

Great Falls Park, Virginia 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.

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Visiting Great Falls Park

1. a) Using the list below, please check the activities that you and your group did at Great Falls Park, Virginia on this visit. Please check (✓) **all** that apply.
- b) For past visits to Great Falls Park, Virginia, please check the activities that you and your group have done. Please check (✓) **all** that apply.

a) This visit

(✓)

b) Past visits

(✓)

_____	VIEWING THE FALLS	_____
_____	VISITING THE PATOWMACK CANAL	_____
_____	WALKING PETS	_____
_____	WALKING/ HIKING (other than walking pets)	_____
_____	VIEWING WILDLIFE	_____
_____	NATURE STUDY (other than viewing wildlife)	_____
_____	BICYCLING	_____
_____	JOGGING	_____
_____	FISHING	_____
_____	HORSEBACK RIDING	_____
_____	PICNICKING	_____
_____	ATTENDING RANGER-LED WALK/ TALK	_____
_____	CLIMBING	_____
_____	WHITE WATER BOATING	_____
_____	OTHER (Please describe: _____)	_____
	_____)	

2. On this visit, how much time did you and your group spend at Great Falls Park, Virginia?

NUMBER OF HOURS _____ AND MINUTES _____

3. On this visit, what was your primary reason for visiting Great Falls Park, Virginia? Please check (✓) the **one** most important reason.

<input type="checkbox"/> VIEW THE FALLS	<input type="checkbox"/> VIEW WILDLIFE
<input type="checkbox"/> BICYCLE	<input type="checkbox"/> FISH
<input type="checkbox"/> PICNIC	<input type="checkbox"/> JOG
<input type="checkbox"/> HORSEBACK RIDE	<input type="checkbox"/> CLIMB
<input type="checkbox"/> WALK PET	<input type="checkbox"/> WHITE WATER BOAT
<input type="checkbox"/> WALK/ HIKE (other than walking a pet)	<input type="checkbox"/> ATTEND RANGER-LED WALK/ TALK
<input type="checkbox"/> VISIT PATOWMACK CANAL	<input type="checkbox"/> OTHER (Please specify: _____)

4. a) A variety of information sources warn of the dangers of the Potomac River in Great Falls Park, Virginia. Please check the sources you **used** to learn about river safety hazards.
- b) Please rate the **effectiveness** (from 1-5) of the following information sources in warning about river safety hazards.

Use safety information?

Check (✓)

How effective was safety message?

Not effective					Extremely effective
1	2	3	4	5	

<input type="checkbox"/> PARK PERSONNEL	<input type="checkbox"/>
<input type="checkbox"/> PARK BROCHURES	<input type="checkbox"/>
<input type="checkbox"/> PARK SIGNS	<input type="checkbox"/>
<input type="checkbox"/> PARK BULLETIN BOARDS	<input type="checkbox"/>
<input type="checkbox"/> TELEVISION	<input type="checkbox"/>
<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/>
<input type="checkbox"/> RADIO	<input type="checkbox"/>

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5. On the map, please list the **order** in which you and your group visited these sites at Great Falls Park, Virginia, during this trip. Simply write 1, 2, 3, and so forth in the box beside each site you visited. If you did not visit a site, please leave the box blank.

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

_____ NUMBER OF PEOPLE

7. On this visit, were you with a guided tour/ educational group?

_____ YES _____ NO

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

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

9. For you and each member of 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	_____	_____	_____

10. During this visit, did other visitors and their activities interfere with your visit to Great Falls Park, Virginia?

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

If yes, how? _____

11. a) Please check (✓) the visitor services which you and your group **used** during this visit to Great Falls Park, Virginia.
- b) Next, for only those services which you and your group used, please rate their **importance** from 1-5.
- c) Finally, for only those services which you or your group used, please rate their **quality** from 1-5.

a) Use service?	b) If used, how important?					c) If used, what quality?					
Check (✓)	Not important				Extremely important	Very poor				Very good	
		1	2	3	4	5	1	2	3	4	5
___ PARK BROCHURE/MAP											
___ TRAIL MAP											
___ SAFETY BROCHURE											
___ PATOWMACK CANAL BROCHURE											
___ VISITOR CENTER EXHIBITS											
___ SLIDE SHOW											
___ RANGER-LED PROGRAMS											
___ VISITOR CENTER INFORMATION DESK											
___ ASSISTANCE FROM PARK STAFF											
___ PARK RADIO INFORMATION STATION											
___ COMMERCIAL OUTFITTERS											

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12. a) Please check (√) the facilities which you and your group **used** during this visit to Great Falls Park, Virginia.
- b) Next, for only those facilities which you and your group used, please rate their **importance** from 1-5.
- c) Finally, for only those facilities which you or your group used, please rate their **quality** from 1-5.

a) Use facility?	b) If used, how important?					c) If used, what quality?				
Check (√)	Not important		Extremely important			Very poor		Very good		
	1	2	3	4	5	1	2	3	4	5
___ SNACK BAR										
___ PARK BOOKSTORE										
___ CLIMBER SIGN-IN BOX										
___ TRAILS										
___ RESTROOMS										
___ OVERLOOKS										
___ PARKING										
___ PARK SIGNS										
___ OUTDOOR EXHIBITS										
___ PICNIC AREA										

13. Overall, how would you rate the quality of the visitor services provided to you and your group at Great Falls Park, Virginia during this visit? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY POOR

14. a) What did you like **most** about your visit to Great Falls Park, Virginia?

b) What did you like **least** about your visit to Great Falls Park, Virginia?

15. If you were planning for the future management of Great Falls Park, Virginia, what would you propose? Please consider access to the park, traffic congestion and flow, and parking in your answer. Please be specific.

16. Is there anything else you and your group would like to tell us about your visit to Great Falls Park, Virginia?

Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.



OFFICIAL BUSINESS

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