



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

Visitor Services Project

# Richmond National Battlefield Park

## Visitor Study



Malvern Hill Battlefield

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

Richmond National Battlefield Park  
3215 East Broad Street  
Richmond, VA 23223

IN REPLY REFER TO:

July 2010

Dear Visitor:

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

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.

Results of this study will be available to the public in 2011 and will be posted on the web at [www.nps.gov/rich](http://www.nps.gov/rich) and [www.psu.uidaho.edu](http://www.psu.uidaho.edu).

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](mailto:littlej@uidaho.edu).

We appreciate your help.





Sincerely,

David Ruth  
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](mailto:littlej@uidaho.edu).

### Your Visit To Richmond National Battlefield Park

**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 this visit, how did you and your personal group obtain information about Richmond National Battlefield Park (NBP)? Please mark (●) **all** that apply in column (a).
- b) If you were to visit Richmond National Battlefield Park 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

- |  |                       |
|--|-----------------------|
| <input type="radio"/> Did not obtain information prior to visit → <b>Go to part b of this question</b>                   |                       |
| <input type="radio"/> Friends/relatives/word of mouth  | <input type="radio"/> |
| <input type="radio"/> Inquiry to the park via phone, mail, or email  | <input type="radio"/> |
| <input type="radio"/> Local businesses (hotels, motels, restaurants, etc.)   | <input type="radio"/> |
| <input type="radio"/> Maps/brochures   | <input type="radio"/> |
| <input type="radio"/> Newspaper/magazine articles  | <input type="radio"/> |
| <input type="radio"/> Other National Park Service sites/units  | <input type="radio"/> |
| <input type="radio"/> Previous visits  | <input type="radio"/> |
| <input type="radio"/> Richmond Metro Convention & Visitors Bureau  | <input type="radio"/> |
| <input type="radio"/> Richmond National Battlefield Park website: <a href="http://www.nps.gov/rich">www.nps.gov/rich</a> | <input type="radio"/> |
| <input type="radio"/> Other websites (Specify) _____   | <input type="radio"/> |
| <input type="radio"/> School class/program   | <input type="radio"/> |
| <input type="radio"/> Social media (such as Facebook, Twitter, etc.)   | <input type="radio"/> |
| <input type="radio"/> Television/radio programs/videos   | <input type="radio"/> |
| <input type="radio"/> Travel guides/tour books (such as AAA, etc.)   | <input type="radio"/> |
| <input type="radio"/> Virginia Civil War Trails program  | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below)   | <input type="radio"/> |

Prior to this visit \_\_\_\_\_ Prior to future visits \_\_\_\_\_

c) From the sources marked in part (a), 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) On this visit, did you and your personal group visit Historic Tredegar Iron Works in the city of Richmond?

☐ Yes ☐ No

b) At Historic Tredegar Iron Works there are two separate interpretive centers managed by two different entities. Richmond National Battlefield Park Visitor Center is managed by the National Park Service while the grounds and the American Civil War Center are managed by Tredegar National Civil War Center Foundation. Prior to this visit, were you and your personal group aware of this fact? Please mark (●) **one**.

- ☐ Yes, aware sites were managed by two different organizations
- ☐ No, thought both sites were managed by the National Park Service
- ☐ No, thought both sites were managed by the Tredegar National Civil War Center Foundation
- ☐ Did not know who managed either site

3. On this visit, were the signs directing you and your personal group to Richmond National Battlefield Park adequate? Please mark (●) **one** answer for each.

a) Interstate signs ☐ Yes ☐ No ☐ Did not use

b) State highway signs ☐ Yes ☐ No ☐ Did not use

c) Signs in local communities ☐ Yes ☐ No ☐ Did not use

d) Battlefield Tour route signs ☐ Yes ☐ No ☐ Did not use

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

Interstate \_\_\_\_\_

State highway \_\_\_\_\_

In local communities \_\_\_\_\_

Along Battlefield Tour route \_\_\_\_\_

4. How did this visit to Richmond National Battlefield Park fit into your personal group's travel plans? Please mark (●) **one**.

