

**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.

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### 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.

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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

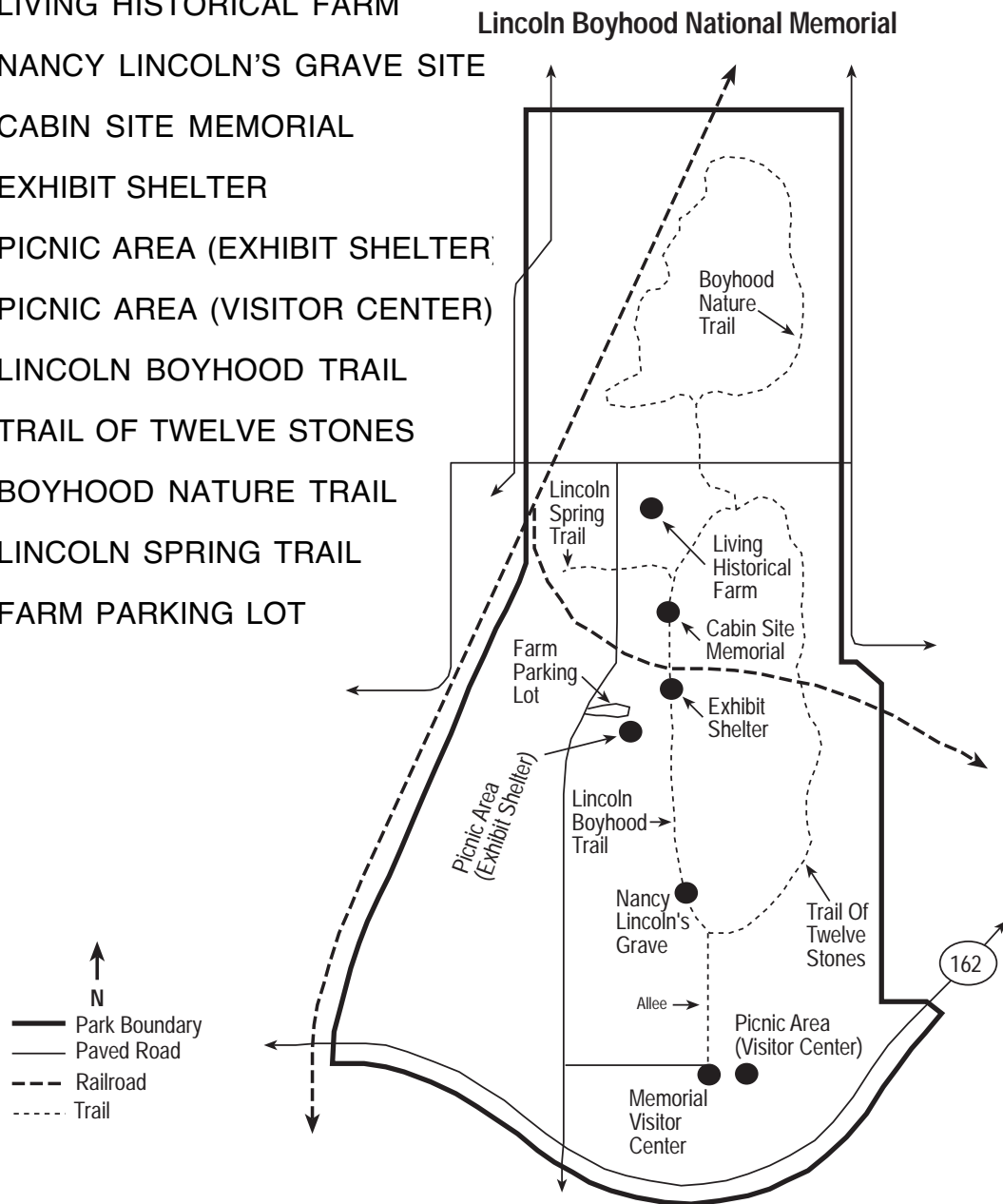
- c) If NO, which of the following statements is most appropriate? Please check (✓) only **one**.

\_\_\_\_\_ 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



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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)	
			PAST 12 MONTHS	PAST 5 YEARS
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.

a) Used facility/service in Lincoln Boyhood NM?	b) If used, how important?					c) If used, what quality?					
	Not important					Extremely important		Very poor		Very good	
	1	2	3	4	5	1	2	3	4	5	
_____ Check (✓) _____											
_____ PARK BROCHURE/MAP											
_____ VISITOR CENTER/INFORMATION DESK STAFF											
_____ LIVING HISTORICAL FARM STAFF											
_____ EXHIBITS											
_____ TRAIL GUIDES											
_____ RESTROOMS											
_____ TRAILS											
_____ ROADS AND PARKING											
_____ HIGHWAY DIRECTIONAL SIGNS											
_____ IN-PARK DIRECTIONAL SIGNS											
_____ PICNIC AREAS											
_____ VISITOR CENTER (cleanliness, maintenance, etc.)											
_____ LIVING HISTORICAL FARM (cleanliness, maintenance, etc.)											
_____ GROUNDS (cleanliness, maintenance, etc.)											
_____ HANDICAPPED ACCESSIBILITY											

PLEASE GO ON TO NEXT PAGE



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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.

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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?

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

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

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

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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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