

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

Visitor Services Project

Martin Van Buren National Historic Site Visitor Study



OMB Approval 1024-0224 (NPS# 09-012)





United States Department of the Interior

NATIONAL PARK SERVICE Martin Van Buren National Historic Site 1013 Old Post Road Kinderhook, NY 12106-3605

August 2009

Dear Visitor:

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

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take about 20 minutes to complete after your visit.

When your visit is over, please complete this 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.

I amul J. Sathlie

Sincerely,

Daniel J. Dattilio 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 #2 pencil-

Like this:



Not like this: (1)





- 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 personal 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.

Your Visit To Martin Van Buren National Historic Site

NOTE: 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.

- a) Prior to your visit, how did you and your personal group obtain information about Martin Van Buren National Historic Site (NHS)? Please mark (●) all that apply in column (a).
 - b) If you were to visit Martin Van Buren NHS in the future, how would you and your personal group prefer to obtain information about the park? Please mark (●) all that apply in column (b).

a) Prior	to this visit	b) Prior to future visits
0	Did not obtain information prior to visit → Go to pa	art b of this question
0	Previous visits	Ο
0	Friends/relatives/word of mouth	Ο
Ο	Travel guides/tour books (such as AAA, etc.)	Ο
Ο	Maps/brochures	Ο
Ο	Newspaper/magazine articles	Ο
Ο	Inquiry to park via phone, mail, or email	0
Ο	Television/radio programs/videos	0
Ο	Martin Van Buren NHS website: www.nps.gov/mava	a O
Ο	Other websites	0
Ο	School class/program	0
Ο	Local businesses (hotels, motels, restaurants, etc.)	0
Ο	Chamber of commerce/visitor's bureau/state welcor	me center O
Ο	Other (Please specify below)	0
This visi	t Future visit	
,	om the sources you used prior to this visit, did you and eive the type of information about the park that you n	
0	No O Yes → Go to Question	2

	,), what type on not available	•		•	d you	r personal group need that					
2.		o this visit, NHS is a uni					aware that Martin Van					
	Ο	Yes	0	No								
3.	Ĺinde		າ? This groບ				ever heard of the Friends of ough advocacy of future					
	Ο	Yes	0	No								
	, .	you or memb Friends of Lin	•	persona	group int	ereste	ed in learning more about					
	Ο	Yes	0	No								
	,	ld you or mei nds of Linden	•	ur perso	nal group	have	any interest in joining the					
	0	Yes	0	No		Ο	Already a member					
4.	On this trip, what was the primary reason that you and your personal group came to the Kinderhook area ? Please mark (●) only one .											
	Ο	Resident o	Resident of the area (within 50 miles of the park)									
	0	Visit Martir	Van Burer	n NHS								
	0	Visit other	attractions i	in the are	ea							
	Ο	Interested	in U.S. histo	ory								
	0	Saw sign o	n highway									
	0	Visit friend	s/relatives i	n the are	ea							
	0	Business										
	0	Other (Plea	ase specify)								
5.	your	•	artin Van B	uren NH	_	•	ay on the night before d at home, please write the					
	Near	est city/town				Stat	e					

	b)	depar		n Van	Bure	n NH					night after your , please write the			
		Neare	st city/town						State _					
6.	a)		On this trip, did you and your personal group stay overnight away from your ermanent residence in the area (within 50 miles of Martin Van Buren NHS)?											
		Ο	Yes	Ο	No	→ (Go to	Que	stion 7					
	b)		6, please list the 50 miles Martir					ı and	your pe	rsonal (group stayed			
			_ Number of nig	ghts in	the a	area (outsic	le the	park (w	rithin 50) miles)			
	c)	In whi the are apply.	In which types of lodging did you and your personal group spend the night(s) in the area within 50 miles of Martin Van Buren NHS? Please mark (●) all that apply.											
		O Lodge, hotel, motel, vacation rental, B&B, etc.												
		Ο	RV/trailer cam	ping										
		Ο	Tent camping	in dev	elope	ed cai	mpgro	ound						
		Ο	Seasonal resid	dence										
		Ο	Residence of t	riends	or re	elative	es							
		Ο	Other (Please	specif	y)									
7.	O Bı	n this v uren N	risit, were the si HS adequate?	igns di Please	rectii e mar	ng yo k (●)	u and one	your answ	persona er for ea	al group ich of th	o to Martin Van ne following.			
a)	Inte	erstate	signs	(0	Yes		0	No	Ο	Did not use			
b)	Sta	te high	way signs	(0	Yes		Ο	No	0	Did not use			
c)	Sigı	ns in Io	cal communitie	s	0	Yes		0	No	0	Did not use			
d)	•		wered NO for a	•			•	,						
	St	tate hig	Jhway											
			communities _											