- ☐ Richmond National Battlefield Park was the primary destination
- ☐ Richmond National Battlefield Park was one of several destinations
- ☐ Richmond National Battlefield Park was not a planned destination

5. Which other historic sites did you and your personal group visit while in the Richmond area? Please mark (●) **all** that apply.

- ☐ None → **Go on to Question 6**

- |  |   |
|--|---|
| <input type="radio"/> American Civil War Center    | <input type="radio"/> Pamplin Park                    |
| <input type="radio"/> Civil War Trails             | <input type="radio"/> Petersburg National Battlefield |
| <input type="radio"/> Colonial Williamsburg        | <input type="radio"/> Richmond History Center         |
| <input type="radio"/> Fredericksburg NMP           | <input type="radio"/> Richmond National Cemeteries    |
| <input type="radio"/> Hollywood Cemetery           | <input type="radio"/> State Capitol                   |
| <input type="radio"/> Museum of Confederacy        | <input type="radio"/> Virginia Historical Society     |
| <input type="radio"/> North Anna Battlefield       |   |
| <input type="radio"/> Other (Please specify) _____ |   |

6. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in the surrounding area of Richmond National Battlefield Park (within 25 miles of any park site)?

- ☐ Yes                      ☐ No → **Go to Question 7**

- b) If YES, please list the number of nights you and your personal group stayed in the **surrounding area** of Richmond National Battlefield Park.

\_\_\_\_\_ Number of nights in the **surrounding area** outside the park

- c) In which types of lodging did you and your personal group spend the night(s) in the surrounding area (within 25 miles of any park site)? Please mark (●) **all** that apply.

- ☐ Lodges, hotels, motels, vacation rentals, B&B, etc.
- ☐ RV/trailer camping
- ☐ Tent camping in developed campground
- ☐ Residence of friends or relatives
- ☐ Other (Please specify) \_\_\_\_\_

7. a) On this visit, in which activities did you and your personal group participate within Richmond National Battlefield Park? Please mark (●) **all** that apply in column (a).
- b) If you were to visit Richmond National Battlefield Park in the future, in which activities would you and your personal group expect to participate? Please mark (●) **all** that apply in column (b).

<b>a) This visit</b>	<b>b) Future visit</b>
<input type="radio"/> Attending living history programs	<input type="radio"/>
<input type="radio"/> Attending ranger-led programs	<input type="radio"/>
<input type="radio"/> Attending school programs	<input type="radio"/>
<input type="radio"/> Creative arts (photography, painting, drawing, writing)	<input type="radio"/>
<input type="radio"/> Family history/genealogy research	<input type="radio"/>
<input type="radio"/> Following a Civil War Trails Tour	<input type="radio"/>
<input type="radio"/> General sightseeing	<input type="radio"/>
<input type="radio"/> Nature study (wildlife, birds, wildflowers, etc.)	<input type="radio"/>
<input type="radio"/> Obtaining a National Park Passport stamp	<input type="radio"/>
<input type="radio"/> Taking CD tour of Seven Days Battles	<input type="radio"/>
<input type="radio"/> Taking self-guided podcast tours	<input type="radio"/>
<input type="radio"/> Touring Civil War battlefields	<input type="radio"/>
<input type="radio"/> Visiting Historic Tredegar Iron Works	<input type="radio"/>
<input type="radio"/> Visiting Maggie L. Walker National Historic Site	<input type="radio"/>
<input type="radio"/> Walking trails for exercise/recreation	<input type="radio"/>
<input type="radio"/> Walking trails for historical interest	<input type="radio"/>
<input type="radio"/> Watching park films	<input type="radio"/>
<input type="radio"/> Other (Please specify below)	<input type="radio"/>

This visit \_\_\_\_\_ Future visits \_\_\_\_\_

- c) Which one of the activities in column (a) was most important to you and your group on this visit to Richmond National Battlefield Park? Please list **only one**.

