



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

Visitor Services Project

Carl Sandburg Home National Historic Site

Visitor Study



**United States Department of the Interior****NATIONAL PARK SERVICE**

Carl Sandburg Home National Historic Site
81 Carl Sandburg Lane
Flat Rock, NC 28731

IN REPLY REFER TO:

April, 2008

Dear Visitor:

Thank you for participating in this important study. We want to learn about the expectations, opinions, and interests of visitors to Carl Sandburg Home National Historic Site. This information will help us improve our management of this park and better serve you, our visitor.

This questionnaire will be given to only a select number of visitors, so your participation is very important! It should only 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 Director, 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,





Connie Hudson Backlund

Connie Hudson Backlund
Superintendent

DIRECTIONS

At the end of your visit:

- 1) Please have the selected individual complete this questionnaire.
- 2) Answer the questions carefully since each question is different.
- 3) For questions that use circles (O), please mark your answer by filling in the circle with black or blue ink, or a pencil with dark (e.g. #2) lead.

Like this:  Not like this:   

- 4) Seal it with the stickers provided.
- 5) Drop it in a U.S. mailbox.

Thank you!

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 to the next page →

Your Visit To Carl Sandburg Home National Historic Site

NOTE: In this questionnaire, **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.

1. a) Prior to your visit, how did you and your personal group obtain information to plan your visit to Carl Sandburg Home National Historic Site (NHS)? Please mark (●) **all** that apply in column (a).
- b) Prior to a future visit, how would you and your personal group prefer to obtain information about Carl Sandburg Home NHS? Please mark (●) **all** that apply in column (b).

a) Prior to this visit (●) _____ **b) On future visits (●)** _____

- | | |
|--|-----------------------|
| <input type="radio"/> Obtained no information prior to visit → Go to part b of this question | |
| <input type="radio"/> Previous visits | <input type="radio"/> |
| <input type="radio"/> Friends/relatives/word of mouth | <input type="radio"/> |
| <input type="radio"/> Travel guides/tour books (such as AAA, etc.) | <input type="radio"/> |
| <input type="radio"/> Maps/brochures | <input type="radio"/> |
| <input type="radio"/> Newspaper/magazine articles | <input type="radio"/> |
| <input type="radio"/> E-mail/telephone/written inquiry to park | <input type="radio"/> |
| <input type="radio"/> Television/radio programs/videos | <input type="radio"/> |
| <input type="radio"/> Carl Sandburg Home NHS website: www.nps.gov/carl | <input type="radio"/> |
| <input type="radio"/> Other websites | <input type="radio"/> |
| <input type="radio"/> State welcome center/Hendersonville Visitor Information Center | <input type="radio"/> |
| <input type="radio"/> School class/program | <input type="radio"/> |
| <input type="radio"/> Information from local lodging or other business | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below) | <input type="radio"/> |

This visit: _____ Future visits: _____

- c) From the sources marked above, did you and your personal group receive the type of information about the park that you needed?

☐ No ☐ Yes → **Go to Question 2**

d) If NO, what type of park information did you and your personal group need that was not available? Please be specific.

2. a) Prior to this visit, did you know who Carl Sandburg was? Please mark (●) **one**.

☐ Yes ☐ No → **Go to Question 3**

b) If YES, how did you learn about him? Please mark (●) **all** that apply.

☐ Don't know/don't remember → **Go to Question 3**

☐ School class/program ☐ Television program

☐ Read book ☐ Live near his home

☐ Internet website ☐ Newspaper/magazine article

☐ Other (Please specify) _____

3. Prior to your visit, were you and your personal group aware that Carl Sandburg Home NHS is managed by the National Park Service? Please mark (●) **one**.

☐ Yes ☐ No

4. Prior to your visit, were you and your personal group aware of the "Friends of Carl Sandburg at Connemara" organization, a volunteer group providing support for activities at Carl Sandburg Home NHS? Please mark (●) **one**.

