



U.S. Department of the Interior

National Park Service
Social Science Program
Visitor Services Project



Stones River National Battlefield Visitor Study



OMB Approval 1024-0224

Expiration date: 2014



IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
Stones River National Battlefield
3501 Old Nashville Highway
Murfreesboro, TN 37129-3094



Summer 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 Stones River National Battlefield. 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 MS1139, Moscow, Idaho 83844-1139, 208-885-2585 (phone), lenale@uidaho.edu (email).

We appreciate your help.






Sincerely,

Gayle Hazelwood
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 evaluate visitor services managed by Stones River National Battlefield. 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, all name and address files 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 about 20 minutes to complete this. 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 Stones River National Battlefield

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. Prior to this visit, was your personal group aware that Stones River National Battlefield is a unit of the National Park System?

☐ Yes ☐ No

2. a) Prior to this visit, how did your personal group obtain information about Stones River National Battlefield? 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 Stones River National Battlefield in the future, how would your personal group prefer to obtain information about the park? Please mark (●) **all** that apply in column (b).

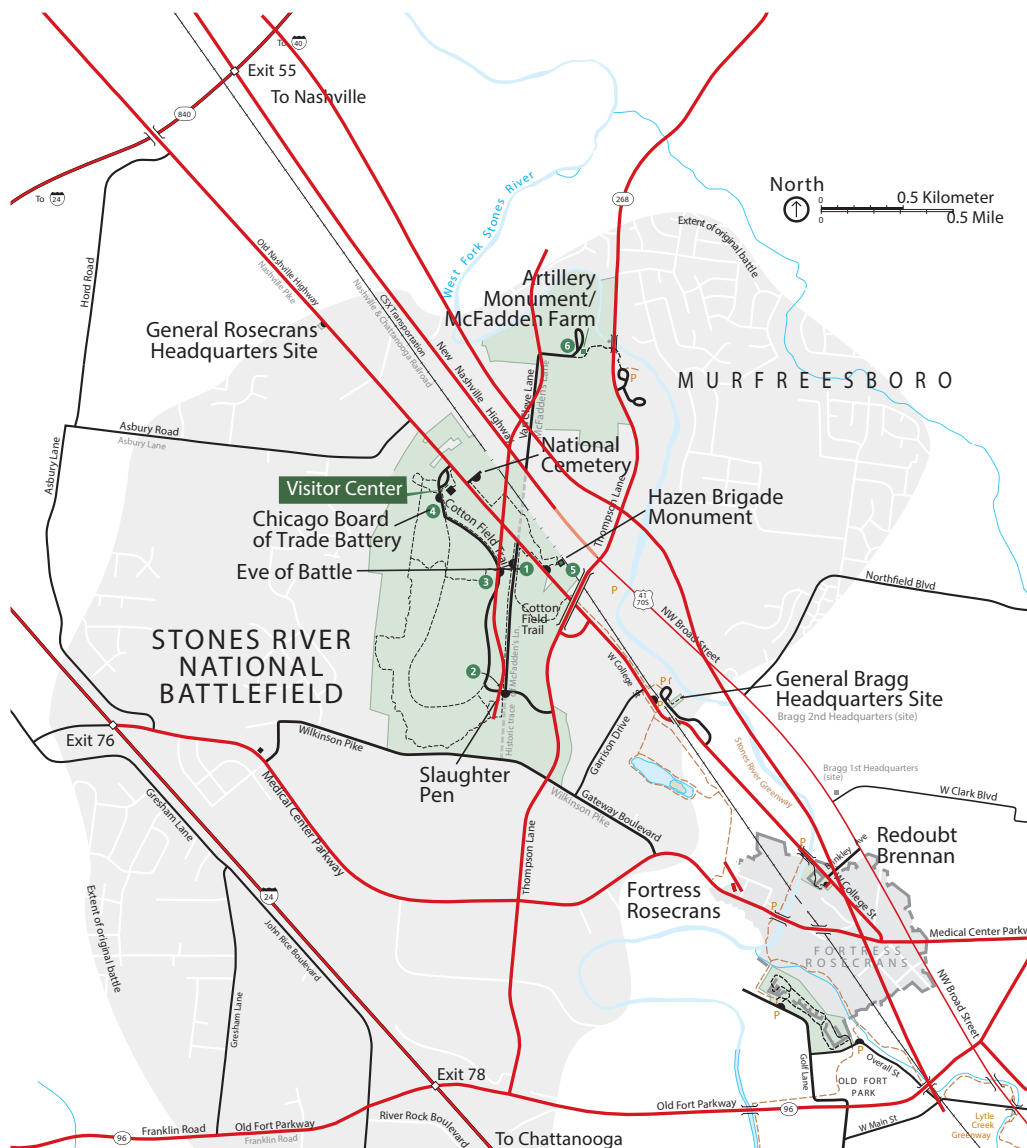
| a) This visit | b) Future visit | Source of information |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Friends/relatives/word of mouth |
| <input type="radio"/> | <input type="radio"/> | Inquiry to park via phone, mail, or email |
| <input type="radio"/> | <input type="radio"/> | Stones River National Battlefield website: www.nps.gov/stri |
| <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 |
| <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 (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 (AAA, Fodors, walking, 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 3**
- d) If NO, what type of park information did your personal group need that was not available? Please be specific.
- _____
3. a) **On this visit** to Stones River National Battlefield, how much time in **total** did your personal group spend visiting battlefield sites? Please list partial hours as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$.
- _____ Total number of hours
- b) Did your personal group visit the battlefield on more than one day?
- ☐ No ☐ Yes → c) If YES, how many days? _____
4. a) Was every member in your personal group a resident of the Stones River National Battlefield **area** (within 1-hour drive of the battlefield)?
- ☐ No ☐ Yes → **Go to Question 5**
- b) For nonresident members of your personal group, what was the primary reason they came to the **area** (within 1-hour drive of the battlefield) on this trip? Please mark (●) only **one**.
- ☐ Visit Stones River National Battlefield (using park services and facilities)
- ☐ Visit friends/relatives in the area
- ☐ Unplanned stop on the way to somewhere else
- ☐ Business
- ☐ Other reason (Please specify) _____
- c) For the nonresident members in your personal group, what was the method of transportation used to travel most of the distance from home to the **area** (within 1-hour drive of the battlefield)? Please mark (●) only **one**.
- ☐ Airplane ☐ Motorcycle ☐ SUV/truck/van
- ☐ Car ☐ Motorhome
- ☐ Other (Please specify) _____