Martin	Van E	Buren Nati	ional F	listoric	Site Visit	tor Stu	dy			7
								me did yo e mark (●		our personal e.
	Ο	Did not ha	ave a	plannec	d amount	t of tim	e to v	visit		
	Ο	About the	same	time a	s planne	d				
	Ο	Longer th	an pla	inned vi	isit					
		Why w	as visi	t longer	r?					
	0	Shorter th	nan pla	anned v	isit					
		Why w	as visi	t shorte	er?					
		visit, how HS? Plea							spend at	Martin Van
	Number of hours visiting the park									
,		is visit, did home?	d you a	and you	ır person	al grou	ıp tal	ke a tour o	f the Mar	tin Van
	Ο	Yes ↓					Ο	No ↓		
		hat were y Please m				c) If NO, why not? Please mark (●) all that apply.				
Ο	То	learn abo	ut Ma	rtin Van	Buren		0	Tour time	e not con	venient
Ο	То	learn U.S	. histo	ry			Ο	Not inter	ested	
0		view the l		where N	Martin		0	Have tak	cen it in th	ne past
Ο		ner (Pleas		cify)		(0	Other (P	lease spe	ecify)
			L					J	L L	
		Go to Qu	•	າ 11				Go to Qu	estion 12	2
11. Ple	ease r	mark (•) c	ne re	sponse	for each	of the	follo	wing aspec	cts of the	tour.
a)	a) Historic appearance of rooms in the									
	Very	poor	Ро	or	Aver	age		Good	Very g	ood
	0		0		Ο			0	0	
b)	Tour	length	Ο	Too s	hort	Ο	Ab	out right	0	Too long

8				N	Martin Van Buren National Historic Site Visitor Study						
,	aki time	_	at desired	0	Able to take desired time		Ο	NOT able to take tour at desired time			
,		•	ee interior of to to tour size	0	Able to see		Ο	Had difficulty seeing			
e) ⁻	Горі	cs disc	cussed on tour	0	Of interest		Ο	NOT of interest			
,			did you learn s to your life tod		ning about Ma	rtin Van	Buren th	at is relevant or			
		0	Yes	0	No	Ο	Not sure	•			
12.	a)		s visit, did you g lot to the Mar	•		•	ılk from th	e visitor center			
		0	Yes	Ο	No → Go to	Quest	ion 13				
	b)	If YES,	did any memb	er of y	our group hav	e difficu	ulty walkin	g this distance?			
		0	Yes	0	No						
13.	a)		s visit, in which Van Buren NH		•	•	•	group participate at			
		0	Attending rang	ger-led	talks/program	ns (othe	r than tou	r of home)			
		0	Creative arts (photog	յraphy/drawin	g/paintir	ng/writing	, etc.)			
		0	Enjoying solitu	ıde/qui	et						
		0	Learning abou	t U.S.	history/presid	ent					
		Ο	Picnicking								
		Ο	Taking ranger	led to	ur of Martin Va	an Bure	n home				
		Ο	Visiting the vis	itor ce	nter						
		Ο	Viewing outdo	or exhi	ibits (wayside	loop tra	ail)				
		0	Walking/hiking	I							
		0	Watching visit	or cent	er film/video						
		0	Other (Please	specif	y)						
	,		one of the abo	ve acti	vities was the	primary	/ reason y				

- 14. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** at Martin Van Buren NHS during this visit.
 - b) Next, for only those services and facilities that you or your personal group **used**, please rate their importance to your visit from 1-5.
 - c) Finally, for only those services and facilities that you or your personal group **used**, please rate their quality from 1-5.