\_\_\_\_\_

8. a) **On this visit** to Richmond National Battlefield Park, how much time in **total** did you and your personal group spend visiting park sites? Please list partial hours as  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ .

\_\_\_\_\_ Number of hours

- b) Did you and your personal group visit the park on more than one day?

☐ No ☐ Yes → c) How many days? \_\_\_\_\_

- d) On this visit to Richmond National Battlefield Park, how long did you and your personal group stay in the **area** (within 25 miles of any park site)? List partial hours or days as  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ .

☐ Resident of area → **Go to Question 9**

\_\_\_\_\_ Number of hours **if less than 24 hours**

**OR**

\_\_\_\_\_ Number of days **if 24 hours or more**

9. a) For this visit, please list the **order** in which you and your personal group visited the following sites at Richmond National Battlefield Park by writing the number 1, 2, 3, etc. in column (a). If you did not visit a site, please leave that line blank. Please use the following map to help you locate the sites.
- b) For each site that you and your personal group visited, how much time did your personal group spend at the site? Please list number of hours in column (b). List partial hours as  $\frac{1}{4}$ ,  $\frac{1}{2}$ , or  $\frac{3}{4}$ .

a) Order	Site	b) Number of hours
_____	Beaver Dam Creek Battlefield	_____
_____	Chickahominy Bluff	_____
_____	Chimborazo Medical Museum	_____
_____	Civil War Visitor Center at Tredegar Iron Works	_____
_____	Cold Harbor Battlefield and Visitor Center	_____
_____	Drewry's Bluff	_____
_____	Fort Brady	_____
_____	Fort Harrison Visitor Center and adjacent sites	_____
_____	Gaines' Mill Battlefield	_____
_____	Garthright House	_____
_____	Glendale Battlefield and Visitor Center	_____
_____	Malvern Hill Battlefield	_____
_____	Parker's Battery	_____
_____	Other (Please specify) _____	_____



- c) If you were to visit Richmond National Battlefield Park **in the future**, which park sites would you and your personal group be likely to visit? Please mark (●) **all** that apply on the map below.



10. a) During this visit to Richmond National Battlefield Park, did you and your personal group have any personal interaction with a park ranger?

☐ Yes ☐ No → **Go to Question 11**

- b) If YES, 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"/>
Information provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** during this visit to the Richmond National Battlefield Park.
- b) Next, for only those services and facilities that you or your personal group **used**, please rate their importance 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 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"/> Access for disabled persons	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> CD driving tour	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Park publications (other than park brochure/map)	_____	_____
<input type="radio"/> Outdoor exhibits	_____	_____
<input type="radio"/> Park library	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Podcasts	_____	_____
<input type="radio"/> Ranger-led programs	_____	_____
<input type="radio"/> Richmond National Battlefield Park website: www.nps.gov/rich (used before or during visit)	_____	_____
<input type="radio"/> Trails	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____
<input type="radio"/> Visitor center restrooms	_____	_____

12. On this visit, did you and your personal group attend any ranger-led talks or ranger-led tours at Richmond National Battlefield Park?

☐ Yes                      ☐ No → **Go to Question 14**

13. If you and your personal group attended any ranger-led talks or ranger-led tours, please mark (●) **one** response for each of the following aspects.

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

b) Timing of programs      ☐ Able to participate at desired time      ☐ NOT able to participate at desired time

c) Topics discussed      ☐ Of interest      ☐ NOT of interest

d) Did you learn something from ranger-led talks or ranger-led tours at Richmond National Battlefield Park that is relevant or meaningful to your life today?

☐ Yes      ☐ No      ☐ Not sure

e) If YES, what did you learn that is relevant or meaningful to your life today?

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14. a) Did you and your personal group visit the park bookstore?

