



U.S. Department of the Interior
National Park Service

Social Science Program
Visitor Services Project



Washita Battlefield National Historic Site Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE
Washita Battlefield National Historic Site
18555 HWY 47A, Suite A
Cheyenne, OK 73628

IN REPLY REFER TO:

May 2013

Dear Visitor:

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

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 after your visit to complete.

When your visit is over, please complete this questionnaire. Seal it in the postage-paid envelope provided and drop it in any U.S. mailbox.

If you have any questions, please contact Lena Le, Director, Visitor Services Project, Park Studies Unit, College of Natural Resources, University of Idaho, 875 Perimeter Drive MS 1139, Moscow, Idaho 83844-1139, 208-885-2585 (phone), lenale@uidaho.edu (email).

We appreciate your help.






Sincerely,

Matthew T Blythe
Acting Superintendent

DIRECTIONS

At the end of your visit:

1. Please have the selected individual (at least 16 years old) 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**. Please do not use pencil.

Like this:  Not like this:    

4. Seal it in the postage-paid envelope provided.
5. Drop it in a U.S. mailbox.

Paperwork Reduction Act Statement: The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have to respond. This information will be used by the National Park Service as authorized by 16 U.S.C. 1a-7. We will use this information to help us to understand how well existing services are meeting the needs and expectations of our visitors. Your response is voluntary. Your name and contact information have been requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, your contact information will be destroyed and will in no way be connected with the results of this survey. A Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number.

We estimate that it will take 20 minutes to complete this questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Lena Le, Director, Visitor Services Project, Park Studies Unit, College of Natural Resources, University of Idaho, 875 Perimeter Drive MS1139, Moscow, Idaho 83844-1139, 208-885-2585 (phone), lenale@uidaho.edu (email).

Your Visit To Washita Battlefield NHS

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

1. a) Prior to this visit, how did your personal group obtain information about Washita Battlefield National Historic Site (NHS)? Please mark (●) **all** that apply in column (a).

☐ Did not obtain information prior to visit → **Go to part (b) of this question**

- b) If you were to visit Washita Battlefield NHS in the future, how would your personal group prefer to obtain information about the park? Please mark (●) **all** that apply in column (b).

a) This visit	b) Future visit	Source of information
<input type="radio"/>	<input type="radio"/>	Friends/relatives/word of mouth
<input type="radio"/>	<input type="radio"/>	Inquiry to park via phone, mail, or email
<input type="radio"/>	<input type="radio"/>	Washita Battlefield NHS website: www.nps.gov/waba
<input type="radio"/>	<input type="radio"/>	Other websites — which one(s)? _____
<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 units of the National Park System (NPS)
<input type="radio"/>	<input type="radio"/>	Previous visits
<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"/>	State welcome center/visitors bureau/chamber of commerce
<input type="radio"/>	<input type="radio"/>	Television/radio programs/DVDs
<input type="radio"/>	<input type="radio"/>	Travel guides/tour books (such as AAA, etc.)
<input type="radio"/>	n/a	Other, this visit (Specify) _____
n/a	<input type="radio"/>	Other, future visit (Specify) _____

- c) From the sources you used prior to this visit, did 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 your personal group need that was not available? Please be specific.
- _____

2. a) Has your personal group ever used the park website (<http://www.nps.gov/waba>) ?

☐ Yes ☐ No → **Go to Question 3**

- b) What type of information did you search for on the park website? Please mark (●) **all** that apply in column (b).

- c) For the information that you searched for on the park website, please rate the quality of information provided. Please mark (●) one response for each item.

b) Information type searched		c) Quality rating				
		Very poor	Poor	Average	Good	Very good
<input type="radio"/>	Trip planning (location, directions, hours of operation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	History of the park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Things to do at the park	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Things to do in the area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Other (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- d) How could the park website be improved, or what could be added to better assist you in making a personal connection with the story presented at the park?
- _____
- _____

3. a) For you only, if you had been unable to visit Washita Battlefield NHS on this trip, would you have visited at another time?

☐ No, unlikely ☐ Yes, likely → **Go to Question 4**

- b) If NO, what would you have done with the time you spent on this trip? Please mark (●) **one**.

