

Booker T. Washington National Monument Visitor Study



The
Visitor
Services
Project

United States Department of the Interior
NATIONAL PARK SERVICE

Booker T. Washington National Monument
12130 Booker T. Washington Highway
Hardy, VA 24101-3968

August, 1995

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Booker T. Washington National Monument. This will assist us in our efforts to better manage Booker T. Washington NM, 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.

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 truly appreciate your help.

Sincerely,

Rebecca Harriett
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.

PLEASE GO ON TO NEXT PAGE



Your Visit to Booker T. Washington NM

1. Before this visit, how did you and your group get information about Booker T. Washington National Monument? Please check (√) **all** that apply.

_____ RECEIVED NO INFORMATION PRIOR TO THIS VISIT → **GO ON**

_____ PREVIOUS VISITS **TO**

_____ FRIEND OR RELATIVE **QUESTION 2**

_____ TEACHER OR INSTRUCTOR AT SCHOOL

_____ COMMUNITY LEADER (CHURCH, CIVIC GROUP, GOVERNMENT)

_____ ANOTHER NATIONAL PARK SERVICE SITE

_____ ROADSIDE SIGNS

_____ TRAVEL GUIDE / TOUR BOOK

_____ BROCHURE / MAP

_____ NEWSPAPER / MAGAZINE

_____ OTHER (Please describe: _____)

2. Is this your first visit to a national park site with a focus on African–American history? Please check (√) only **one**.

_____ YES

_____ NO

_____ NOT SURE

3. On this visit, how much time did you and your group spend at Booker T. Washington National Monument?

NUMBER OF HOURS _____ AND / OR MINUTES _____

4. What were your reasons for visiting Booker T. Washington National Monument?
Please check (✓) **all** that apply.

_____ LEARN ABOUT BOOKER T. WASHINGTON

_____ LEARN ABOUT SLAVERY

_____ LEARN ABOUT AFRICAN-AMERICAN HISTORY

_____ SEE A WORKING TOBACCO FARM

_____ PICNIC OR RECREATE

_____ ATTEND A RANGER-LED PROGRAM

_____ VISIT A NATIONAL PARK SERVICE SITE

_____ PERSONAL REFLECTION

_____ OTHER (Please describe: _____)

5. Did you have any difficulty locating Booker T. Washington National Monument?
Please check (✓) only **one**.

_____ NO → GO ON TO QUESTION 6

_____ NOT SURE → GO ON TO QUESTION 6

_____ YES



If YES, how could locating Booker T. Washington National Monument be made easier?

PLEASE GO ON TO NEXT PAGE



Your Activities

6. On the list below, please check all of the activities that you and your group participated in during this visit to Booker T. Washington National Monument. Please check (✓) **all** that apply.

- WATCH SLIDE SHOW
- ATTEND RANGER-LED PROGRAM
- WATCH LIVING HISTORY PRESENTATION
- VISIT FARM AREA
- SHOP AT PARK BOOKSTORE
- TALK WITH PARK STAFF
- EAT IN PICNIC AREA
- WALK JACK-O-LANTERN TRAIL LOOP
- VIEW ROADSIDE OR TRAIL-SIDE EXHIBITS
- OTHER (Please describe: _____)

7. In your own words, what are the main ideas you learned at Booker T. Washington National Monument?

About Your Group

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

_____ NUMBER OF PEOPLE

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

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

10. For you and your group, please indicate:

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

PLEASE GO ON TO NEXT PAGE



11. Please list the ethnic backgrounds represented by the individuals in your group. Please check (✓) **all** that apply.

_____ DO NOT WISH TO ANSWER → **GO ON TO QUESTION 12**

_____ AMERICAN INDIAN, ALASKAN NATIVE

_____ ASIAN OR PACIFIC ISLANDER

_____ HISPANIC

_____ BLACK, NOT OF HISPANIC ORIGIN

_____ WHITE, NOT OF HISPANIC ORIGIN

Your Opinions

12. What did you and your group like **most** about your visit to Booker T. Washington National Monument?

13. What did you and your group like **least** about your visit to Booker T. Washington National Monument?

14. a) Please check (✓) the visitor services and facilities which you and your group **used** during this visit to Booker T. Washington National Monument.
- 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 or facility?

Use service or facility?	If used, how important?					If used, what quality?				
	Very important		Not important			Very good		Very poor		
Check (✓)	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE										
_____ BOOK SALES AREA										
_____ ASSISTANCE FROM PARK STAFF										
_____ LIVING HISTORY PRESENTATIONS										
_____ ROAD AND TRAIL-SIDE EXHIBITS										
_____ RANGER-LED PROGRAMS										
_____ PICNIC AREA										
_____ RESTROOMS										

15. How important to your visit was the discussion of subjects such as racial discrimination, lynching, and slavery conditions? Please check (✓) only **one**.

- _____ EXTREMELY IMPORTANT
- _____ VERY IMPORTANT
- _____ IMPORTANT
- _____ SOMEWHAT IMPORTANT
- _____ NOT AT ALL IMPORTANT

PLEASE GO ON TO NEXT PAGE



Your Ideas For the Future

16. On a future visit to Booker T. Washington National Monument, what subjects would you be most interested in learning about? Please check (✓) **all** that apply.

- SLAVERY
- EMANCIPATION (1865, the end of slavery)
- RECONSTRUCTION (1867 – 1877)
- TOBACCO AGRICULTURE
- TUSKEGEE INSTITUTE AND VOCATIONAL EDUCATION
- JIM CROW ERA AND SEGREGATION
- AFRICAN-AMERICANS AND EDUCATION
- OTHER (Please describe: _____)

17. If you were a manager planning for the future of Booker T. Washington National Monument, 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 Booker T. Washington National Monument?

19. Overall, how would you rate the quality of the visitor services provided to you and your group at Booker T. Washington National Monument during this visit? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY POOR

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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