

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.

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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



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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 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:

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

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.

Use service? If yes, 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	

PLEASE GO ON TO NEXT PAGE



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

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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