☐ Yes ☐ No

5. For this visit, what was the **primary** reason that you and your personal group visited the area within 30 miles of Carl Sandburg Home NHS? Please mark (●) **one**.

☐ Resident of area → **Go to Question 6**

☐ Visit Carl Sandburg Home NHS

☐ Visit other attractions in the area

☐ Visit friends/relatives in the area

☐ Travel through to other destination

☐ Business

☐ Other (Please specify) _____

6. On this visit, what was the **primary** reason that you and your personal group visited Carl Sandburg Home NHS? Please mark (●) **one**.

- ☐ To learn about Carl Sandburg
☐ Attend a program or special event at Carl Sandburg Home NHS
☐ Junior Ranger program
☐ Participate in recreation (hiking, etc.)
☐ Saw sign on highway
☐ Show site to friends/relatives
☐ Visit a National Park Service site
☐ Obtain stamp in National Park Passport book
☐ Other (Please specify) _____

7. On this visit, were the signs directing you and your personal group to and around Carl Sandburg Home NHS adequate? Please mark (●) **one** answer for each of the following.

- | | | | |
|---|---------------------------|--------------------------|-----------------------------------|
| a) Interstate signs | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Did not use |
| b) State highway signs | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Did not use |
| c) Signs in the park | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Did not use |
| d) Parking lot signs to help visitors in need of assistance obtain van ride | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Did not use |

If you answered NO for any of the above, please explain.

Interstate: _____

State highway: _____

In park: _____

In parking lot: _____

8. a) On this visit, did you and your personal group have any difficulty finding your way from the parking lot to the Carl Sandburg Home? Please mark (●) **one**.

- ☐ No ☐ Yes → b) If YES, what was the problem?

9. On this visit, which of the following sites at Carl Sandburg Home NHS did you visit? Please mark (●) **all** that apply.

- ☐ Carl Sandburg Home
- ☐ Barn
- ☐ Top of Glassy Mountain
- ☐ Trail around Front Lake
- ☐ Trail around Little Glassy Mountain
- ☐ Other (Please specify) _____

10. a) On this visit, did you and your personal group take a tour of the Carl Sandburg Home?

☐ Yes
↓

b) If YES, what were your reasons for taking it? Please mark (●) **all** that apply.

- ☐ To learn about Carl Sandburg
- ☐ To view the home where Carl Sandburg lived for 22 years
- ☐ Other (Please specify)

↓
Go to Question 11

☐ No
↓

c) If NO, why not? Please mark (●) **all** that apply.

- ☐ Tour time not convenient
- ☐ Not interested
- ☐ Have taken it in the past
- ☐ Other (Please specify)

↓
Go to Question 12

11. Please mark (●) **one** response for each of the following aspects of the tour.

a) Tour length ☐ Too short ☐ About right ☐ Too long

b) Taking tour at desired time ☐ Able to take tour at desired time ☐ NOT able to take tour at desired time

c) Ability to view interior of rooms because of tour size ☐ Could see ☐ Had difficulty seeing

d) Topics discussed on tour ☐ Of interest ☐ NOT of interest

e) On the tour, did you learn something about Carl Sandburg that is relevant or meaningful to your life today?

☐ Yes ☐ No ☐ Not sure

12. a) On this visit, did you and your personal group visit the barn?

☐ Yes ☐ No → **Go to Question 13**

b) If YES, what were your reasons for visiting the barn?

c) Through your visit to the barn, did you learn something about Mrs. Sandburg that is relevant or meaningful to your life today?

☐ Yes ☐ No ☐ Not sure

13. On this visit, what activities did you and your personal group participate in while visiting Carl Sandburg Home NHS? Please mark (●) **all** that apply.

