

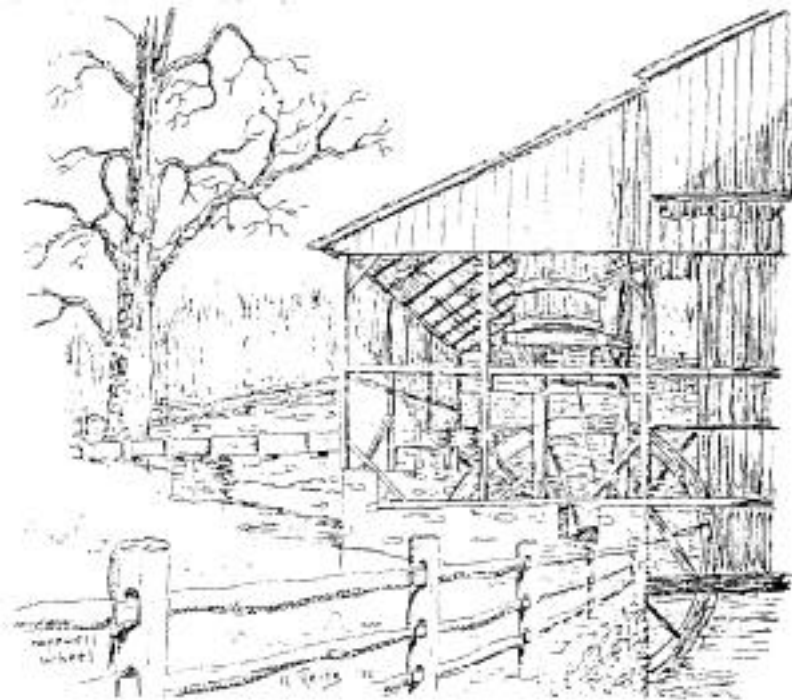


National Park Service  
U.S. Department of the Interior

Visitor Services Project

# Hopewell Furnace National Historic Site

## Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE  
Hopewell Furnace National Historic Site  
2 Mark Bird Lane  
Elverson, Pennsylvania 19520

IN REPLY REFER TO:

August, 2002

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Hopewell Furnace National Historic Site. This information will assist us in our efforts to better manage these sites and to serve you, the visitor.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take a few minutes after your visit to complete.

When your visit is over, please complete the questionnaire. Seal it with the stickers provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, NPS VSP Coordinator, Cooperative Park Studies Unit, College of Natural Resources, P.O. Box 441133, University of Idaho, Moscow, Idaho 83844-1133, phone 208-885-7863, email: [littlej@uidaho.edu](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

William A. Sanders  
Superintendent

**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 stickers 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 20 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

Please go on to the next page ➡

### YOUR VISIT TO HOPEWELL FURNACE NATIONAL HISTORIC SITE

- 1 Prior to your visit, were you and your group aware that Hopewell Furnace National Historic Site (NHS) is managed by the National Park Service?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES                      \_\_\_\_\_ NOT SURE

- 2 a) Prior to your visit, how did you and your group get information about Hopewell Furnace NHS? Please check ( ) **all** that apply.

\_\_\_\_\_ RECEIVED NO INFORMATION PRIOR TO VISIT → **Go on to Question 3**

\_\_\_\_\_ LIVE IN THE LOCAL AREA

\_\_\_\_\_ PREVIOUS VISIT(S)

\_\_\_\_\_ WORD OF MOUTH/ FRIENDS/ RELATIVES

\_\_\_\_\_ TRAVEL GUIDE/ TOUR BOOK

\_\_\_\_\_ VIDEO/ TELEVISION/ RADIO PROGRAMS

\_\_\_\_\_ NEWSPAPER/ MAGAZINE ARTICLES

\_\_\_\_\_ CHAMBER OF COMMERCE/ VISITOR BUREAU

\_\_\_\_\_ HIGHWAY SIGNS

\_\_\_\_\_ NATIONAL PARK SERVICE (NPS) INTERNET/ WEB SITE:  
([www.nps.gov/hofu/](http://www.nps.gov/hofu/))

