



National Park Service  
U.S. Department of the Interior

Visitor Services Project

# Fort Stanwix National Monument Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE  
Fort Stanwix National Monument  
112 East Park Street  
Rome, New York 13440

IN REPLY REFER TO:

July, 2003

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Fort Stanwix National Monument. This information will assist us in managing this site and serving 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, Park Studies Unit, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, Idaho 83844-1139, phone 208-885-7863, email: [littlej@uidaho.edu](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

Michael A. Caldwell  
Superintendent

This visitor study is partially funded by Fee Demonstration Funding.

**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 ➔



c) Was the information you received from the sources (listed in part (a) of this question) prior to this visit, all that you and your group needed?

\_\_\_\_\_ NO

\_\_\_\_\_ YES

\_\_\_\_\_ NOT SURE



**Go on to Question 3**

d) If not, what additional information did you and your group need?

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3. On the list below, please check ( ) **all** of the activities in which you and your group participated at Fort Stanwix NM on this visit.

\_\_\_\_\_ VISITING VISITOR CENTER (in historical society building)

\_\_\_\_\_ VIEWING RECONSTRUCTED FORT INCLUDING FURNISHED ROOMS

\_\_\_\_\_ VIEWING EXHIBITS IN EXHIBIT ROOM

\_\_\_\_\_ TAKING SELF-GUIDED TOUR

\_\_\_\_\_ ATTENDING LIVING HISTORY PROGRAMS

\_\_\_\_\_ ATTENDING RANGER-LED PROGRAMS (other than living history)

\_\_\_\_\_ CONDUCTING GENEALOGY OR HISTORICAL RESEARCH

\_\_\_\_\_ PHOTOGRAPHY

\_\_\_\_\_ ATTENDING SPECIAL EVENTS

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

4. a) On this visit, how much time did you and your group spend at Fort Stanwix NM?

\_\_\_\_\_ NUMBER OF HOURS (Please list partial hours as 1/2, 1/4, etc.)

b) On this trip, did you and your group visit Fort Stanwix NM on more than one day?

\_\_\_\_\_ YES

\_\_\_\_\_ NO → **Go on to Part (d) of this Question**



c) If YES, on how many days did you visit? \_\_\_\_\_ NUMBER OF DAYS

**Please go on to the next page ➡**

d) During your stay in the area, how many times did you and your group enter Fort Stanwix NM?

NUMBER OF TIMES YOU ENTERED FORT STANWIX NM \_\_\_\_\_

DON'T KNOW ( ) \_\_\_\_\_

5. a) On this trip, did you and your group stay overnight away from home within 1/2 hour drive of Fort Stanwix NM?

\_\_\_\_\_ YES \_\_\_\_\_ NO → Go on to Question 6



b) Please list the number of nights your group stayed within a 1/2-hour drive of Fort Stanwix NM.

NUMBER OF NIGHTS \_\_\_\_\_

c) In what type of lodging did you and your group spend the night(s)? Please check ( ) all that apply for the area within a 1/2-hour drive of Fort Stanwix NM.

\_\_\_\_\_ within 1/2-hour drive of Fort Stanwix NM ( )

LODGE, MOTEL, CABIN, RENTED CONDO/HOME, B&B \_\_\_\_\_

CAMPGROUND/TRAILER PARK \_\_\_\_\_

BACKCOUNTRY CAMPSITE \_\_\_\_\_

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

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

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

d) On this trip, where did you and your group spend the night **prior to arriving** at Fort Stanwix NM?

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

e) On this trip, where did you and your group spend the night **after** leaving Fort Stanwix NM?

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

6. On this visit, what were your reasons for visiting the **Rome area** (within 1/2-hour drive of Rome)? Please check ( ) **all** that apply.

- VISIT FORT STANWIX NM
- LEARN REVOLUTIONARY WAR HISTORY
- LEARN HISTORY (OTHER THAN REVOLUTIONARY WAR HISTORY)
- RECREATION (camping, boating, etc.)
- NATURE STUDY
- TRAVEL THROUGH TO OTHER DESTINATIONS
- SHOP/DINE OUT
- VISIT FAMILY OR FRIENDS
- RESEARCH FAMILY GENEALOGY OR HISTORY
- ATTEND ARTS/CULTURAL EVENT
- BUSINESS
- OTHER (Please specify: \_\_\_\_\_)

7. On this trip, what other places did you visit in the Rome area (within 1/2-hour drive of Rome)? Please check ( ) **all** that apply.