a) Visitor s Mark (●)	services/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
0			
O	Access for people with disabilities		
0	Assistance from park staff		
Ο	Bookstore sales items (selection, price, etc.)		
0	Directional signs		
0	Junior Ranger program		
Ο	Outdoor exhibits (wayside loop tra	il)	
Ο	Park brochure/map		
Ο	Park website: www.nps.gov/mava used before or during visit		
Ο	Picnic tables		
0	Restrooms		
0	Ranger-led tour of Martin Van Bur	en home	
Ο	Ranger-led talks/programs (other tour of home)	:han	
0	Video/film in visitor center		
0	Visitor center (other than restroom video/film)	s or	

15.	main Pres grass	itain ider ses	ed as a m it Van Bur of differen	odern, en's re t heigh	mowed lawn. sidence, the a ts with a rustic	Howeversea was appearance.	er, res s mor arance	search reveals that during e typical of a farm field with e. In your opinion, which of the yn? Please mark (•) one.		
	0)	Modern, ı	mowed	l lawn					
	0)	Maintained by NPS personnel to replicate historic appearance, which means the grass height varies and has a rustic appearance							
	0)	rustic a	ppeara	•	s addit	ional d	ass height varies and has a costs. Access to the lawn zing.		
	0)	Other (Please specify)							
16. In the future, Martin Van Buren NHS Visitor Center m. Kinderhook, NY, approximately 2 miles from the Martivisitor center would have space for exhibits and prese were moved, would you and your personal group be I center and the Martin Van Buren home? Please mark								rtin Van Buren home. The sentations. If the visitor center likely to visit both the visitor		
	0)	Would lik	ely visi	t both					
	0)	Would lik	ely onl	y visit the Mart	tin Var	Bure	n home		
	0)	Would lik	ely onl	y visit the visite	or cen	ter			
	0)	Unlikely t	o visit t	the park again					
17.	On the person	his t onal	rip to Mart group vis	in Van it withir	Buren NHS, w n Columbia Co	vhich county?	ther h Pleas	istoric sites did you and your e mark (●) all that apply.		
()	Did	not visit o	ther his	storic sites witl	hin Co	lumbia	a County → Go to Question 18		
()	Luy	kas Van A	len Ho	ouse		0	Columbia County Museum		
()	Jan	nes Vande	rpoel H	House		Ο	Olana State Historic Site		
()	Tho	mas Cole	Nation	nal Historic Site	Э	Ο	Clermont State Historic Site		
()	Sha	aker Muse	um & L	ibrary					
O Other (Please specify)										
18.	,	•	•	•	onal group not sites in the Hu		•	rences between Lindenwald Valley?		
(O	Yes	5	0	No	Ο		not visit other historic sites in e Hudson River Valley		

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1	•

	b)	If YE	ES, what differen	ces did you	notice?							
19.	pe	erson	were to visit Mart al group prefer to uren NHS? Pleas	o learn abou	ut cultural and			uld you and your features of Martin				
	0)	Not interested in	learning ab	out the park	→ Go	to Ques	ation 20				
	0)	Films, movies, s	lideshows		0	Evenin	g events				
	0)	Indoor exhibits			Ο	Specia	I events				
	0)	Outdoor exhibits			0	Self-gu	ided tours				
	0)	Park website: w	ww.nps.gov	/mava	0	Volunte	eer opportunities				
	0)	Printed materials	s (brochures	s, books, maps	, etc.)						
	0)	Ranger-led inter	pretive prog	rams							
	0)	Electronic media/devices for visitors (downloadable digital files, podcasts, cell phone tours, interactive computer programs/tours, audio, etc.)									
	0)	Other (Please sp	pecify)								
20.	a)	a) Prior to your visit, were you and your personal group aware that Martin Van Buren NHS was part of the Hudson River Valley National Heritage Area (which includes sites such as the Kendall Sculpture Garden, Kykuit-Rockefeller Estate, Vanderbilt Mansion, Saratoga National Battlefield and other significant sites)?										
		Ο	Yes	Ο	No							
	b)		ou and your per		•	rest in	learning	more about the				
		0	Yes	Ο	No							
	c)	inte Olar	u were to visit th rested in riding a na State Historic usion and Shaker	shuttle bus Site, Clerm	between sites ont State Histo	in Col	umbia C					
		0	Yes, likely	Ο	No, unlikely		0	Not sure				
	d)	adm	shuttle bus would sission charges a de the shuttle bu	t the variou				addition to to pay this amount				
		О	Yes, likely	0	No, unlikely		0	Not sure				