☐ Gone somewhere else → Distance from home _____ miles

- OR -

Location _____

☐ Vacationed at home (Place, city, & state)

☐ Gone to work at my regular job

☐ Not sure/none of these

4. a) On this trip, did your personal group stay overnight away from home in the Washita Battlefield NHS local **area** (within 75 miles of the park)?

☐ Yes ☐ No → **Go to Question 5**

- b) If YES, please list the number of nights your personal group stayed in the Washita Battlefield NHS local **area** (within 75 miles of the park).

Number of nights in the local area (within 75 miles of the park) _____

- c) In which type(s) of accommodations did your personal group spend the night(s) in the local **area** (within 75 miles of the park)? Please mark (●) **all** that apply.

- ☐ Lodge, motel, rented condo/home, cabin, B&B
- ☐ Residence of friends or relatives
- ☐ RV/trailer camping
- ☐ Backcountry camping
- ☐ Tent camping in a developed campground
- ☐ Personal seasonal residence/temporary housing
- ☐ Other (Please specify) _____

5. a) Was every member in your personal group a resident of the Washita Battlefield NHS **area** (within 75 miles of the park)?

☐ No ☐ Yes → **Go to Question 6**

- b) For nonresident members of your personal group, what was their primary reason for coming to the **area** (within 75 miles of the park)? Please mark (●) **only one**.

- ☐ Visit Washita Battlefield NHS
- ☐ Visit friends/relatives in the area
- ☐ Unplanned visit (decided to stop after saw sign on highway)
- ☐ Visit other attractions in the area
- ☐ Business (such as working in oil/gas industry, business meeting, etc.)
- ☐ Other (Please specify) _____

- c) For nonresident members of your personal group, what was the method of transportation used to travel most of the distance from their home to the Washita Battlefield NHS **area** (within 75 miles of the park)? Please mark (●) only **one**.

☐ Car ☐ Motorcycle ☐ SUV/truck/van
☐ Motorhome ☐ Airplane
☐ Other (Please specify) _____

6. On this visit, were the signs directing your personal group to and around Washita Battlefield NHS adequate? Please mark (●) **one** answer for each of the following.

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) Signs in the park ☐ Yes ☐ No ☐ Did not use

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

Interstate _____

State highway _____

In local communities _____

In park _____

7. a) Please mark (●) **all** mapping devices that your personal group used to direct you to Washita Battlefield NHS on this visit.

☐ None → **Go to Question 8**
☐ Printed maps/brochures
☐ Online mapping tools such as Google map/MapQuest, etc.
☐ GPS devices
☐ Smartphone mapping apps
☐ Other (Please specify) _____

- b) Did you have any difficulty locating the park using the above devices?

☐ Yes ☐ No → **Go to Question 8**

c) If YES, what was the problem? _____

8. On this visit, how much time **in total** did your personal group spend visiting Washita Battlefield NHS? (Please list partial hours as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$.)

_____ Number of hours

9. For this trip, please list the order (1, 2, 3, etc.) in which your personal group visited the following sites in Washita Battlefield NHS. If you did not visit a site, please leave that line blank.

_____ Visitor Center

_____ Overlook

_____ Nature Trail (near visitor center)

_____ The Native Garden

_____ Other (Please specify) _____

10. On this visit, in which activities did your personal group participate within Washita Battlefield NHS? Please mark (●) **all** that apply.

☐ Attend Native American ceremonies

☐ Attend park events (other than Native American ceremonies)

☐ Attend ranger-led talks/programs

☐ Birdwatching

☐ Creative arts (photography/drawing/painting/writing)

☐ Hiking/walking

☐ Learn history

☐ Obtain National Park Passport book stamp

☐ Participate in Junior Ranger Program

☐ Picnicking

☐ View exhibits in the museum

☐ Visit visitor center (other than viewing museum exhibits)

☐ Other (Please specify) _____

- c) Which one of the above activities was the **primary** reason your personal group visited Washita Battlefield NHS on this visit? Please list **one** response.

