



Social Science Program
National Park Service
U.S. Department of the Interior

Visitor Services Project

Monocacy National Battlefield Visitor Study



OMB Approval #1024-0224 (NPS #06-025)
Expiration Date: 02/01/2007



United States Department of the Interior

NATIONAL PARK SERVICE
Monocacy National Battlefield
4801 Urbana Pike
Frederick, MD 21704-7307

IN REPLY REFER TO:

July – August 2006

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Monocacy National Battlefield. This information will help us improve our management of this site and better serve you, our visitor.

This questionnaire will be given to only a few visitors, so your participation is very important! It should take about 20 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, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

A handwritten signature in cursive script that reads "Susan W. Trail".

Susan W. Trail
Superintendent

This visitor study is partially funded by Recreation Fee Program funds.

DIRECTIONS

Please have the individual, who was randomly selected from your group, complete the following questionnaire. It should take about 20 minutes. After 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. 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 Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; email: littlej@uidaho.edu.

Please go on to the next page →

Your Visit To Monocacy National Battlefield

1. a) Prior to your visit to Monocacy National Battlefield, were you and your group aware that this is a Civil War battlefield? Please check (✓) **only one**.

_____ Yes _____ No _____ Not sure

- b) Prior to this visit, were you and your group aware that Monocacy National Battlefield is managed by the National Park Service? Please check (✓) **only one**.

_____ Yes _____ No _____ Not sure

2. a) Prior to this visit, how did you and your group obtain information about Monocacy National Battlefield? Please check (✓) **all** that apply.

- _____ Obtained no information prior to visit → **Go on to Question 3**
- _____ Previous visit
- _____ Friends/relatives/word of mouth
- _____ Park website (www.nps.gov/mono/)
- _____ Other websites
- _____ State welcome centers
- _____ Tourism Council of Frederick County
- _____ Maryland Civil War Trails program
- _____ Newspaper/magazine articles
- _____ Telephone/written/email inquiry to park
- _____ Travel guides/tour books
- _____ Maps/brochures
- _____ Highway signs
- _____ Television/radio programs/videos
- _____ Other National Park Service sites
- _____ Other (Please specify: _____)

b) From the sources you used prior to this visit, did you and your group receive the type of information about the park that you needed?

No Yes Not sure
 ↓ ↓ ↓
 ↓ **Go on to Question 3**

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

3. On this trip, what was your primary reason that you and your group visited the Monocacy National Battlefield area (within 1-hour drive of the park)? Please check (✓) **only one**.

- _____ Resident of local area (within 1-hour drive of the park) → **Go on to Question 4**
- _____ Visit Monocacy National Battlefield
- _____ Visit other attractions in the area
- _____ Visit friends/relatives in the area
- _____ Business
- _____ Other (Please specify: _____)

4. On this visit to Monocacy National Battlefield, what other places did you and your group visit? Please check (✓) **all** that apply.

- _____ Gettysburg National Military Park, PA
- _____ Antietam National Battlefield, MD
- _____ Harpers Ferry National Historical Park, WV
- _____ Attractions in Washington, D.C.
- _____ Attractions in Baltimore, MD
- _____ National Museum of Civil War Medicine in Frederick, MD
- _____ Manassas National Battlefield Park, VA
- _____ Downtown Frederick, MD
- _____ Other (Please specify: _____)

Please go on to the next page →

5. a) On this trip, did you and your group stay overnight away from home in the Monocacy National Battlefield **area** (within 1-hour drive of the park)?
- _____ Yes _____ No → **Go on to Question 6**



- b) If YES, please list the number of nights you and your group stayed in the Monocacy National Battlefield **area** (within 1-hour drive of the park).

_____ Number of nights in Monocacy National Battlefield **area**

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

(√) Within a 1-hour drive of the park _____

_____ Lodge/motel/hotel/cabin/rented condo/B&B, etc.

_____ Campground/RV trailer park

_____ Personal seasonal residence

_____ Residence of friends or relatives

_____ Other (Please specify: _____)

6. a) For this visit, please list the number of vehicles that you and your group used to arrive at Monocacy National Battlefield.

_____ Number of vehicles

- b) On this visit to Monocacy National Battlefield, what routes did you use coming into the park? Please check (√) **all** that apply.