Martin Van Buren Na	ational Historic	Site Visitor	Study
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Quality of information provided

24.	temporary space that provides limited services such as the park orientation video and bookstore sales items. If you were to visit Martin Van Buren NHS in the future, would you and your personal group like to see any changes to the visitor center, such as different services or resources?										
	0		Yes, likely	Ο	No,	unlike	ely	C) No	t sure	
			s, what changes wou ecific.	uld you	and y	your p	erso	nal group	like to s	see? Pleas	e
25.	to 4	p.m.	v, tours of the Martir from mid-May throu d in the evening?					•		•	
	0		Yes	Ο	No						
26.	and	you	ere to visit Martin Vartin Vartin Vartin Vartin Vartin Vartin Variation Vari								I
	Ο	No	t interested in interp	oretive	progr	ams	→ G	o to Que	stion 2	7	
	Ο	Mo	odern political activit	y		0	V		s politic	bout Martii al organizi	
	Ο		ily life and activities indenwald home ar			0		er antebe ar) politic			
	Ο	Otl	her (Please specify)								
27.	Wha [*] NHS		uld encourage you a ain?	and you	ur per	rsona	l grou	ıp to visit	Martin \	/an Buren	
28.			isit, were you and y d groups?	our per	rsona	l grou	p par	t of one c	f the fol	lowing typ	es of
	a) Co	omm	nercial guided tour g	roup			О	Yes	Ο	No	
	b) So	choo	ol/educational group				О	Yes	Ο	No	
	c) Ot	her	group (scouts, work	t, churc	h, etc	:.)	Ο	Yes	Ο	No	
	,	•	were with one of the elf, were in this grou	_	anize	d gro	ups,	how man	y people	e, including)
			Number of people	in ora	anize	d aro	un				

29.	a)			t, what kind of p group) were you		group (not g	guided	tour/school/othe	r
		Ο	Alone)		0	Frien	ds	
		Ο	Famil	у		0	Fami	ly and friends	
		Ο	Other	(Please specify	/)				
	b)		this vis	it, how many pe	ople wer	e in your pe	ersona	group, including	9
			Nu	mber of people					
	c)		this vis ne park	•	hicles did	d you and y	our pe	rsonal group use	e to arrive
			Nu	mber of vehicles	S				
30.	a)		•	ne in your perso ccess or particip	•	•	•	condition that m	ade it
		Ο	Yes		0	No → G	o on to	o Question 31	
31.		•		your personal gi	•		ease pr	ovide the followi	ng. (If you
			_	a) Current age	nam	S. ZIP code e of count er than U.S	or ry	c) Number of li visits to Marti Buren NH (including this	n Van S
	Υ	ourse	elf						
	Ν	/lemb	er #2				_		
	Ν	/lemb	er #3				<u> </u>		
	M	/lemb	er #4				_		
	M	/lemb	er #5				<u> </u>		
	Ν	/lemb	er #6				_		
	Ν	/lemb	er #7						

❸Printed on recycled paper

32.	For you only, what is the highest level of education you have completed? Please mark (●) only one.									
	Ο	Some high sch	iool		0	Bachelor	's degree			
	Ο	High school dip	oloma/0	GED	Ο	Graduate	e degree			
	O Some college									
33.	. If you were a manager planning for the future of Martin Van Buren NHS, what would you and your personal group propose?									
34.		nere anything else	-	•	al grou	p would lik	e to tell us about yo	– our		
								_		
								- -		
35.	Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at Martin Van Buren NHS during this visit? Please mark (•) one.									
	Very poor		Poor	Average		Good	Very good			
		0	0	0		0	0			
36.		Which category be (●) only one .	est repr	esents your ar	nual h	ousehold	income? Please ma	ark		
О)	Less than \$24,999	0	\$50,000-\$74,9	999	Ο	\$150,000-\$199,999)		
O)	\$25,000-\$34,999	0	\$75,000-\$99,9	999	0	\$200,000 or more			
O)	\$35,000-\$49,999	Ο	\$100,000-\$14	9,999	Ο	Do not wish to answ	ver		
	b) F	low many people	are in y	our household	? _	Nu	mber of people			
	•	ou for your help! any U.S. mailbox		seal the quest	ionnair		stickers provided ar	nd		

OFFICIAL BUSINESS

Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139