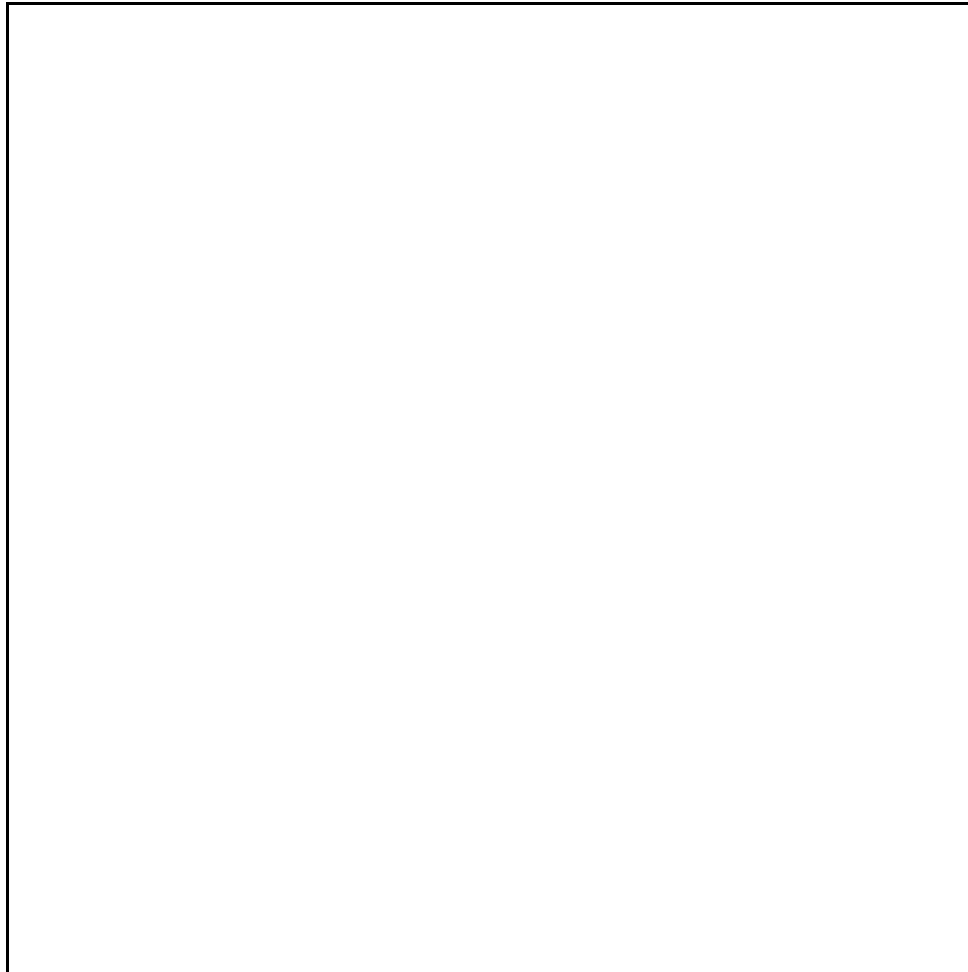


Manassas National Battlefield Park Visitor Study



**The
Visitor Services
Project**

United States Department of the Interior

NATIONAL PARK SERVICE
Manassas National Battlefield Park
12521 Lee Highway
Manassas, VA 22110

K18(MANA)

July, 1995

Dear Visitor:

Thank you for participating in this important study. Our objective is to learn about the expectations, opinions, and interests of visitors to Manassas National Battlefield Park. This will assist us in our efforts to better manage the battlefield, and to serve you, the visitor.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take a few minutes of your time during or after your visit to Manassas National Battlefield Park.

When your visit is over, please complete the questionnaire, seal it with the sticker provided on the last page and 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 83844-1133.

We appreciate your help.

Sincerely,

Robert K. Sutton
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 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, 1024-0000, Washington, D.C. 20503.

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Your Visit to Manassas National Battlefield Park

1. On this visit, what was your primary reason for visiting the Manassas/ Washington, D.C. area? Please check (√) **all** that apply.

_____ VISIT MANASSAS NATIONAL BATTLEFIELD PARK

_____ TOUR WASHINGTON, D.C. AREA

_____ VISIT THIS BATTLEFIELD ALONG WITH OTHER BATTLEFIELDS

_____ VISIT FRIENDS/RELATIVES

_____ BUSINESS

_____ RECREATION

_____ OTHER (Please describe: _____)

2. On this visit, did you and your group visit Manassas National Battlefield Park for more than one day?

_____ YES - If yes, how many days did you visit? _____ NUMBER OF DAYS

_____ NO - If no, how many hours did you visit? _____ NUMBER OF HOURS

3. a) On this visit, which direction did you and your group come **from** to reach Manassas National Battlefield Park? Please check (√) only **one**.