\_\_\_\_\_ FRENCH CREEK STATE PARK INTERNET/ WEB SITE:  
([www.dcnr.state.pa.us/stateparks/](http://www.dcnr.state.pa.us/stateparks/))

\_\_\_\_\_ OTHER WEB SITE

\_\_\_\_\_ CHILD ATTENDING SCHOOL PROGRAM

\_\_\_\_\_ TELEPHONE/ WRITTEN/ E-MAIL INQUIRY TO PARK

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

- b) From the sources checked above, did you and your group receive the information about Hopewell Furnace NHS that you needed?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES                      \_\_\_\_\_ NOT SURE



→ **Go on to Question 3**



- c) If NO, what information did you and your group need that was not available? Please be specific.

3. a) On this visit, how long did you and your group stay at Hopewell Furnace NHS? (Please list partial hours as 1/4, 1/2, 3/4).  
\_\_\_\_\_ NUMBER OF HOURS
- b) On this trip, did you visit Hopewell Furnace NHS on more than one day?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- c) On this trip, how many times did you and your group enter Hopewell Furnace NHS?  
\_\_\_\_\_ NUMBER OF TIMES YOU ENTERED \_\_\_\_\_ DON'T KNOW
- d) On this visit to Hopewell Furnace NHS, did you and/or your group walk in from French Creek State Park?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
4. How did this visit to Hopewell Furnace NHS fit into your travel plans? Please check ( ) only **one**.  
\_\_\_\_\_ HOPEWELL FURNACE NHS WAS PRIMARY DESTINATION  
\_\_\_\_\_ FRENCH CREEK STATE PARK WAS PRIMARY DESTINATION  
\_\_\_\_\_ HOPEWELL FURNACE NHS WAS ONE OF SEVERAL DESTINATIONS  
\_\_\_\_\_ HOPEWELL FURNACE NHS WAS NOT A PLANNED DESTINATION
5. a) On this visit, which routes did you and your group use to arrive at Hopewell Furnace NHS? Please check ( ) **all** that apply.  
\_\_\_\_\_ PA TURNPIKE, USING MORGANTOWN EXIT  
\_\_\_\_\_ PA TURNPIKE, USING DOWNINGTOWN EXIT  
\_\_\_\_\_ ROUTE 422 FROM WEST \_\_\_\_\_ ROUTE 422 FROM EAST  
\_\_\_\_\_ ROUTE 100 FROM SOUTH \_\_\_\_\_ ROUTE 100 FROM NORTH  
\_\_\_\_\_ ROUTE 23 FROM EAST \_\_\_\_\_ ROUTE 23 FROM WEST
- b) Did you and your group have any difficulty locating the park?  
\_\_\_\_\_ YES \_\_\_\_\_ NO → **Go on to Question 6**  
↓
- c) If YES, why? Please be specific.

- 6. a) On this visit, in what activities did you and your group participate at Hopewell Furnace NHS? Please check ( ) **all** that apply.
- b) On past visits, in what activities did you and your group participate at Hopewell Furnace NHS? Please check ( ) **all** that apply. If you have not visited in the past, please this column blank.

On this visit ( )	On past visits ( )
_____ LEARNING HISTORY	_____
_____ SEEING LIVING HISTORY	_____
_____ SEEING FARM ANIMALS	_____
_____ VIEWING WILDLIFE	_____
_____ HIKING ON TRAILS	_____
_____ WALKING DOG(S)	_____
_____ PICNICKING	_____
_____ PHOTOGRAPHY/PAINTING/DRAWING	_____
_____ HISTORICAL RESEARCH	_____
_____ JUNIOR RANGER PROGRAM	_____
_____ VISITING VISITOR CENTER	_____
_____ APPLE PICKING	_____
_____ VIEWING FALL FOLIAGE	_____
_____ OTHER (Please describe: _____)	_____

c) Which of the above activities were most important to your visit to Hopewell Furnace NHS?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

7: a) During your visit to Hopewell Furnace NHS, did you and your group attend any living history programs (costumed presentations)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO → **Go on to Question 8**



b) If YES, please check ( ) **all** of the programs that you and your group attended.