- ADIRONDACK MOUNTAINS
- COOPERSTOWN
- ERIE CANAL VILLAGE
- FORT RICKEY GAME FARM
- HERKIMER HOME
- LAKE DAKA
- ORISKANY BATTLEFIELD
- SHAKOWI CULTURAL CENTER
- STEUBAN MEMORIAL
- TURNING STONE
- OTHER (Please specify: \_\_\_\_\_)

Please go on to the next page ➔

8. a) Please check ( ) the visitor services and facilities that you or your group **used** during this trip to Fort Stanwix NM.
- b) Next, for only those services and facilities that you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those services and facilities that you or your group used, please rate their **quality** from 1-5.

Use service/ facility? Check ( )	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/MAP										
_____ VISITOR CENTER										
_____ RANGER-LED WALKS AND TALKS										
_____ LIVING HISTORY PROGRAMS										
_____ BLACK POWDER DEMONSTRATION										
_____ ASSISTANCE FROM PARK STAFF										
_____ EXHIBITS (in fort)										
_____ RESTROOMS										
_____ TRAILS										
_____ ACCESS FOR DISABLED PERSONS										
_____ PICNIC AREAS										
_____ PARKING										



13. For you and each of the **adults** (age 18 or over) in your personal group on this visit, please indicate the highest level of education completed. Please check ( ) **only one** for each person. If you do not have the information for any group member, please leave that line blank.

	<b>Highest level of education</b>				
	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	_____	_____	_____	_____	_____

14. On this visit to Fort Stanwix NM, please indicate how the following elements may have affected your park experience. Please check ( ) **one** for each element.

<u>Affect your park experience?</u>	<u>Added to</u>	<u>No effect</u>	<u>Detracted from</u>
UNNATURAL NOISE (construction, motorized vehicles, generators, etc.)	_____	_____	_____
LARGE GROUPS	_____	_____	_____
BUS TRAFFIC (noise, parking, exhaust, etc.)	_____	_____	_____
PARKING AVAILABILITY	_____	_____	_____
OTHER VISITORS' PETS	_____	_____	_____
AIRCRAFT OVERFLIGHTS	_____	_____	_____
CLOSED/RESTRICTED AREAS	_____	_____	_____
AIR QUALITY (vista clarity, etc.)	_____	_____	_____

15. a) Did you find parking facilities to be satisfactory during your visit?

       NO

       YES

       NOT SURE



↳ **Go on to Question 16**

b) If NO, please explain why: \_\_\_\_\_

\_\_\_\_\_

16. At any time during your visit, did you or your group need or want additional information about Fort Stanwix NM that you were unable to obtain?

       YES

       NO → **Go on to Question 17**



If YES, what was the information you needed?

\_\_\_\_\_

17. For the questions below, please rate from 1 to 5 how safe you and your group felt from crime and accidents during this visit to Fort Stanwix NM. Please circle only **one** answer for each question.

**How safe did you feel in the park?**

Safety Issue	Very unsafe	Somewhat unsafe	No opinion	Somewhat safe	Very safe
Personal property—from crime	1	2	3	4	5
Personal safety—from crime	1	2	3	4	5
Personal safety—from accidents	1	2	3	4	5

18. For the questions below, please rate from 1 to 5 how safe you and your group felt from crime and accidents in the town/city closest to your home. Please circle only **one** answer for each question

**How safe did you feel in the town/city closest to your home?**

Safety Issue	Very unsafe	Somewhat unsafe	No opinion	Somewhat safe	Very safe
Personal property—from crime	1	2	3	4	5
Personal safety—from crime	1	2	3	4	5
Personal safety—from accidents	1	2	3	4	5

**Please go on to the next page →**

19. For you and your group, please estimate all expenditures for the items listed below for this visit to Fort Stanwix NM and the area within a 1/2-hour drive. Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures inside Fort Stanwix NM.

b) Please list your group's total expenditures in the **area** outside of Fort Stanwix NM (within 1/2-hour drive).

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

**Expenditures within 1/2-hour drive of Fort Stanwix NM**

	Inside Fort Stanwix NM	Outside Fort Stanwix NM
HOTELS, MOTELS, CABINS, etc.		\$ _____
CAMPING FEES AND CHARGES		\$ _____
RESTAURANTS AND BARS		\$ _____
GROCERIES AND TAKE OUT FOOD		\$ _____
GAS AND OIL (auto, RV, boat, etc.)		\$ _____
OTHER TRANSPORTATION EXPENSES (excluding airfare)		\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES	\$ _____	\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____

c) How many people do the listed expenses cover?