_____ NORTH (on Route 15) _____ EAST (from Washington, D.C.)

_____ SOUTH (from Manassas, VA) _____ WEST (from Warrenton, VA)

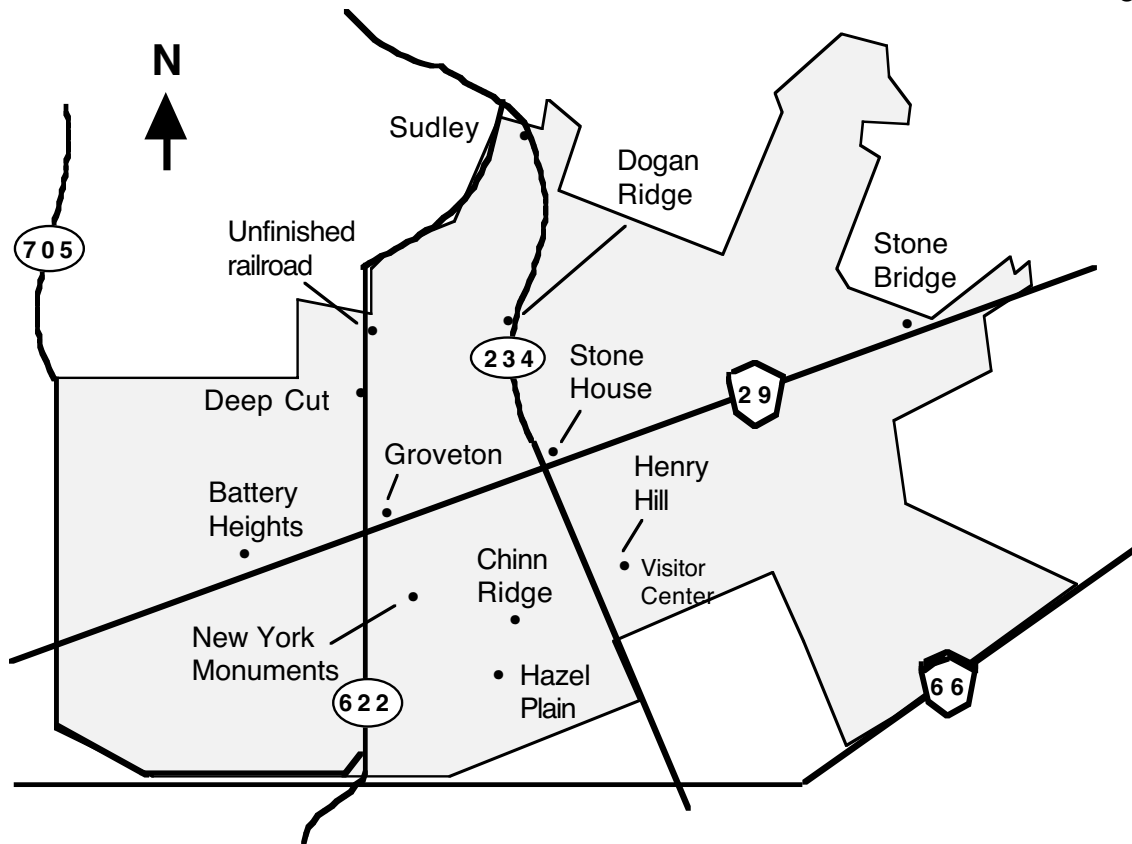
- b) Which highway did you and your group use to **first** arrive at the park? Please check (√) only **one**.

_____ ROUTE 234
(Sudley Road)

_____ ROUTE 29
(Lee Highway)

_____ ROUTE 705
(Pageland Lane)

_____ ROUTE 622
(Groveton Road)



4. Please indicate the places you and your group stopped at during this visit to Manassas National Battlefield Park. Simply check (✓) the line beside each place you stopped. Use the map above to help you.

- | | |
|--------------------------------------|---------------------------------|
| _____ SUDLEY | _____ DOGAN RIDGE (picnic area) |
| _____ STONE HOUSE | _____ STONE BRIDGE |
| _____ HENRY HILL (visitor center) | _____ CHINN RIDGE |
| _____ HAZEL PLAIN (Chinn House) | _____ NEW YORK MONUMENTS |
| _____ GROVETON (cemetery & house) | _____ BATTERY HEIGHTS |
| _____ DEEP CUT | _____ UNFINISHED RAILROAD |
| _____ OTHER (Please describe: _____) | |

PLEASE GO ON TO NEXT PAGE



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Your Activities

5. On the list below, please check (✓) **all** of the activities that you and your group participated in at Manassas National Battlefield Park during this visit.

