Lincoln Boyhood National Memorial
Visitor Study

The Visitor Services Project
Superintendent letter to go here
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 authorizes 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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 Office of Information and Regulatory Affairs of OMB, Attention Desk Officer for the Interior Department, Office of Management and Budget, Washington, D.C. 20503; and to the Information Collection Clearance Officer, Audits and Accountability Team, National Park Service, P.O. Box 37127, Washington, D.C. 20013-7127.
VISITING LINCOLN BOYHOOD NATIONAL MEMORIAL

1. How did this visit to Lincoln Boyhood National Memorial fit into your travel plans? Please check (✓) only one.

   _____ LINCOLN BOYHOOD WAS THE PRIMARY DESTINATION
   _____ LINCOLN BOYHOOD WAS ONE OF SEVERAL DESTINATIONS
   _____ LINCOLN BOYHOOD WAS NOT A PLANNED DESTINATION

2. Prior to your visit, how did you and your group get information about Lincoln Boyhood National Memorial? Please check (✓) all that apply.

   _____ RECEIVED NO INFORMATION PRIOR TO VISIT — GO ON TO QUESTION 3
   _____ HIGHWAY SIGNS
   _____ INTERSTATE HIGHWAY WELCOME CENTER/REST STOP
   _____ TRAVEL GUIDE/TOUR BOOK
   _____ OTHER NATIONAL PARK AREAS
   _____ FRIENDS OR RELATIVES
   _____ CONTACTED LINCOLN BOYHOOD NATIONAL MEMORIAL HEADQUARTERS
   _____ LOCAL TOURISM CENTER/OFFICE
   _____ MAP
   _____ PREVIOUS VISIT(S)
   _____ OTHER (Please specify: ___________________________________________)

3. On this trip, what other places did you visit in the Lincoln Boyhood National Memorial area? Please check (✓) all that apply.

   _____ LINCOLN STATE PARK
   _____ HOLIDAY WORLD/SPLASHIN’ SAFARI
   _____ COLONEL WILLIAM JONES STATE HISTORIC SITE
   _____ OTHER (Please specify: ___________________________________________)

4. Did you see, or do you plan to see, the Young Abe Lincoln outdoor drama during this visit to the area near Lincoln Boyhood National Memorial?

   _____ YES     _____ NO     _____ NOT SURE
5. On this visit, what was your **primary** reason for visiting Lincoln Boyhood National Memorial? Please check (✓) only one.
   _____ VISIT A NATIONAL PARK SERVICE SITE
   _____ VISIT AN ABRAHAM LINCOLN RELATED SITE
   _____ INTEREST IN HISTORY
   _____ VIEW LIVING HISTORY PROGRAM
   _____ OTHER (Please specify: ________________________________)

6. On this trip, how much time did you and your group spend at Lincoln Boyhood National Memorial?
   Time spent at Visitor Center: _____ NUMBER OF HOURS
   Time spent at Living Historical Farm: _____ NUMBER OF HOURS
   Total time at Lincoln Boyhood NM: _____ NUMBER OF HOURS

7. On this trip, which area of Lincoln Boyhood National Memorial did you visit first? Please check (✓) only one.
   _____ MEMORIAL VISITOR CENTER AREA
   _____ LIVING HISTORICAL FARM AREA

8. On this visit, what forms of transportation did you and your group use to get to Lincoln Boyhood National Memorial? Please check (✓) all that apply.
   _____ CAR/PICKUP TRUCK/VAN (other than recreational vehicle)
   _____ RECREATIONAL VEHICLE (Length: ____________)
   _____ BICYCLE/MOTORCYCLE
   _____ BUS
   _____ OTHER (Please specify: ________________________________)

9. a) Did your group have any trouble locating Lincoln Boyhood National Memorial?
       _____ YES   _____ NO  – GO ON TO QUESTION 10
   b) If YES, what was the difficulty? Please be specific.

   ____________________________

   PLEASE GO ON TO NEXT PAGE
10. On the list below, please check (√) all of the activities that you and your group participated in during this trip to Lincoln Boyhood National Memorial.

_____ VISIT MEMORIAL VISITOR CENTER
_____ VISIT LIVING HISTORICAL FARM
_____ WATCH VISITOR CENTER MOVIE
_____ VISIT BOOKSTORE
_____ ATTEND PIONEER DEMONSTRATION AT FARM
_____ ATTEND RANGER TOUR/PROGRAM AT VISITOR CENTER
_____ VIEW MUSEUM EXHIBITS
_____ VIEW WILDLIFE
_____ WALK OR DAY HIKE
_____ PICNIC
_____ OTHER (Please describe: ______________________________________________________)

11. a) On this visit to Lincoln Boyhood National Memorial, did you and your group attend a pioneer demonstration at the Living Historical Farm?

_____ YES  ______ NO – GO ON TO 11c

b) If YES, which of the following statements is most appropriate? Please check (✓) only one.

_____ I ATTENDED BECAUSE I KNEW THE PROGRAM WAS SCHEDULED

_____ I ATTENDED BUT WAS UNAWARE OF A SCHEDULE

c) If NO, which of the following statements is most appropriate? Please check (✓) only one.

_____ I WAS AWARE THAT PROGRAMS WERE AVAILABLE BUT DID NOT ATTEND

_____ I WAS UNAWARE THAT PROGRAMS WERE AVAILABLE
12. On the list below, please mark the places you and your group visited at Lincoln Boyhood National Memorial during this trip. Simply check (√) each place you visited. Use the map to help you locate the sites.