_____ MOLDING	_____ BLACKSMITHING
_____ COOKING/DOMESTIC CRAFTS	_____ FARMING
_____ OTHER (Please specify _____)	

8. a) On this trip, did you and your group stay overnight away from home within the Hopewell Furnace NHS area, including Valley Forge, Reading, Lancaster, Pottstown, Brandywine or Kutztown?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO    ➔ **Go on to Question 9**



- b) Please list the number of nights you and your group stayed in the Hopewell Furnace National Historic Site area.

NUMBER OF NIGHTS in Valley Forge, Reading, Lancaster, Pottstown, Brandywine or Kutztown \_\_\_\_\_

- c) In what type of lodging did you and your group spend the night(s)? Please check ( ) **all** that apply.

Overnight stay in area including Valley Forge, Reading, Lancaster, Pottstown, Brandywine or Kutztown? ( )

LODGE, MOTEL, CABIN, RENTED CONDO/ HOME, OR BED & BREAKFAST \_\_\_\_\_

RV/ TRAILER CAMPING \_\_\_\_\_

TENT CAMPING \_\_\_\_\_

PERSONAL SEASONAL RESIDENCE \_\_\_\_\_

RESIDENCE OF FRIENDS OR RELATIVES \_\_\_\_\_

OTHER (Please specify: \_\_\_\_\_) \_\_\_\_\_

- d) In what town/city did you and your group stay on the **night before your arrival** at Hopewell Furnace NHS?

TOWN/ CITY \_\_\_\_\_ STATE \_\_\_\_\_

- e) In what town/city did you and your group stay on the **night after your departure** from Hopewell Furnace NHS?

TOWN/ CITY \_\_\_\_\_ STATE \_\_\_\_\_

9. On this trip, what was the **primary** reason that you and your group visited the area? Please check ( ) only **one**.

\_\_\_\_\_ VISIT HOPEWELL FURNACE NHS

\_\_\_\_\_ VISIT FRENCH CREEK STATE PARK

\_\_\_\_\_ SHOP, INCLUDING OUTLET MALLS

\_\_\_\_\_ VISIT OTHER ATTRACTIONS IN THE AREA

\_\_\_\_\_ VISIT FRIENDS/ RELATIVES IN THE AREA

\_\_\_\_\_ BUSINESS OR OTHER REASONS

**Please go on to the next page ➔**

10. a) Please check ( ) the information services and facilities that you or your group used during this visit to Hopewell Furnace NHS.
- b) Next, for only those services and facilities which you or 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.

Use facility/ service? Check ( )	If used, how important?					If used, what quality?				
	Not important 1	2	3	Extremely important 4	5	Very poor 1	2	3	4	Very good 5
_____ PARK BROCHURE/ MAP										
_____ VISITOR CENTER EXHIBITS										
_____ VISITOR CENTER VIDEO/ SLIDE SHOW										
_____ ASSISTANCE FROM VISITOR CENTER STAFF										
_____ RANGER-LED WALKS/ TALKS										
_____ LIVING HISTORY DEMONSTRATIONS										
_____ SELF-GUIDED WALKING TOUR										
_____ JUNIOR RANGER PROGRAM										
_____ DIRECTIONAL SIGNS TO REACH PARK										
_____ TRAILS										
_____ BOOKSTORE SALES ITEMS (selection, quality, price, etc.)										
_____ PARKING AREA										
_____ RESTROOMS										
_____ ACCESS FOR DISABLED PERSONS										



11. It is the National Park Service's responsibility to protect Hopewell Furnace NHS's natural, scenic and cultural resources while at the same time providing for public enjoyment. How important are the following qualities/resources in the park to you? Please circle **one** response for each item.