_____ VISIT VISITOR CENTER MUSEUM

_____ USE VISITOR CENTER INFORMATION DESK

_____ VIEW VISITOR CENTER BATTLE MAP

_____ WATCH VISITOR CENTER SLIDE PROGRAM

_____ TOUR SECOND MANASSAS BATTLEFIELD (auto tour)

_____ TAKE FIRST MANASSAS BATTLEFIELD WALK (self-guided)

_____ TAKE HENRY HILL WALKING TOUR (ranger guided)

_____ TAKE SECOND MANASSAS VAN TOUR

_____ HORSEBACK RIDE

_____ USE RECREATIONAL TRAIL

_____ CONDUCT HISTORICAL RESEARCH

_____ OTHER (Please describe: _____)

You and Your Opinions

6. On this visit, how many people, including yourself, were in your group?

_____ NUMBER OF PEOPLE

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

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

8. For you and your group on this visit, please indicate:

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

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9. a) On this visit, did you and your group go on the Second Manassas self-guided auto driving tour? Please check only (✓) **one**.

_____ NO - **GO ON TO QUESTION 10**

_____ YES

b) If YES, did you complete the entire tour (all 12 stops)? Please check only (✓) **one**.

_____ NO - If NO, please explain why not: _____

_____ NOT SURE _____

_____ YES _____

10. a) Did you or your group find it difficult to locate Manassas National Battlefield Park? Please check only (✓) **one**.

_____ NO - **GO ON TO QUESTION 11**

_____ YES

[
b) If YES, why did you have difficulty locating the park?

11. Prior to this visit, how did you and your group get information about Manassas National Battlefield Park? Please check (✓) **all** that apply.

_____ FRIENDS/RELATIVES

_____ TEACHER/SCHOOL

_____ SIGNS

_____ BROCHURES

_____ MAPS

_____ NEWSPAPERS/MAGAZINES

_____ MANASSAS MUSEUM

_____ VIRGINIA WELCOME CENTER

_____ TOUR GROUP

_____ OTHER (Please describe: _____)

12. a) Please check (✓) the visitor services which you and your group **used** during this visit to Manassas National Battlefield Park.

b) Next, for only those services which you or your group used, please rate their **importance** from 1-5.

b) Finally, for only those services which you or your group used, please rate their **quality** from 1-5.

Use service? Check (✓)	If used, how important?					If used, what quality?					
	Very important		Not important			Very good		Very poor			
	1	2	3	4	5	1	2	3	4	5	
_____	PARK BROCHURE/MAP					_____	_____				
_____	MUSEUM EXHIBITS					_____	_____				
_____	SLIDE PROGRAM					_____	_____				
_____	OUTSIDE INFORMATION EXHIBITS					_____	_____				
_____	BOOKSTORE SALES ITEMS					_____	_____				
_____	INFORMATION FROM PARK EMPLOYEES					_____	_____				
_____	HENRY HILL WALKING TOUR TRAIL					_____	_____				
_____	FIRST MANASSAS BATTLEFIELD TRAIL (self-guided)					_____	_____				
_____	SECOND MANASSAS BATTLEFIELD AUTO TOUR					_____	_____				
_____	SECOND MANASSAS VAN TOUR					_____	_____				
_____	RECREATIONAL TRAILS					_____	_____				
_____	HORSEBACK RIDING TRAILS					_____	_____				

PLEASE GO ON TO NEXT PAGE



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13. On the day of your visit, how much money did you and your group spend for lodging, travel, food, and other items in the Manassas National Battlefield Park area (within 5 miles of the park)? Please write "0" if you did not spend any money on that day.

	Within 5 miles of the park
LODGING (motel, camping, etc.)	\$_____
TRAVEL (gas, rental car, bus, etc.)	\$_____
FOOD (restaurant, groceries, etc.)	\$_____
OTHER (souvenirs, film, gifts, etc.)	\$_____

14. Overall, how would you rate the quality of the visitor services provided to you and your group at Manassas National Battlefield Park during this visit? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY POOR

15. What did you like **most** about your visit to Manassas National Battlefield Park?

16. What did you like **least** about your visit to Manassas National Battlefield Park?

17. If you were a manager planning for the future of Manassas National Battlefield Park, what would you propose? Please be specific.

18. Is there anything else you and your group would like to tell us about your visit to Manassas National Battlefield 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

**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**