_____ MEMORIAL VISITOR CENTER
_____ LIVING HISTORICAL FARM
_____ NANCY LINCOLN’S GRAVE SITE
_____ CABIN SITE MEMORIAL
_____ EXHIBIT SHELTER
_____ PICNIC AREA (EXHIBIT SHELTER)
_____ PICNIC AREA (VISITOR CENTER)
_____ LINCOLN BOYHOOD TRAIL
_____ TRAIL OF TWELVE STONES
_____ BOYHOOD NATURE TRAIL
_____ LINCOLN SPRING TRAIL
_____ FARM PARKING LOT

PLEASE GO ON TO NEXT PAGE
13. a) **Prior** to completing this questionnaire, were you aware that Lincoln Boyhood National Memorial is administered by the National Park Service?

   _____ YES  _____ NO - **GO ON TO QUESTION 14**

   b) If YES, please indicate where you learned this information. Please check (√) only one.

   _____ FROM IN-PARK SOURCES (park staff, brochures, exhibits, etc.)
   _____ FROM OUT-OF-PARK SOURCES (travel agents, tour books, etc.)
   _____ UNABLE TO REMEMBER

**YOU AND YOUR OPINIONS**

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

   _____ NUMBER OF PEOPLE

   b) On this visit, how many motor vehicles did you and your group use to enter the park?

   _____ NUMBER OF MOTOR VEHICLES

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

   _____ ALONE  _____ FRIENDS
   _____ FAMILY  _____ FAMILY AND FRIENDS
   _____ OTHER (Please describe: ________________________________)

16. For you and your group on this visit, please indicate:

   **CURRENT AGE**  **U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY**  **NUMBER OF VISITS MADE TO THIS PARK (INCLUDING THIS VISIT)**

   | YOU YOURSELF | _____ | ________________ | _____ | _____ |
   | MEMBER #2   | _____ | ________________ | _____ | _____ |
   | MEMBER #3   | _____ | ________________ | _____ | _____ |
   | MEMBER #4   | _____ | ________________ | _____ | _____ |
   | MEMBER #5   | _____ | ________________ | _____ | _____ |
   | MEMBER #6   | _____ | ________________ | _____ | _____ |
   | MEMBER #7   | _____ | ________________ | _____ | _____ |
17. a) Please check (√) the information services and visitor facilities which you or your group **used** at Lincoln Boyhood National Memorial during this visit.

b) Next, for only those facilities or services which you or your group used, please rate their **importance** from 1-5.

c) Finally, for only those facilities or services which you or your group used, please rate their **quality** from 1-5.

<table>
<thead>
<tr>
<th>a) Used facility/service in Lincoln Boyhood NM?</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
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<tbody>
<tr>
<td>Check (√)</td>
<td>Not important 1 2 3 4 5</td>
<td>Very poor 1 2 3 4 5</td>
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<td>PARK BROCHURE/MAP</td>
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<td>VISITOR CENTER/INFORMATION DESK STAFF</td>
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<td>LIVING HISTORICAL FARM STAFF</td>
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<td>IN-PARK DIRECTIONAL SIGNS</td>
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<td>PICNIC AREAS</td>
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<td>VISITOR CENTER (cleanliness, maintenance, etc.)</td>
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<td>LIVING HISTORICAL FARM (cleanliness, maintenance, etc.)</td>
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<td>GROUNDS (cleanliness, maintenance, etc.)</td>
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<td>HANDICAPPED ACCESSIBILITY</td>
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18.  a) **Prior** to completing this questionnaire, were you aware that there is an entrance fee ($2 per person, $4 per family) for the Lincoln Boyhood National Memorial?

   _____ YES  _____ NO  _____ NOT SURE

   b) If it would increase funds to operate Lincoln Boyhood National Memorial, would you be willing to pay a higher entrance fee of $4 per person or $8 per family?

   _____ YES  _____ NO  _____ NOT SURE

19.  a) Do you feel that automobile and train traffic within Lincoln Boyhood National Memorial impacts the historic setting of the Living Historical Farm?

   _____ YES  _____ NO  _____ NOT SURE

   b) If YES, please indicate how automobile and train traffic impacts the historic setting of the Living Historical Farm. Please be specific.

   ____________________________________________________________
   ____________________________________________________________

20. During this trip, how much money did you and your group spend in the Lincoln Boyhood National Memorial area (within 25 miles of the memorial including Jasper, Dale, Ferdinand, Santa Claus, Rockport, and Huntingburg)? Please write "0" if your group did not spend any money.

   Local residents should only include expenditures that were **directly related** to this visit to the memorial.

   $_____ LODGING (motel, camping, etc.)

   $_____ TRAVEL (gas, bus fare, etc.)

   $_____ FOOD (restaurant, groceries, etc.)

   $_____ OTHER (recreation, film, gifts, etc.)

21. Overall, how would you rate the quality of the visitor services provided to you and your group at Lincoln Boyhood National Memorial during this visit? Please circle only one.

   VERY GOOD  GOOD  AVERAGE  POOR  VERY POOR
22. a) What did you like **most** about your visit to Lincoln Boyhood National Memorial?

   

   b) What did you like **least** about your visit to Lincoln Boyhood National Memorial?

   

23. If you were a manager planning for the future of Lincoln Boyhood National Memorial, what would you propose? Please be specific.

   

24. Is there anything else you and your group would like to tell us about your visit to Lincoln Boyhood National Memorial?

   

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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