Quality/resource	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know/ No opinion
NATIVE PLANTS	1	2	3	4	5	DK
WILDLIFE	1	2	3	4	5	DK
CLEAN STREAMS	1	2	3	4	5	DK
EXHIBITS IN HISTORIC ROOMS	1	2	3	4	5	DK
NATURAL QUIET/ SOUNDS OF NATURE	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
HISTORIC LANDSCAPE	1	2	3	4	5	DK
LIVING HISTORY PROGRAMS (costumed demonstrations)	1	2	3	4	5	DK
HISTORIC BUILDINGS	1	2	3	4	5	DK
RURAL SETTING	1	2	3	4	5	DK
HISTORIC DEMONSTRATION FARM	1	2	3	4	5	DK
ORCHARD	1	2	3	4	5	DK
OTHER (Please specify: _____)	1	2	3	4	5	DK

12. On this visit, what kind of personal group (not guided tour/ school group) were you with? Please check ( ) **only one** .

ALONE
   
  FAMILY  
 FRIENDS
   
  FAMILY AND FRIENDS  
 OTHER (Please describe: \_\_\_\_\_)

13. On this visit, were you and your personal group with the following types of groups?

Guided tour group                       YES                       NO  
 School/ educational group             YES                       NO

Please go on to the next page ➡

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

\_\_\_\_\_ NUMBER OF PEOPLE

15. For you and your personal group, please indicate:

	Gender M=male F=female	Current age	U.S. Zip Code or name of country other than U.S.	Number of visits made to this park (including this visit) past 12 months      lifetime	
YOURSELF	_____	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____	_____

16. For you and each of the **adults** (age 17 or over) in your personal group on this visit, please indicate the highest level of education completed. Please check ( ) only **one** for each person.

	Highest level of education				
	SOME HIGH SCHOOL	HIGH SCHOOL GRADUATE/GED	SOME COLLEGE	BACHELOR'S DEGREE	GRADUATE DEGREE
YOURSELF	_____	_____	_____	_____	_____
ADULT #2	_____	_____	_____	_____	_____
ADULT #3	_____	_____	_____	_____	_____
ADULT #4	_____	_____	_____	_____	_____
ADULT #5	_____	_____	_____	_____	_____
ADULT #6	_____	_____	_____	_____	_____
ADULT #7	_____	_____	_____	_____	_____

17. a) Is English the **primary** language you and your group prefer to speak and write?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES    ➔ **Go on to Question 18**



b) If NO, what is the language do you and your group prefer to speak and write?

\_\_\_\_\_

18. Are you Hispanic or Latino?

\_\_\_\_\_ YES - HISPANIC OR LATINO

\_\_\_\_\_ NO - NOT HISPANIC OR LATINO

19. Which of these categories best indicates your race? Please check ( ) **all** that apply.

\_\_\_\_\_ AMERICAN INDIAN OR ALASKA NATIVE

\_\_\_\_\_ ASIAN

\_\_\_\_\_ BLACK OR AFRICAN AMERICAN

\_\_\_\_\_ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

\_\_\_\_\_ WHITE

\_\_\_\_\_ DO NOT WISH TO ANSWER

20. a) Does anyone in your group have any disabilities/impairments that affected their visit to Hopewell Furnace NHS?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO    ➔ **Go on to Question 21**



b) If YES, what kind of disability/impairment? Please check ( ) **all** that apply.

\_\_\_\_\_ HEARING                      \_\_\_\_\_ VISUAL

\_\_\_\_\_ MOBILITY                      \_\_\_\_\_ LEARNING

\_\_\_\_\_ MENTAL                      \_\_\_\_\_ OTHER (specify \_\_\_\_\_)

c) Because of the disability/impairment, did you and your group encounter any access and/or service problems during this visit to Hopewell NHS?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO    ➔ **Go on to Question 21**



d) If YES, what were the problems? \_\_\_\_\_

\_\_\_\_\_

**Please go on to the next page    ➔**

21. a) How safe did you and your group feel while visiting Hopewell Furnace NHS? Please circle one answer below.

VERY SAFE	SAFE	UNSAFE	VERY UNSAFE	NO OPINION
1	2	3	4	5

- b) If you rated part a of this question with 3 or 4, please explain why.