11. One of the purposes of Washita Battlefield NHS is to present multiple viewpoints on the impacts of the Indian Wars on both the Cheyenne and American cultures.

- a) Please mark (●) **all** the topics that your personal group learned about via films/exhibits/ranger programs during this visit to Washita Battlefield NHS.
- b) For only those topics that your personal group learned about, please rate their importance (from 1-5) in presenting different viewpoints of the Indian Wars.
- c) For only those topics that your personal group learned about, please rate (from 1-4) the amount of information that you received.

a) Topic learned	b) 1=Not at all important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important		c) 1=Almost none 2=Some but not enough 3=About right 4=Too much	
<input type="radio"/> Events of the Battle		_____		_____
<input type="radio"/> Cheyenne culture prior to the Battle		_____		_____
<input type="radio"/> Events of the Indian Wars		_____		_____
<input type="radio"/> Impact of the Indian Wars on American history		_____		_____
<input type="radio"/> Impact of the Indian Wars on Cheyenne and Arapaho history		_____		_____
<input type="radio"/> Natural setting where events occurred		_____		_____

d) Which stories presented at Washita Battlefield NHS need to be emphasized or strengthened?

e) What can be done to better help you make a personal connection to the story told at the park?

12. If you were to visit Washita Battlefield NHS in the future, which other services or programs would your personal group like to have available? Please mark (●) **all** that apply.

☐ None → **Go to Question 13**

☐ Additional hiking trails

☐ Night sky program

☐ Bicycling tour

☐ Picnic area

☐ Birdwatching program

☐ Additional picnic area

☐ Other (Please specify) _____

13. It is the National Park Service's responsibility to protect Washita Battlefield NHS' natural, scenic, and cultural resources while at the same time providing for public enjoyment. How important is protection of the following park resources/attributes to your personal group? Please mark (●) **one** answer for each resource/ attribute.

Resource/attribute	Not at all important	Slightly 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"/>
Clean water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear night sky	<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"/>
Historic sites and buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native plants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native wildlife	<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"/>
Recreational opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repair/maintenance of building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. In which communities did your personal group obtain support services for this visit to Washita Battlefield NHS? Please mark (●) **all** that apply.

☐ Did not need support services → **Go to question 15**

a) Community		b) Service used			
		Information	Gas	Food	Lodging
<input type="radio"/>	Cheyenne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Elk City	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Sayre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Other (Specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- c) Was your personal group able to obtain all the services that you needed in these communities?

☐ No

☐ Yes → **Go to Question 15**

d) If NO, what needed services were not available?

Service (List)

Comments (Please be specific)

_____	_____
_____	_____
_____	_____

15. a) Please mark (●) **all** the visitor services and facilities that your personal group **used** at Washita Battlefield NHS during this visit.

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

c) For only those services and facilities that your personal group **used**, please rate their quality from 1-5.

a) Visitor services/facilities used	b) If used, how important?	c) If used, what quality?
	1=Not at all important 2=Slightly important 3=Moderately important 4=Very important 5=Extremely important	1=Very poor 2=Poor 3=Average 4=Good 5=Very good
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Bookstore sales items (selection, price, etc.)	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Museum exhibits	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Park newspaper	_____	_____
<input type="radio"/> Park website: www.nps.gov/waba used before or during visit	_____	_____
<input type="radio"/> Ranger-led programs	_____	_____
<input type="radio"/> Roadside exhibits	_____	_____
<input type="radio"/> Self-guided trails	_____	_____
<input type="radio"/> Park videos/films (in visitor center)	_____	_____
<input type="radio"/> Visitor center (overall)	_____	_____

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

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

17. On this trip to Washita Battlefield NHS, which other places in the local area did your personal group visit? Please mark (●) **all** that apply.

- ☐ Visited Washita Battlefield NHS only → **Go to Question 18**
- | | |
|--------------------------------------------------------|---------------------------------------|
| <input type="radio"/> Black Kettle National Grassland | <input type="radio"/> City Park |
| <input type="radio"/> Great Plains Trail | <input type="radio"/> Metcalf Museum |
| <input type="radio"/> Washita National Wildlife Refuge | <input type="radio"/> Route 66 Museum |
| <input type="radio"/> Other (Please specify) _____ | |

18. If you were to visit Washita Battlefield NHS in the future, how would your personal group prefer to learn about the park's cultural and natural history? Please mark (●) **all** that apply.