☐ Attending ranger-led programs (besides tour of home)

Please specify program: _____

☐ Walking/hiking

☐ Picnicking

☐ Taking photographs/painting/drawing

☐ Visiting goats at barn

☐ Nature study/birdwatching

☐ Shopping in park bookshop (in Sandburg Home)

☐ Watching audiovisual program

☐ Participating in Junior Ranger program

☐ Other (Please specify) _____

14. a) On this visit, how long did you and your personal group spend visiting Carl Sandburg Home NHS?

_____ Number of hours

b) On this visit, did you and your personal group visit the park on more than one day?

☐ No ☐ Yes → c) If YES, on how many days did you visit?

_____ Number of days

15. a) Please mark (●) **all** visitor services and facilities that you or your group **used** at Carl Sandburg Home NHS during this visit.

b) Next, for only those services and facilities that you or your group **used**, please rate their importance to your visit from 1-5.

c) Finally, for only those services and facilities that you or your group **used**, please rate their quality from 1-5.

a) Visitor services and facilities used	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
Mark (●)		
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Carl Sandburg Home tour	_____	_____
<input type="radio"/> Sales items in park bookshop (selection, price, etc.)	_____	_____
<input type="radio"/> Barn exhibits	_____	_____
<input type="radio"/> Outdoor exhibits (including at park entrance)	_____	_____
<input type="radio"/> Trails	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Videos/films	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Restrooms	_____	_____
<input type="radio"/> Access for persons with disabilities	_____	_____
<input type="radio"/> Van service from parking lot to Home	_____	_____
<input type="radio"/> Parking lot	_____	_____
<input type="radio"/> Carl Sandburg Home NHS website: www.nps.gov/carl/ (used before visit)	_____	_____

d) If you and your personal group have comments on any of the above services and facilities, please use the lines below.

Service/facility (List)	Comment (Please be specific)

16. It is the National Park Service's responsibility to protect Carl Sandburg Home NHS's cultural and natural attributes, and to provide quality visitor experiences. On this visit, how important were the following attributes and experiences to you? Please mark (●) one answer for each attribute/experience.

Attribute/experience	Not important	Somewhat important	Moderately important	Very important	Extremely important
Visitor programs such as house tour and special events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational programs/opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objects and furnishings in Sandburg home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goats at barn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (hiking, birdwatching, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural quiet/sounds of nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scenic views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native plants and wildlife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. a) During this visit to Carl Sandburg Home NHS, did you and your personal group have any personal interaction with a park ranger other than on the Home tour?

☐ Yes ☐ No → **Go to Question 18**

- b) If YES, on a scale from 1 to 5, please rate the quality of your interaction with the park ranger. Please mark (●) **one** response for each item.

	Very poor	Poor	Average	Good	Very good
Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of information provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Carl Sandburg Home NHS does not currently charge an entrance fee. In the future, an entrance fee may be considered, with the funds used to maintain park facilities and services, such as brochures, exhibits, and audio-visual programs.

If you were to visit in the future, would you and your personal group be willing to pay an entrance fee of \$5/adult, (children 15 and under free, NPS passes would be honored) which includes the home tour? Please mark (●) **one**.

☐ Yes, likely ☐ No, unlikely ☐ Not sure

19. a) On the scale below, please indicate from 1 to 5 how safe you and your personal group felt during this visit to Carl Sandburg Home NHS? Please mark (●) **one**.

Very unsafe	Somewhat unsafe	Neither safe nor unsafe	Somewhat safe	Very safe
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- b) If you rated safety as "very unsafe" or "somewhat unsafe," please explain.

20. a) On this or past visits, have you and your personal group experienced parking problems at Carl Sandburg Home NHS?

☐ Yes ☐ No → **Go to Question 21**

- b) If YES, what problems did you experience? _____

21. On this visit, were you and your personal group part of the following types of groups? Please mark (●) **one** for each.

