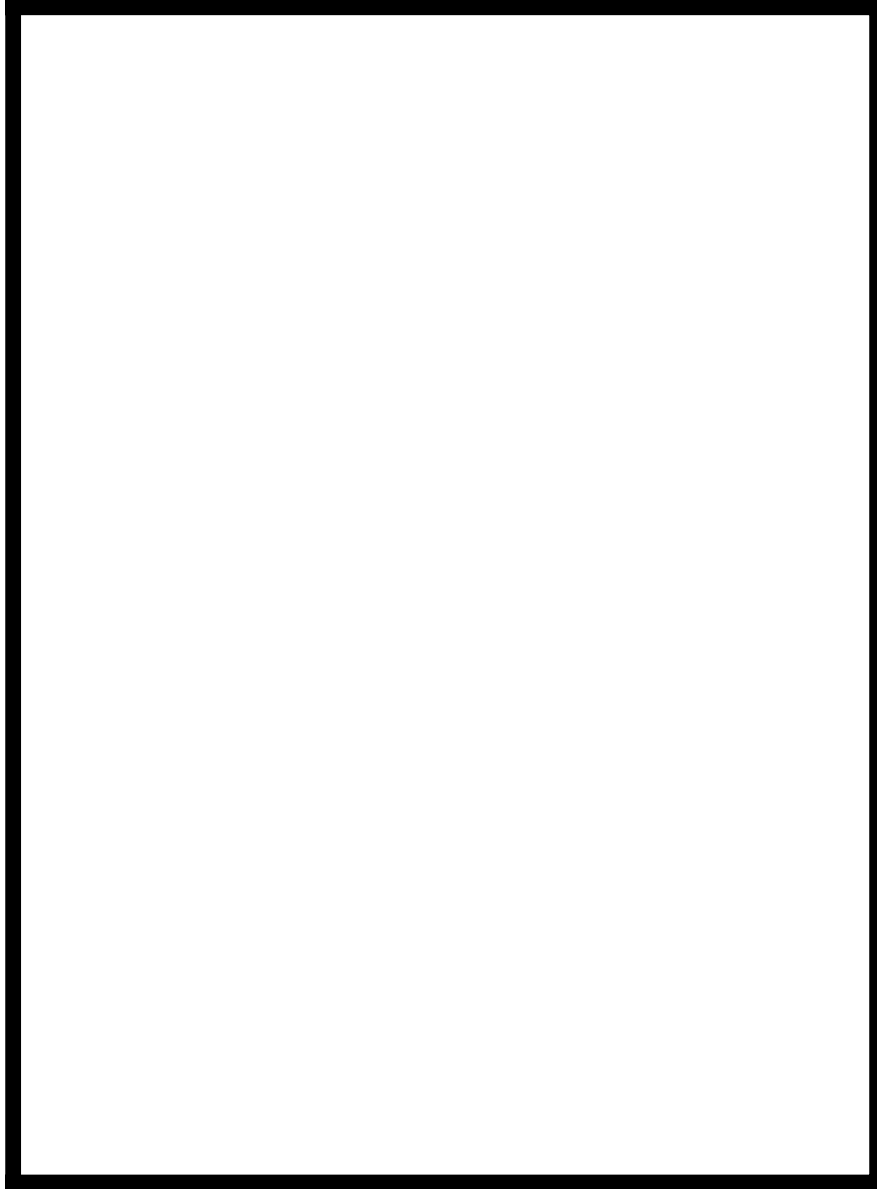


Edison National Historic Site Visitor Study



**The
Visitor Services
Project**

August, 1994

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the visitors to Edison National Historic Site, the activities or programs you enjoyed, the places you visited, 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 Edison National Historic Site.

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, about this study please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Sincerely,

Maryanne Gerbauckas
Superintendent

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, 1024-0101, Washington D.C. 20503.

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1. Prior to this visit how did you and your group get information about Edison National Historic Site? Please check () all that apply.

_____ TRAVEL GUIDE/TOUR BOOK
_____ NEWSPAPER/MAGAZINE
_____ RADIO/TELEVISION
_____ PREVIOUS SCHOOL TRIP
_____ ADVICE FROM FRIENDS OR RELATIVES
_____ ROADSIDE SIGNS
_____ PREVIOUS VISIT(S)
_____ NO INFORMATION PRIOR TO VISIT
_____ OTHER (Please describe: _____
_____)

2. The tours and exhibits at Edison National Historic Site cover a variety of subjects. Please indicate those subjects that you found most interesting. Please check () only **three** subjects.

