Fort Bowie National Historic Site
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, 1024-0000, Washington, D.C. 20503.
1. Prior to your visit, how did you and your group get information about Fort Bowie National Historic Site? Please check (✓) all that apply.

- [ ] RECEIVED NO INFORMATION PRIOR TO VISIT - GO ON TO QUESTION 2
- [ ] CHIRICAHUA NATIONAL MONUMENT STAFF
- [ ] OTHER NATIONAL PARK AREAS
- [ ] TRAVEL GUIDE/ TOUR BOOK
- [ ] FRIENDS OR RELATIVES
- [ ] PREVIOUS VISIT(S)
- [ ] NEWSPAPER/ MAGAZINE
- [ ] RADIO/ TV/ VIDEOS
- [ ] LOCAL RESIDENT/ BUSINESS
- [ ] CHAMBER OF COMMERCE
- [ ] HIGHWAY SIGN
- [ ] OTHER (Please specify: ________________________________)

2. On this visit, how much time did you and your group spend at Fort Bowie National Historic Site? Include time spent walking.

- [ ] NUMBER OF HOURS
3. On the map below, please mark the order in which you and your group visited these sites in Fort Bowie National Historic Site during this trip. Simply write 1, 2, 3 and so forth, in the box near each place you visited.

4. a) Did you and/or anyone in your group walk the 1.5 mile trail between the parking area and the fort?
   
   _____ YES   _____ NO

b) Did you and/or anyone in your group walk around the trail through the Fort Bowie ruins?
   
   _____ YES   _____ NO

c) On the trails, how would you describe the amount of information you received?
   
   _____ ABOUT RIGHT   _____ NOT ENOUGH   _____ TOO MUCH
5. a) Do you or anyone in your group have a special interest in Western history (Apache Indians, military, Spanish, ranching, buffalo soldiers, etc.)

   ______ YES ______ NO - GO ON TO QUESTION 6

b) If yes, what historical subjects are you most interested in?

6. On the list below, please check (√) all of the activities that you and your group participated in at Fort Bowie National Historic Site during this visit.

   _____ SCENIC DRIVING
   _____ BIRDWATCHING
   _____ WILDLIFE VIEWING (other than birds)
   _____ WALKING/ DAY HIKING
   _____ PURCHASE BOOKS/ SALES ITEMS
   _____ TAKING PHOTOGRAPHS
   _____ TOURING FORT BOWIE RUINS
   _____ HORSEBACK RIDING
   _____ PICNICKING
   _____ RESEARCH HISTORY/ GENEALOGY
   _____ OTHER (Please describe: ________________________________)

7. a) The current National Park Service objective is to manage Fort Bowie National Historic Site in its remote setting with minimal improvements. Do you support this objective?

   _____ YES _____ NO _____ NOT SURE

b) Do you think the National Park Service has achieved this objective?

   _____ YES _____ NO _____ NOT SURE
8. a) On this visit, did you and your group drive a recreational vehicle to Fort Bowie National Historic Site?

[ ] YES  [ ] NO - GO ON TO 8c

b) If yes, how long was it? _______ NUMBER OF FEET

[ ] YES  [ ] NO - GO ON TO 8e

c) Were you and your group in a vehicle or recreational vehicle pulling a trailer or another vehicle?

[ ] YES  [ ] NO - GO ON TO 8e

d) If yes, how long was the trailer or other vehicle?

[ ] _______ NUMBER OF FEET

e) On this visit, what forms of transportation did you and your group use to get to Fort Bowie National Historic Site? Please check (✓) all that apply.

[ ] CAR/ PICKUP TRUCK/ VAN OTHER THAN RECREATIONAL VEHICLE

[ ] BICYCLE/ MOTORCYCLE

[ ] OTHER (Please specify: ________________________________)

9. On this trip, what other places did you visit in the Fort Bowie National Historic Site area? Please check (✓) all that apply.

[ ] TOMBSTONE  [ ] BISBEE

[ ] DOUGLAS  [ ] COCHISE STRONGHOLD

[ ] WILLCOX  [ ] BOWIE

[ ] CHIRICAHUA NATIONAL MONUMENT

[ ] RUSTLER PARK (USDA FOREST SERVICE)

[ ] PORTAL/ CAVE CREEK (USDA FOREST SERVICE)

[ ] OTHER (Please specify: ________________________________)

PLEASE GO ON TO NEXT PAGE
You and Your Opinions

10. On this visit, how many people were in your group (including yourself)?
    _____ NUMBER OF PEOPLE

11. On this visit, were you with an organized tour/educational group?
    _____ YES       _____ NO

12. What kind of group were you with? Please check (√) only one.
    _____ ALONE
    _____ FAMILY
    _____ FRIENDS
    _____ FAMILY AND FRIENDS
    _____ OTHER (Please describe: ____________________________)

13. For you and your group, please indicate:

<table>
<thead>
<tr>
<th></th>
<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>YOURSELF</td>
<td>_____</td>
<td>_________________________________________</td>
<td>_____</td>
</tr>
<tr>
<td>MEMBER #2</td>
<td>_____</td>
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<td>MEMBER #3</td>
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<td>MEMBER #6</td>
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<td>MEMBER #7</td>
<td>_____</td>
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</table>
14. a) Please check (√) the visitor services and facilities which you and your group **used** during this visit to Fort Bowie National Historic Site, in the left column.

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>a) Use service at Fort Bowie?</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check (√)</td>
<td>Not important</td>
<td>Extremely important</td>
</tr>
<tr>
<td>PARK BROCHURE/MAP</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>GUIDED TOURS</td>
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<tr>
<td>FORT BOWIE RUINS</td>
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<td>INFORMATION FROM PARK EMPLOYEES</td>
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<td>VISITOR CENTER BOOK SALES</td>
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<td>MUSEUM EXHIBITS</td>
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<td>ROADS</td>
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<td>RESTROOMS</td>
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<td>PICNIC AREAS</td>
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<td>GARBAGE COLLECTION</td>
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15. On a future visit to Fort Bowie National Historic Site, what subjects would you be most interested in learning about? Please check (√) all that apply.

_____ THREATENED AND ENDANGERED SPECIES

_____ ANIMAL PROTECTION

_____ AIR QUALITY

_____ WILDERNESS

_____ ROLE OF FIRE

_____ HISTORIC RESOURCES/RUINS PRESERVATION

_____ OTHER (Please specify: ____________________________)

16. Please rate the importance (from 1-5) of the following park qualities to your visit to Fort Bowie National Historic Site.

Not important  Extremely important
1  2  3  4  5

_____ WILDLIFE

_____ SCENERY

_____ CLEAN AIR

_____ QUIET

_____ SOLITUDE

_____ HISTORIC SETTING

17. Overall, how would you rate the quality of the visitor services provided to you and your group at Fort Bowie National Historic Site during this visit? Please circle only one.

VEERY GOOD  GOOD  AVERAGE  POOR  VERY POOR
18. What advice would you give a manager planning for the future of Fort Bowie National Historic Site? Please be specific.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

19. Is there anything else you and your group would like to tell us about your visit to Fort Bowie National Historic Site?

________________________________________________________________________
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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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