_____ Route 355 North _____ Route 340 East

_____ Route 355 South _____ Route 15 South

_____ Route 85 North _____ I-70 East

_____ Route 85 South _____ I-70 West

_____ I-270 North _____ Route 80

_____ I-270 South

_____ Other (Please specify: _____)

c) On this visit, were the signs directing you to Monocacy National Battlefield adequate? Please check (√) **only one** response for each of the following.

Signs on interstates Yes No Not sure

Signs on state highways Yes No Not sure

Signs in communities Yes No Not sure

d) If you answered NO to any of part c above, please explain the problem.

7. a) On this visit, how long did you and your group stay at Monocacy National Battlefield on the day you received this questionnaire?

Number of hours (Please list partial hours as 1/4, 1/2, or 3/4.)

b) Did you and your group visit Monocacy National Battlefield on more than one day during your stay in the area?

Yes No → **Go on Question 8**



c) If YES, on how many days did you visit?

Number of days (Please list partial days as 1/4, 1/2, or 3/4.)

8. During this visit to Monocacy National Battlefield, which of the following sites did you and your group visit? Please check (√) **all** that apply.

- | | |
|--|---|
| <input type="checkbox"/> Gambrill Mill Visitor Center | <input type="checkbox"/> Gambrill Mill Trail |
| <input type="checkbox"/> Visitor center picnic area | <input type="checkbox"/> Monocacy River |
| <input type="checkbox"/> Best Farm (on auto tour only) | <input type="checkbox"/> Worthington Farm House |
| <input type="checkbox"/> Worthington Farm Trail | <input type="checkbox"/> Thomas Farm Trail |
| <input type="text"/> Other (Please specify:_____) | |

Please go on to the next page →

9. a) On this visit, what activities did you and your group participate in while at Monocacy National Battlefield? Please check (√) **all** that apply.

_____ Visiting visitor center

_____ Enjoying solitude

_____ Exercising (jogging, running, walking, walking dogs, etc.)

_____ Walking/hiking for educational purposes

_____ Attending interpretive programs

_____ Birdwatching

_____ Wildlife viewing

_____ Fishing

_____ Learning history

_____ Conducting family history/genealogy research

_____ Painting/drawing/photography

_____ Getting National Park Passport stamp

_____ Interacting with a park ranger

_____ Other (Please specify: _____)

- b) Which **ONE** activity in Question 9a that you or your group **participated in** was your **primary** reason for visiting Monocacy National Battlefield?

- c) During this visit, was there anything in Monocacy National Battlefield that you and your group wanted to see or do but were not be able to?

_____ Yes

_____ No → **Go on Question 10**



- d) If YES, what was it? _____

- e) What prevented you from being able to see that feature or do that activity?

10. a) Please check (√) **all** of the services/facilities that you and your group used during this visit to Monocacy National Battlefield.
- b) Next, for only those services/facilities that you and your group used, please rate their importance from 1-5.
- c) Finally, for only those services/facilities that you and your group used, please rate their quality from 1-5.

a) Used service/facility?	b) If used, how important?	c) If used, what quality?
	1=Not important	1=Very poor
	2=Somewhat important	2=Poor
	3=Moderately important	3=Average
	4=Very important	4=Good
	5=Extremely important	5=Very good

Check (√) _____		
_____ Park brochure/map	_____	_____
_____ Auto tour brochure	_____	_____
_____ Walking trail maps/brochures	_____	_____
_____ Visitor center exhibits	_____	_____
_____ Roadside exhibits	_____	_____
_____ Ranger-led tours/programs	_____	_____
_____ Junior Ranger program	_____	_____
_____ Assistance from park staff	_____	_____
_____ Access for disabled persons	_____	_____
_____ Directional signs (inside park)	_____	_____
_____ Directional signs (outside park)	_____	_____
_____ Visitor center bookstore sales items	_____	_____
_____ Visitor center restrooms	_____	_____
_____ Porta-potties at farm houses	_____	_____
_____ Trails	_____	_____
_____ Park website (www.nps.gov/mono) used before or during visit	_____	_____

Please go on to the next page →

In this questionnaire, your personal group is defined as anyone that you are visiting the park with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

11. For this visit to Monocacy National Battlefield, how many people were in your personal group, including yourself?

_____ Number of people

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

- a) Commercial guided tour group _____ Yes _____ No
- b) Educational/school group _____ Yes _____ No
- c) Other organized group _____ Yes _____ No
 (business, church, scout, youth, etc.)

