San Francisco Maritime 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, 1024-0171, Washington, D.C. 20503.
YOUR VISIT TO SAN FRANCISCO MARITIME NATIONAL HISTORICAL PARK

1. Prior to your visit, how did you and your group learn about San Francisco Maritime National Historical Park? Please check (✓) all that apply.

   [ ] RECEIVED NO INFORMATION PRIOR TO VISIT **GO ON TO QUESTION 2**
   [ ] TRAVEL GUIDE/TOUR BOOKS
   [ ] SPECIAL EVENTS PUBLICITY
   [ ] FRIENDS OR RELATIVES
   [ ] MEMBER OF AN ASSOCIATION WHICH SUPPORTS PARKS
   [ ] PREVIOUS VISIT(S)
   [ ] NEWSPAPER/MAGAZINE
   [ ] TV/RADIO
   [ ] AREA SIGNS
   [ ] BROCHURE/CALENDAR OF EVENTS
   [ ] TOURIST INFORMATION AT HOTEL/MOTEL
   [ ] TELEPHONE OR WRITTEN INQUIRY TO THE PARK
   [ ] OTHER (Please specify: ________________________________)

2. Prior to your visit, were you aware that Hyde Street Pier and the Maritime Museum are part of San Francisco Maritime National Historical Park (a unit of the national park system)?

   [ ] YES  [ ] NO  [ ] NOT SURE
3. Within San Francisco, what forms of transportation did you and your group use to arrive at San Francisco Maritime National Historical Park on this visit? Please check (✓) all that apply.

- [ ] PRIVATE VEHICLE
- [ ] TOUR BUS
- [ ] CITY BUS
- [ ] CABLE CAR
- [ ] WALK
- [ ] BICYCLE
- [ ] MOTORCYCLE
- [ ] OTHER (Please specify:_____________________________)

4. On this visit, what were your reasons for visiting San Francisco Maritime National Historical Park? Please check (✓) all that apply.

- [ ] LEARN ABOUT MARITIME HISTORY
- [ ] LEARN ABOUT HISTORY (other than maritime)
- [ ] TO GO ON BOARD HISTORIC SHIPS
- [ ] FOUND IT BY CHANCE
- [ ] RECOMMENDED BY FRIENDS/RELATIVES
- [ ] VISIT A NATIONAL PARK SERVICE SITE
- [ ] VISIT A SAN FRANCISCO VISITOR ATTRACTION
- [ ] OTHER (Please specify:_____________________________)

PLEASE GO ON TO NEXT PAGE
YOUR ACTIVITIES

5. On the list below, please check (√) all of the activities that you and your group participated in at San Francisco Maritime National Historical Park on this visit.

**HYDE STREET PIER**

_____ VISIT HISTORIC SHIPS (*HERCULES, BALCLUTHA, EUREKA, C.A. THAYER, LEWIS ARK*)

_____ HANDS-ON-ACTIVITIES AT SMALL BOAT SHOP

_____ OBSERVE SHIP PRESERVATION CREW AT WORK

_____ ATTEND RANGER-LED PROGRAMS

_____ PURCHASE ITEMS AT PARK BOOKSTORE

_____ TAKE PHOTOGRAPHS

_____ OTHER (Please describe: ________________________)

**MARITIME MUSEUM**

_____ VISIT FIRST FLOOR

_____ VISIT SECOND FLOOR

_____ VISIT STEAMSHIP ROOM

_____ LISTEN TO AUDIO EXHIBIT

_____ WATCH VIDEO

_____ TAKE RANGER-LED TOUR

_____ OTHER (Please describe: ________________________)

**LIBRARY**

_____ VISIT MARITIME MUSEUM LIBRARY
6. a) On this visit, how much time did you and your group spend at Hyde Street Pier? Please write "0" if you did not visit this site.

______ NUMBER OF HOURS (to the nearest 1/4 hour)

b) On this visit, how much time did you and your group spend at the Maritime Museum? Please write "0" if you did not visit this site.

______ NUMBER OF HOURS (to the nearest 1/4 hour)

YOU AND YOUR OPINIONS

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

______ NUMBER OF PEOPLE

8. On this visit, were you with any of the following types of organized groups?

GUIDED TOUR  _____ YES  _____ NO

EDUCATIONAL GROUP  _____ YES  _____ NO

DAY CARE/DAY CAMP  _____ YES  _____ NO

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

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe:____________________________________)

PLEASE GO ON TO NEXT PAGE
10. For you and your group on this visit, please indicate:

<table>
<thead>
<tr>
<th>CURRENT AGE</th>
<th>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</th>
<th>NUMBER OF VISITS TO THIS PARK (INCLUDING THIS VISIT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PAST YEAR PAST 5 YEARS</td>
</tr>
<tr>
<td>YOURSELF</td>
<td></td>
<td>____ ____</td>
</tr>
<tr>
<td>MEMBER #2</td>
<td></td>
<td>____ ____</td>
</tr>
<tr>
<td>MEMBER #3</td>
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<td>____ ____</td>
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<td>MEMBER #4</td>
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<td>____ ____</td>
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<td>MEMBER #5</td>
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<td>MEMBER #6</td>
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<td>____ ____</td>
</tr>
<tr>
<td>MEMBER #7</td>
<td></td>
<td>____ ____</td>
</tr>
</tbody>
</table>

11. a) Did you visit the Hyde Street Pier on this visit?

   _____ YES  _____ NO   - GO ON TO QUESTION 12

b) If yes, do you think the admission price at Hyde Street Pier was:

   _____ JUST RIGHT
   _____ TOO HIGH
   _____ TOO LOW
12. a) Please check (√) the visitor services and facilities which you and your group **used** during this visit to San Francisco Maritime National Historical Park.

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very important</td>
<td>Not important</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

- [ ] RANGER-LED TOURS/ PROGRAMS
- [ ] STAFF ASSISTANCE
- [ ] EDUCATIONAL SIGNS
- [ ] INTERACTIVE EXHIBITS (film, music)
- [ ] MUSEUM EXHIBITS
- [ ] PARK BOOKSTORE
- [ ] RESTROOMS
- [ ] BENCHES
- [ ] DIRECTIONAL SIGNS (in park)
- [ ] DIRECTIONAL SIGNS (in San Francisco)
- [ ] HISTORIC SHIPS
- [ ] SMALL BOAT SHOP

Please go on to next page
13. What did you like **most** about your visit to San Francisco Maritime National Historical Park?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

14. What did you like **least** about your visit to San Francisco Maritime National Historical Park?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
15. If you were a manager planning for the future of San Francisco Maritime National Historical Park, what would you propose? Please be specific.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

16. Is there anything else you and your group would like to tell us about your visit to San Francisco Maritime National Historical Park?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

17. Overall, how would you rate the quality of the visitor services provided to you and your group at San Francisco Maritime National Historical Park 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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