_____ EDISON'S LIFE AND INVENTIONS
_____ SCIENCE AND TECHNOLOGY
_____ BUSINESS AND LABOR HISTORY
_____ AMERICA DURING EDISON'S LIFETIME
_____ HISTORY OF COMMUNICATION AND SOUND RECORDING
_____ MOTION PICTURE HISTORY
_____ ARCHITECTURE/DECORATIVE ARTS (Glenmont)

3. During this visit how did you travel to Edison National Historic Site? (Please check () all that apply)

_____ TRAVELED ON THE GARDEN STATE PARKWAY
_____ TRAVELED ON THE NEW JERSEY TURNPIKE
_____ DID NOT USE EITHER THE PARKWAY OR THE TURNPIKE

4. On the map below, please draw the route you and your group took in order to arrive at Edison National Historic Site. Simply start drawing your line from the street or avenue located on the outside edge of the map and trace the path traveled.

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5. How many people were in your group?

_____ NUMBER OF PEOPLE

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

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ ORGANIZED GROUP (Such as youth groups, church groups,
senior groups etc.)

_____ OTHER (Please describe: _____)

7. On this visit, how long did you and your group spend at Edison National
Historic Site (including the lab complex and Glenmont)?

_____ NUMBER OF HOURS

8. For you and your group, please indicate:

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

9. The National Park Service is considering using different ways for visitors to tour the lab complex at Edison National Historic Site. Which of the following alternatives would you prefer? Please check () only **one**.

_____ A FULL GUIDED TOUR

_____ A PARTLY GUIDED AND PARTLY SELF-GUIDED TOUR

_____ TOUR AT YOUR OWN PACE AND HEAR INFORMAL TALKS ABOUT ROOMS

_____ AN INTRODUCTORY TALK, FOLLOWED BY TOURING ON YOUR OWN WITH SELF-GUIDED BROCHURE

_____ TOURING ON YOUR OWN WITH SELF-GUIDED BROCHURE

10. Did you visit Glenmont?

_____ NO

_____ YES  GO ON TO QUESTION 11



If NO, Why not? (Please explain.)

11. The National Park Service is considering using different ways for visitors to tour Glenmont (Edison's home) at Edison National Historic Site. Which of the following alternatives would you prefer? Please check () only **one**.

_____ A FULL GUIDED TOUR

_____ A PARTLY GUIDED AND PARTLY SELF-GUIDED TOUR

_____ TOUR AT YOUR OWN PACE AND HEAR INFORMAL TALKS ABOUT ROOMS

_____ AN INTRODUCTORY TALK, FOLLOWED BY TOURING ON YOUR OWN WITH SELF-GUIDED BROCHURE

_____ TOURING ON YOUR OWN WITH SELF-GUIDED BROCHURE

PLEASE GO ON TO NEXT PAGE



12. Which of the following Interpretive services would you prefer to see on future visits to Edison National Historic Site.
Please check () the **two** services you would most prefer.

_____ DEMONSTRATIONS/HANDS ON ACTIVITIES

_____ CHANGING EXHIBITS

_____ INTERACTIVE EXHIBITS

_____ AUDIO VISUAL PROGRAMS

_____ LIVING HISTORY

_____ HISTORIC FURNISHED ROOMS

13. a) On this visit, how long did you and your group spend in the West Orange area?

If less than 24 hours: _____ NUMBER OF HOURS

If 24 hours or more: _____ NUMBER OF DAYS

- b) During this visit, how much money did you and your group spend in the West Orange area on lodging, travel, food, and other items?
Please write "0" if you did not spend any money.

IN THE WEST ORANGE AREA

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

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

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

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

14. During this visit did you and your group use any of the following interpretive/information services at Edison National Historic Site? Please check () all that apply.

Next rate (from 1-5) the quality of each interpretive/information service you or your group used during this visit to Edison National Historic Site.

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

Use service? ()		What quality? (1-5)
_____	SITE BROCHURE	_____
_____	VISITOR CENTER EXHIBITS	_____
_____	VIDEO THEATER	_____
_____	SALES AREA	_____
_____	LAB TOUR	_____
_____	GLENMONT HOUSE TOUR	_____
_____	GLENMONT GROUNDS TOUR	_____
_____	VISITOR INFORMATION DESK	_____
_____	OTHER (Please describe: _____)	_____

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OFFICIAL BUSINESS

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College of Forestry, Wildlife and
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University of Idaho
Moscow, Idaho 83844-1133**

