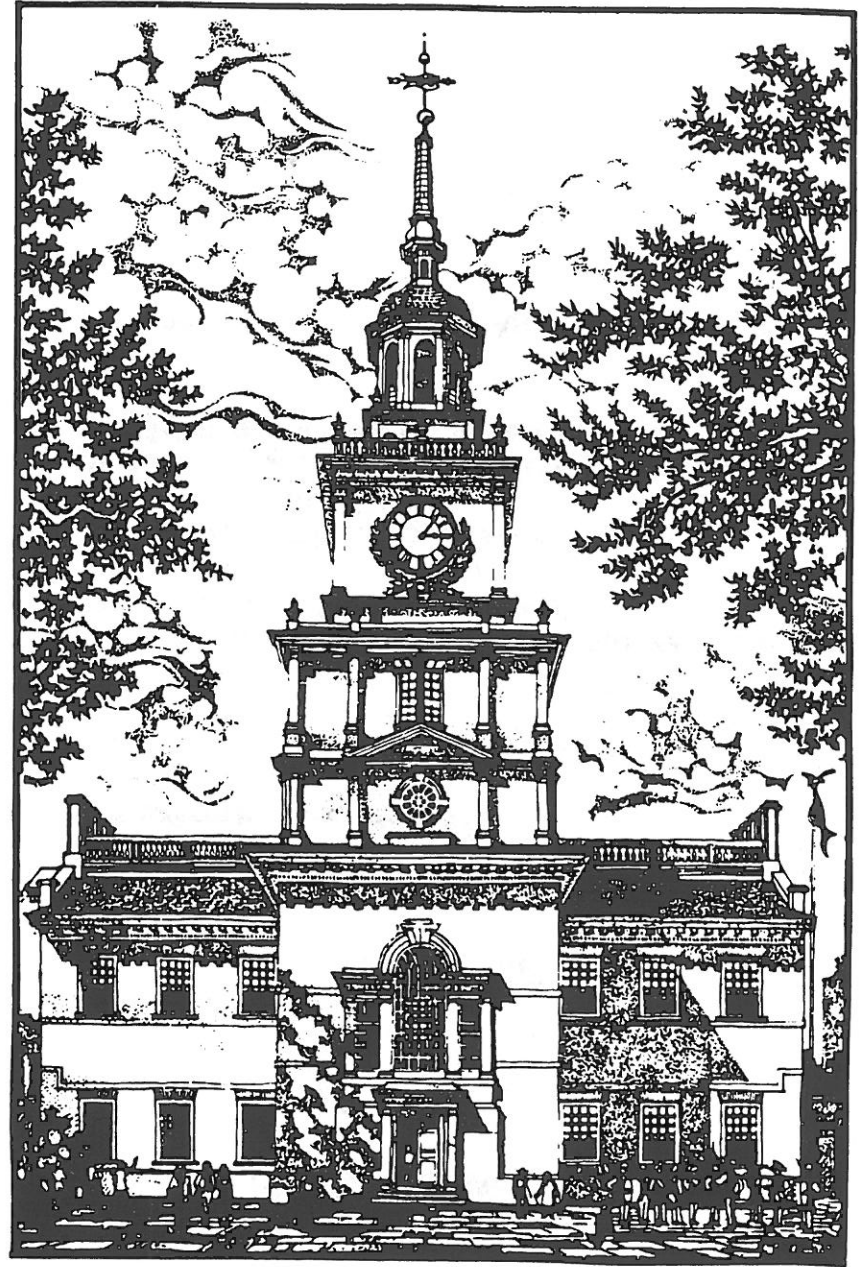


Independence Visitor Study



The Visitor Services Project

IMPORTANT

When did you first enter Independence
National Historical Park this visit?

_____ DAY OF THE WEEK (M,T,W,Th,F,S,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 I, NEXT PAGE



IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE

INDEPENDENCE NATIONAL HISTORICAL PARK

311-313 WALNUT STREET
PHILADELPHIA, PA. 19106

July, 1986

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Independence enjoy, and the places they visit within the park.

This questionnaire is only being given to a select number of visitors. Your participation is very important! It should only take a few minutes of your time during your visit to Independence.

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

Please be assured that all of the information is confidential. Do not write your name on the questionnaire. If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Sincerely,

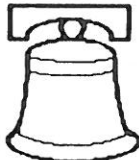

Hobart G. Cawood
Hobart G. Cawood
Superintendent

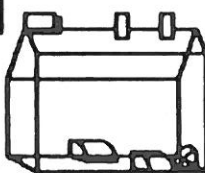


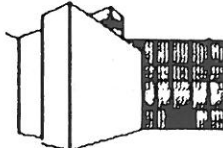
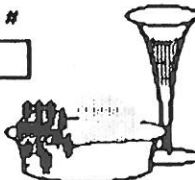
PART 1: PLACES YOU VISITED

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.

<div data-bbox="384 621 426 695"># <input type="checkbox"/></div>  <p>Liberty Bell Pavilion</p>	<p>Market St.</p> <p>Chestnut St.</p>
<div data-bbox="422 959 464 1032"># <input type="checkbox"/></div>  <p>Independence Hall</p>	<p>Walnut St.</p>
<p>6th St.</p>	<p>5th St. 4th St.</p>

<div data-bbox="1094 651 1136 724"># <input type="checkbox"/></div>  <p>Franklin Court</p>	
<div data-bbox="1104 951 1146 1024"># <input type="checkbox"/></div>  <p>Carpenter's Hall</p> <div data-bbox="1094 1146 1136 1219"># <input type="checkbox"/></div>  <p>Todd or Bishop White Houses</p>	<div data-bbox="1703 951 1745 1024"># <input type="checkbox"/></div>  <p>Visitor Center</p> <div data-bbox="1661 1179 1703 1252"># <input type="checkbox"/></div>  <p>The City Tavern</p>
	<p>3rd St.</p>



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: _____
_____)

PLEASE GO ON TO PART 3, NEXT PAGE

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: _____
_____)

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.

	AGE	ZIP CODE (COUNTRY)	*TIMES VISITED
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
additional members:	_____		

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?

PLEASE GO ON TO NEXT PAGE

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.