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22. a) Did you and your group feel crowded on this visit to Hopewell Furnace NHS? Please rate how crowded you felt by circling **one** answer below.

VERY CROWDED	SOMEWHAT CROWDED	SOMEWHAT UNCROWDED	VERY UNCROWDED	NO OPINION
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- b) If you rated the park as 'very crowded' or 'somewhat crowded,' please describe **where** you felt crowded.

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23. In your opinion, what is the national significance of Hopewell Furnace NHS? Please be specific.

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24. An entrance fee is charged at Hopewell Furnace NHS. Most of these funds remain at the park to be used for resource protection and visitor services.

- a) The current fee is \$5/adult. In your opinion, how appropriate is this amount? Please circle **one** answer.

TOO LOW	ABOUT RIGHT	TOO HIGH	DON'T KNOW/NO OPINION
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- b) On a future visit, if the entrance fee was \$8-12/adult and the services remained the same, please rate the appropriateness of this amount. Please circle **one** answer.

TOO LOW	ABOUT RIGHT	TOO HIGH	DON'T KNOW/NO OPINION
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25. For this visit to the Hopewell Furnace NHS area, please estimate all of your group's expenditures for the items listed below. Please write "0" if you spent no money in a particular category.

a) Please list your group's total expenditures inside Hopewell Furnace NHS.

b) Please list your group's total expenditures in the **surrounding area**, including Valley Forge, Reading, Lancaster, Pottstown, Brandywine or Kutztown.

Surrounding area residents should only include expenditures that were **directly related** to this visit to this park.

	EXPENDITURES	
	Inside park	In surrounding area
HOTELS, MOTELS, CABINS, B&B, etc.		\$ _____
CAMPING FEES AND CHARGES		\$ _____
RESTAURANTS AND BARS		\$ _____
GROCERIES AND TAKE-OUT FOOD (including sodas)	\$ _____	\$ _____
GAS AND OIL (auto, RV, boat, etc.)		\$ _____
OTHER TRANSPORTATION EXPENSES (rental cars, auto repairs, taxies, but not including airfare)		\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES	\$ _____	\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
DONATIONS	\$ _____	\$ _____

c) How many people do the above expenses cover?

ADULTS (18 years or over) \_\_\_\_\_ CHILDREN (under 18 years) \_\_\_\_\_

Please go on to the next page ➡

26. a) What did you and your group like **most** about your visit to Hopewell Furnace NHS?

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b) What did you and your group like **least** about your visit to Hopewell Furnace NHS?

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27. On a future visit to Hopewell Furnace NHS, what types of interpretive programs would you and your group prefer to attend? Please check ( ) **all** that apply.

\_\_\_\_\_ NOT INTERESTED IN INTERPRETIVE PROGRAMS → **Go on to Question 28**

\_\_\_\_\_ PROGRAMS ABOUT FARM/FARM ANIMALS

\_\_\_\_\_ RANGER-LED VILLAGE WALKS

\_\_\_\_\_ RANGER-LED NATURE WALKS

\_\_\_\_\_ LIVING HISTORY/COSTUMED DEMONSTRATIONS

\_\_\_\_\_ EVENING PROGRAMS

\_\_\_\_\_ SCHOOL PROGRAMS

\_\_\_\_\_ PROGRAMS HELD IN LOCAL COMMUNITIES

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

28. Overall, how would you rate the quality of the visitor services provided to you and your group at Hopewell Furnace NHS during this visit? Please circle only **one**.

VERY GOOD      GOOD      AVERAGE      POOR      VERY POOR

29. If you were a manager planning for the future of Hopewell NHS, what would you propose? Please include any comments about visitor services and please be specific.

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30. Is there anything else you and your group would like to tell us about your visit to Hopewell Furnace NHS?

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

**OFFICIAL BUSINESS**

**Visitor Services Project  
Cooperative Park Studies Unit  
College of Natural Resources  
University of Idaho  
P.O. Box 441133  
Moscow, Idaho 83844-1133**