☐ Yes      ☐ No → **Go to Question 15**

b) If YES, were there any sales items that you and your personal group would have liked to purchase that are not currently available?

☐ Yes      ☐ No → **Go to Question 15**

c) If YES, which items would you and your personal group like to have available for purchase on a future visit? Please mark (●) **all** that apply.

☐ Additional publications (books, brochures, etc.)

    ➤ List subjects you are interested in \_\_\_\_\_

☐ CDs, DVDs, downloadable digital files such as podcasts, MP3, etc.

☐ Additional maps (other than park brochure/map)

☐ Other (Please specify) \_\_\_\_\_

15. a) Would you or members of your personal group consider visiting Richmond National Battlefield Park again in the future?

☐ Yes, likely      ☐ No, unlikely      ☐ Not sure

b) Would you or members of your personal group recommend visiting Richmond National Battlefield Park to your friends and/or relatives?

☐ Yes      ☐ No      ☐ Not sure

16. Overall, how would you and your personal group rate the quality of facilities, services, and recreational opportunities at Richmond National Battlefield Park during this visit? Please mark (●) **only one**.

Very poor	Poor	Average	Good	Very good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. It is the National Park Service's responsibility to protect Richmond National Battlefield Park's natural, scenic, and cultural resources and visitor experiences that depend on these. How important is protection of the following to you and your personal group? Please mark (●) one answer for each attribute/resource/experience.

Attribute/resource/experience	Not important	Somewhat important	Moderately important	Very important	Extremely important
Clean air (visibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green/open space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic structures/buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historic trails with interpretation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interaction with park staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preserved battlefield landscape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational opportunities (hiking, exercising, etc.)	<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"/>

18. If you were to visit Richmond National Battlefield Park in the future, which topics would you and your personal group like to learn (or learn more) about through interpretive programs? Please mark (●) **all** that apply.

☐ Not interested in interpretive programs → **Go to Question 19**

☐ Archeology ☐ Civilian history

☐ Architecture ☐ Military history

☐ Local history ☐ Natural history

☐ Other (Please specify) \_\_\_\_\_

- |   |                       |     |                       |    |
|---|-----------------------|-----|-----------------------|----|
| 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 |
| b) Civil War enthusiast group                               | <input type="radio"/> | Yes | <input type="radio"/> | No |
| c) Other organized group<br>(business, church, scout, etc.) | <input type="radio"/> | Yes | <input type="radio"/> | No |

Number of people in organized group

- ☐ Alone
- ☐ Friends
- ☐ Family
- ☐ Family and friends
- ☐ Other (Please specify) \_\_\_\_\_

\_\_\_\_\_ Number of people in personal group

- Number of vehicles

- b) Reading ☐ English ☐ Other language (Specify) \_\_\_\_\_

- [illegible]

- b) What is your race? What is the race of each member of your personal group?  
Please mark (●) **one or more** for you and each group member.

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American Indian or Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	c) Number of times visited Richmond NBP in lifetime (including this visit)
Yourself	_____	_____	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____
Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____

25. a) Were you and your personal group aware that special needs equipment (listening device, wheelchair, etc.) is available to visitors?

☐ Yes ☐ No

- b) 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 on to Question 26**

c) If YES, what services or activities were difficult to access/participate in?

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d) Did you and your personal group use any of the special needs equipment?

☐ Yes

☐ No → **Go on to Question 26**

e) If YES, was the special needs equipment easy to use?

☐ Yes

☐ No

26. For you only, what is the highest level of education you have completed? Please mark (●) **one**.

☐ Some high school

☐ Bachelor's degree

☐ High school diploma/GED

☐ Graduate degree

☐ Some college

27. a) What did you and your personal group like **most** about your visit to Richmond National Battlefield Park?

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

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

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29. Is there anything else you and your personal group would like to tell us about your visit to Richmond National Battlefield Park?

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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  
College of Natural Resources  
University of Idaho  
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