NUMBER OF ADULTS (18 years or over) \_\_\_\_\_

NUMBER OF CHILDREN (under 18 years) \_\_\_\_\_

20. Fort Stanwix NM was established because of its significance to the nation. In your opinion, what is the national significance of this park?

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21. Fort Stanwix NM currently uses living history programs, including weapons and clothing, to interpret the fort's history. On a future visit, which of the following management options would you prefer? Please check ( ) only **one**.

\_\_\_\_\_ CONTINUE CURRENT PROGRAM

\_\_\_\_\_ STOP USING LIVING HISTORY PROGRAMS, INCLUDING WEAPONS AND CLOTHING

\_\_\_\_\_ STOP USING WEAPONS ONLY

\_\_\_\_\_ NO OPINION/DON'T CARE

22. Fort Stanwix NM currently fires historic weapons during its living history interpretive programs. On a future visit, which of the following management options would you prefer? Please check ( ) only **one**.

\_\_\_\_\_ CONTINUE CURRENT PROGRAM OF FIRING HISTORIC WEAPONS

\_\_\_\_\_ STOP FIRING HISTORIC WEAPONS

\_\_\_\_\_ NO OPINION/DON'T CARE

23. Re-enactors currently help in the presentation of living history programs during special events at Fort Stanwix NM. On a future visit, which of the following management options would you prefer? Please check ( ) only **one**.

\_\_\_\_\_ CONTINUE CURRENT PROGRAM USING RE-ENACTORS

\_\_\_\_\_ STOP CURRENT PROGRAM USING RE-ENACTORS

\_\_\_\_\_ NO OPINION/DON'T CARE

24. The battlefield is currently maintained to reflect a manicured appearance. On a future visit, which of the following maintenance options would you prefer? Please check ( ) only **one**.

\_\_\_\_\_ MAINTAIN THIS AREA AS IT IS NOW

\_\_\_\_\_ RESTORE 1770'S APPEARANCE WITH FARM CROPS AND NATIVE GRASSES

\_\_\_\_\_ COMBINATION OF BOTH OF THE ABOVE MANAGEMENT METHODS

\_\_\_\_\_ NO OPINION/DON'T CARE

**Please go on to the next page ➔**

25. If a portion of Fort Stanwix NM were open during the winter, is it likely that you or members of your group would visit?

\_\_\_\_\_ YES, UNLIKELY      \_\_\_\_\_ NO, UNLIKELY      \_\_\_\_\_ NOT SURE

26. a) What did you like **most** about your visit to Fort Stanwix NM?

\_\_\_\_\_

\_\_\_\_\_

b) What did you like **least** about your visit to Fort Stanwix NM?

\_\_\_\_\_

\_\_\_\_\_

27. On a future visit, how would you and your group prefer to learn about Fort Stanwix NM? Please check ( ) **all** that apply.

- \_\_\_\_\_ NOT INTERESTED IN LEARNING ABOUT PARK → **Go on to Question 28**
- \_\_\_\_\_ VISITOR CENTER INFORMATION DESK
- \_\_\_\_\_ VISITOR CENTER EXHIBITS
- \_\_\_\_\_ PARK ORIENTATION PROGRAM
- \_\_\_\_\_ OTHER AUDIOVISUAL PROGRAMS (videos, movies, slide shows, etc.)
- \_\_\_\_\_ PRINTED MATERIALS (brochures, books, maps, etc.)
- \_\_\_\_\_ INTERNET/WEB SITE
- \_\_\_\_\_ TRAILSIDE EXHIBITS
- \_\_\_\_\_ SELF-GUIDED TOURS
- \_\_\_\_\_ RANGER-LED TOURS
- \_\_\_\_\_ ADDITIONAL LIVING HISTORY PROGRAMS
- \_\_\_\_\_ RANGERS ON TRAILS
- \_\_\_\_\_ JUNIOR RANGER OPPORTUNITIES
- \_\_\_\_\_ CHILDREN'S PROGRAMS
- \_\_\_\_\_ VOLUNTEER OPPORTUNITIES
- \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

28. If you were a park manager planning for the future of Fort Stanwix NM, what would you propose? Please be specific.

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29. Is there anything else you and your group would like to tell us about your visit to Fort Stanwix NM?

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30. Overall, how would you rate the quality of the visitor services provided to you and your group at Fort Stanwix NM during this trip? Please circle only **one**.

VERY GOOD    GOOD    AVERAGE    POOR    VERY POOR

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  
Park Studies Unit  
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