- ☐ Not interested in interpretive activities/programs → **Go to Question 19**
- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="radio"/> Films, movies, videos | <input type="radio"/> As a volunteer in the park |
| <input type="radio"/> Indoor exhibits | <input type="radio"/> Children's activities |
| <input type="radio"/> Roadside exhibits | <input type="radio"/> Evening/night sky program |
| <input type="radio"/> Trailside exhibits | <input type="radio"/> Ranger-guided walks/talks |
| <input type="radio"/> Living history/costumed interpretive programs | |
| <input type="radio"/> Park website: www.nps.gov/waba | |
| <input type="radio"/> Self-guided tour using printed materials (brochures, books, maps, etc.) | |
| <input type="radio"/> Self-guided tour using electronic media/devices available to visitors
(downloadable digital files, podcasts, cell phone tours, interactive computer tours, audio, etc.) | |
| <input type="radio"/> Other (Please specify) _____ | |

19. For your personal group, please estimate all expenditures for the items listed below for this visit to Washita Battlefield NHS and the surrounding **area** (within 75 miles of the park). **Please write "0" if no money was spent in a particular category.**

- a) Please list your personal group's total expenditures inside Washita Battlefield NHS.
 b) Please list your personal group's total expenditures in the **surrounding area** outside the park (within 75 miles of the park).

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to Washita Battlefield NHS.

	EXPENDITURES	
	a) Inside park	b) Outside park
Spent no money (●)	<input type="radio"/> → Go to (b)	<input type="radio"/> → Go to (c)
Lodge, hotel, motel, cabin, 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 expenditures (souvenirs, books, postcards, sporting goods, clothing, donations, etc.)	\$ _____	\$ _____

- c) How many people do the above expenses cover? Please write "0" if no children were covered by the expenditures.

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

20. a) On this visit, how many vehicles did your personal group use to arrive at the park? If you did not arrive by vehicle please write "0."

_____ Number of vehicles

- b) On this visit, how many times did your personal group enter the park?

_____ Number of entries

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

- a) Commercial guided tour group ☐ Yes ☐ No
- b) School/educational group ☐ Yes ☐ No
- c) Military group ☐ Yes ☐ No
- d) Native American ceremony ☐ Yes ☐ No
- e) Other (scouts, work, church, etc.) ☐ Yes ☐ No

- f) If you were with one of these organized groups, how many people, including yourself, were in this group?

_____ Number of people in organized group

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

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

- b) On this visit, how many people were in your personal group, including yourself?

_____ Number of people in personal group

23. For your personal group on this visit, please provide the following. (If you do not know the answer, leave blank).

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	c) Number of visits to Washita Battlefield NHS (including this visit)
Yourself	_____	_____	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____
Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____

24. a) For you only, which category best represents your annual **household** income? Please mark (●) only **one**.

- ☐ Less than \$24,999 ☐ \$50,000-\$74,999 ☐ \$150,000-\$199,999
☐ \$25,000-\$34,999 ☐ \$75,000-\$99,999 ☐ \$200,000 or more
☐ \$35,000-\$49,999 ☐ \$100,000-\$149,999 ☐ Do not wish to answer

b) How many people are in your household? _____ Number of people

c) How much income did your household forgo to make this trip (due to taking unpaid time off from work)? Mark (●) "None" or specify the amount forgone.

☐ None **OR** Amount forgone \$ _____

25. a) Are members of your personal group Hispanic or Latino? Please mark (●) **one** for each group member.

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Yes, Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No, not Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) What is the race of each member of your personal group? Please mark (●) **one or more** for 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"/>

26. Is there anything else your personal group would like to tell us about your visit to Washita Battlefield NHS?

Thank you for your help! Please seal the questionnaire in the postage-paid envelope provided and drop it in any U.S. mailbox.

OFFICIAL BUSINESS

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