- | | | | | |
|--|-----------------------|-----|-----------------------|----|
| a) Commercial guided tour group | <input type="radio"/> | Yes | <input type="radio"/> | No |
| b) School/educational group | <input type="radio"/> | Yes | <input type="radio"/> | No |
| c) Other organized group (such as business group, scout group, etc.) | <input type="radio"/> | Yes | <input type="radio"/> | No |

22. On this visit, what kind of personal group (not guided tour/school/other organized group) were you with? Please mark (●) **one**.

- | | |
|--|--|
| <input type="radio"/> Alone | <input type="radio"/> Friends |
| <input type="radio"/> Family | <input type="radio"/> Family and friends |
| <input type="radio"/> Other (Please specify) _____ | |

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

_____ Number of people

b) On this visit, how many vehicles did you and your personal group use to arrive at the park?

_____ Number of vehicles

24. When visiting an area such as Carl Sandburg Home NHS, what **one** language do you and most members of your personal group prefer to use for the following?

a) Speaking: ☐ English ☐ Other (Specify) _____

b) Reading: ☐ English ☐ Other (Specify) _____

c) In your opinion, what **services** in the park need to be provided in languages other than English? Please specify a **service(s)** or write "None."

25. For you only, please indicate the highest level of education completed. Please mark (●) **one**.

	Some high school	High school diploma/GE	Some college	Bachelor's degree	Graduate degree
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. For you and your personal group on this visit, please provide the following. If you do not know the answer, please leave it blank.

	Current age	U.S. Zip Code or name of country other than U.S.	Frequency of visits to Carl Sandburg Home NHS 1=First visit 2=Occasionally during year, but not every month 3=Every month 4=Every week 5=Daily
Yourself	_____	_____	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____
Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____

27. a) Does anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services?

☐ Yes ☐ No → **Go to Question 28**

- b) A phone for visitors needing assistance to reach the Sandburg home is located in the parking lot. If your and your personal group needed assistance, did you find this phone to request a van ride to the Sandburg Home?

☐ Yes ☐ No

- c) What activities or services were difficult to participate in/access?

- ☐ Walk from parking lot to Sandburg Home
- ☐ Tour of Sandburg Home
- ☐ Touring barn and other buildings
- ☐ Restrooms
- ☐ Other (Please specify) _____

28. If you visit in the future, how would you and your personal group prefer to learn about cultural and natural history at Carl Sandburg Home NHS? Please mark (●) **all** that apply.

- ☐ Not interested in learning about the park → **Go on to Question 29**
- ☐ Exhibits
- ☐ Writer-in-Residence program
- ☐ Open microphone poetry program
- ☐ Writing/poetry workshops (hands-on)
- ☐ Ranger-led activities
- ☐ Children's programs
- ☐ Self-guided tours
- ☐ Digital media (downloadable podcasts, MP3, Windows Media™)
- ☐ In-depth lectures by experts on topics related to the park
- ☐ Audiovisual programs (video, movie, etc.)
- ☐ Printed materials (brochures, books, maps, etc.)
- ☐ Other (Please specify) _____

29. a) Carl Sandburg Home NHS recently developed and is beginning to implement a new General Management Plan. Are you aware of this plan?

- ☐ Yes ☐ No

- b) Are you aware of what the General Management Plan proposes for the park's future?

- ☐ Yes ☐ No

30. The National Park Service will be celebrating its Centennial in 2016. How would you and your personal group like to see Carl Sandburg Home NHS celebrate this event?

31. If you were a manager planning for the future of Carl Sandburg Home NHS, what would you and your personal group propose? Please be specific.

32. a) What did you and your personal group like **most** about your visit to Carl Sandburg Home NHS? Please be specific.

- b) What did you and your personal group like **least** about your visit to Carl Sandburg Home NHS? Please be specific.

33. Is there anything else you and your personal group would like to tell us about your visit to Carl Sandburg Home NHS?

34. Overall, how would you rate the quality of the visitor facilities, services, and recreational opportunities provided to you and your personal group at Carl Sandburg Home NHS during this visit? Please mark (●) **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.



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OFFICIAL BUSINESS

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