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

- _____ Alone _____ Family
- _____ Friends _____ Family and friends
- _____ Other (Please specify: _____)

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

	Current age	U.S. ZIP Code or name of country other than U.S.	Number of visits to Monocacy NB (including this visit)	
			last 6 months	past 5 years
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

15. For you only, are you Hispanic or Latino?

- _____ Yes _____ No

16. For you only, which of these categories best indicates your race? Please check (√) **one or more**.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

17. For you and each group member (age 16 or over) 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.

	Highest level of education				
	Some high school	High school diploma/GED	Some college	Bachelor's degree	Graduate degree
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member #6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member #7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. a) Does anyone in your group have any disabilities/impairments that affected their visit to Monocacy National Battlefield?

Yes No → **Go on to Question 19**



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

- Hearing Mobility
- Learning Visual
- 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 Monocacy National Battlefield?

Yes No → **Go on to Question 19**



Go on to part d of this question

Please go on to the next page →

d) If YES, what were the problems?

19. For you and your group, please report all expenditures for the items listed below for this visit to Monocacy National Battlefield and the surrounding area (within 1-hour drive of the park). Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures inside the park.

b) Please list your group's total expenditures outside the park (within 1-hour drive of the park).

NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to Monocacy National Battlefield.

	EXPENDITURES	
	a) Inside park	b) In surrounding area outside park
Lodge/hotel/motel/cabins, B&B, etc.		\$ _____
Camping fees and charges		\$ _____
Guide fees and charges		\$ _____
Restaurants and bars		\$ _____
Groceries and takeout food		\$ _____
Gas and oil (auto, RV, boat, etc.)		\$ _____
Other transportation expenses: (rental cars, taxis, auto repairs, but NOT airfare)		\$ _____
Admission, recreation, entertainment fees		\$ _____
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
Donations	\$ _____	\$ _____

Please write "0" if no money was spent in a particular category.

c) How many people do the above expenses cover?

_____ Adults (18 years or over) _____ Children (under 18 years)

Please write "0" if no children in the group were covered by expenditures.

20. It is the National Park Service’s responsibility to protect Monocacy National Battlefield’s natural, scenic, and cultural resources, while at the same time providing for public enjoyment. Please rate the importance of each of the following resources/attributes to you and your group. Please circle **only one** response for each item.

Resource/attribute	Not important	Somewhat important	Moderately important	Very important	Extremely important
Green/open space	1	2	3	4	5
Preserved battlefield landscape	1	2	3	4	5
Historic structures/buildings	1	2	3	4	5
Recreational opportunities (hiking, exercising, etc.)	1	2	3	4	5
Interaction with park staff	1	2	3	4	5
Educational opportunities	1	2	3	4	5
Clean air (visibility)	1	2	3	4	5
Solitude	1	2	3	4	5

21. On a future visit to Monocacy National Battlefield, what subjects would you and your group be most interested in learning about? Please check (✓) **all** that apply.

- Not interested in learning → **Go on to Question 22**
- Military history
- Civilian history of the Civil War period
- Architecture of the area
- Archeological research
- History of local area
- Other (Please specify:_____)

Please go on to the next page →

22. On a future visit to Monocacy National Battlefield, what types of interpretive services would you and your group like to have available? Please check (✓) **all** that apply.

- _____ Not interested in interpretive services → **Go on to Question 23**
- _____ Indoor exhibits
- _____ Outdoor exhibits
- _____ Audio programs (CDs, tapes, etc.)
- _____ Printed materials (brochures, books, maps, etc.)
- _____ Interactive computer programs
- _____ Self-guided tours
- _____ Ranger-led tours/programs
- _____ Living history programs
- _____ Junior Ranger program
- _____ Other (Please specify: _____)

23. a) Would you recommend visiting Monocacy National Battlefield to others?

_____ Yes



b) If YES, please explain why.

_____ No



c) If NO, please explain why not.

24. a) What did you and your group like **most** about your visit to Monocacy National Battlefield?

b) What did you and your group like **least** about your visit to Monocacy National Battlefield?

25. If you were a manager planning for the future of Monocacy National Battlefield, what would you and your group propose? Please be specific.

26. Is there anything else you and your group would like to tell us about your visit to Monocacy National Battlefield?

27. Overall, how would you and your group rate the quality of facilities, services, and recreational opportunities at Monocacy National Battlefield during this visit? Please circle **only one**.

Very poor Poor Average Good Very good

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

OFFICIAL BUSINESS

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