The
Visitor Services
Project
When did you first enter Independence National Historical Park this visit?

_____ DAY OF THE WEEK (M,T,W,Th,F,Su)
_____ TIME OF DAY ______am _____pm

DIRECTIONS

This questionnaire is in three parts. The first part asks about the places you visited during this trip to Independence National Historical Park.

The second part asks about your activities during your visit.

The third part asks questions about you, your group, and your thoughts about Independence National Historical Park.

One person in your group should complete the questionnaire. It should take only a few minutes. When you have completed the questionnaire, please seal it with the sticker provided and drop it in any U.S. mailbox. No postage is needed.

PLEASE GO ON TO PART 1, NEXT PAGE
PART 1: PLACES YOU VISITED

On the map below, please circle the places you visited during this visit to Independence National Historical Park.

Then, indicate the order in which you visited the places by writing 1st, 2nd, 3rd, and so forth in the box marked '#' beside each place you circled.

If you did not visit any of these places, please go on to part 2 on the next page.

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Independence National Historical Park N 1

Liberty Bell Pavilion
Independence Hall
Carpenter's Hall
Todd or Bishop White Houses
Franklin Court
Visitor Center
The City Tavern

PLEASE GO ON TO PART 2, NEXT PAGE
PART 2: YOUR ACTIVITIES

On the list below, please check (✓) the activities that you or your group did during this visit to Independence National Historical Park. (Please check all that apply.)

✓ PICNIC
✓ OUTDOOR RELAXATION (sunbathe, read, etc.)
✓ ATTEND INTERPRETIVE PROGRAMS (tours, films, etc.)
✓ VISIT MUSEUMS AND/OR EXHIBITS
✓ ATTEND OUTDOOR ENTERTAINMENT PROGRAMS (concerts, plays, etc.)
✓ SHOP FOR SOUVENIRS OR BOOKS
✓ ATTEND CIVIC FUNCTIONS (rallies, parades, etc.)
✓ TAKE CARRIAGE RIDE
✓ USE POST OFFICE
✓ USE RESTROOM FACILITIES
✓ GET INFORMATION AT VISITOR CENTER
✓ VISIT LIBRARY OR OFFICE (American Philosophical Society, Pennsylvania Horticultural Society, etc.)
✓ WALK PET

✓ OTHER (Please describe: ______________________

___________________________)

PART 3: YOU AND YOUR OPINIONS

We hope you enjoyed your visit to Independence National Historical Park. Below are several questions that will help us learn about the people who participated in the study and their thoughts about the park.

1. How many hours did you spend in Independence National Historical Park this visit?

✓ NUMBER OF HOURS

2. How many people were in your group?

✓ NUMBER OF PEOPLE

3. What kind of group were you with?

✓ ALONE
✓ FAMILY
✓ FRIENDS
✓ FAMILY AND FRIENDS
✓ GUIDED TOUR GROUP

✓ OTHER (Please describe: ______________________

___________________________)

PLEASE GO ON TO PART 3, NEXT PAGE
4. For yourself and the other members of your group, please indicate:

1) your age on your last birthday,

2) the zip code of your permanent residence (if you are from a country other than the United States, please give the name of that country), and

3) the number of times you have visited Independence National Historical Park including this trip.

<table>
<thead>
<tr>
<th>AGE</th>
<th>ZIP CODE</th>
<th>TIMES VISITED</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOURSELF</td>
<td></td>
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<tr>
<td>MEMBER #2</td>
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<td>MEMBER #3</td>
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<td>MEMBER #5</td>
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<tr>
<td>additional members:</td>
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</table>

5. During this visit, did you purchase anything at any of the book and card sales areas in the park buildings?

_______ YES

_______ NO

For which of the following reasons? (Please check all that apply.)

_______ TO AID WITH THIS VISIT
_______ TO USE AT ANOTHER TIME
_______ TO GIVE AS A GIFT
_______ TO KEEP AS A SOUVENIR
_______ OTHER (Please describe: ________________)

6. During this visit, did you visit The City Tavern?

_______ YES

_______ NO

For which of the following reasons?

_______ TO VIEW THE HISTORIC BUILDING
_______ TO DINE OR HAVE A DRINK
_______ BOTH OF THE ABOVE
_______ OTHER (Please describe: ________________)

PLEASE GO ON TO NEXT PAGE
7a. What did you like most about this visit to Independence National Historical Park?


7b. What did you like least about this visit to Independence National Historical Park?


8. Do you live in the Philadelphia metropolitan area?

___ YES

___ NO

a. What did you like most about this visit to Philadelphia?


b. What did you like least about this visit to Philadelphia?


9. Prior to this visit, how did you get information about Independence National Historical Park?

___ TRAVEL GUIDE/TOUR BOOK (from travel agent, AAA, etc.)

___ NEWSPAPER ARTICLES

___ PARK BROCHURE

___ ADVICE FROM FRIEND OR RELATIVE

___ DID NOT GET INFORMATION PRIOR TO VISIT

___ OTHER (Please describe: ____________________________)


10. Is there anything else you would like to tell us about your visit to Independence National Historical Park?


Thank you for your help. Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox—no postage is needed.