- 0 Other (Please specify) _____

7. On this visit to Stones River National Battlefield, please mark (●) **all** the sites within the park that your personal group visited. Use the map below to help you locate the sites you visited.

- | | |
|--|--|
| <input type="radio"/> Artillery Monument/McFadden Farm | <input type="radio"/> National Cemetery |
| <input type="radio"/> Bragg's Headquarters | <input type="radio"/> Redoubt Brannan |
| <input type="radio"/> Chicago Board of Trade Battery | <input type="radio"/> Rosecrans Headquarters |
| <input type="radio"/> Eve of Battle | <input type="radio"/> Slaughter Pen |
| <input type="radio"/> Fortress Rosecrans | <input type="radio"/> Visitor Center |
| <input type="radio"/> Hazen Brigade Monument | |
| <input type="radio"/> Other (Please specify) _____ | |



8. a) On this visit, in which activities did your personal group participate within Stones River National Battlefield? Please mark (●) **all** that apply in column (a).

b) If you were to visit the battlefield in the future, in which activities would your personal group prefer to participate within the battlefield? Please mark (●) **all** that apply in column (b).

| a) This visit | b) Future visit | Activity |
|-----------------------|------------------------|---|
| <input type="radio"/> | <input type="radio"/> | Attending costumed living history programs |
| <input type="radio"/> | <input type="radio"/> | Attending other ranger-led talks/programs |
| <input type="radio"/> | <input type="radio"/> | Attending special events (symposium, annual programs, etc.) |
| <input type="radio"/> | <input type="radio"/> | Bicycling |
| <input type="radio"/> | <input type="radio"/> | Birdwatching |
| <input type="radio"/> | <input type="radio"/> | Conducting genealogy or historical research |
| <input type="radio"/> | <input type="radio"/> | Creative arts (photography, drawing, painting, writing) |
| <input type="radio"/> | <input type="radio"/> | Dog walking |
| <input type="radio"/> | <input type="radio"/> | Hiking/walking |
| <input type="radio"/> | <input type="radio"/> | Jogging |
| <input type="radio"/> | <input type="radio"/> | Listening to audio-tape tour |
| <input type="radio"/> | <input type="radio"/> | Nature study (other than birdwatching) |
| <input type="radio"/> | <input type="radio"/> | Participate in Junior Ranger program |
| <input type="radio"/> | <input type="radio"/> | Picnicking |
| <input type="radio"/> | <input type="radio"/> | Taking self-guided tour with cell phone |
| <input type="radio"/> | <input type="radio"/> | Taking self-guided tour other than cell phone tour |
| <input type="radio"/> | <input type="radio"/> | Visit visitor center |
| <input type="radio"/> | n/a | Other – this visit (Specify) |
| n/a | <input type="radio"/> | Other – future visit (Specify) |

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

9. On this trip to Stones River National Battlefield, please mark (●) **all** other attractions in the area that your personal group visited.

☐ Did not visit any of the following places → **Go on to Question 10**

☐ Battle of Franklin Sites (Carter House or Carnton Plantation)

☐ Chickamauga and Chattanooga National Military Park

☐ Fort Donelson National Battlefield

☐ Jack Daniels Distillery

☐ Country Music Hall of Fame

☐ Oaklands Historic House Museum

☐ Sam Davis Home

☐ Shiloh National Military Park

☐ Stones River Greenway

☐ Other (Please specify) _____

10. a) During this visit (viewing exhibits, movies, taking the tour, etc.), did you learn something about the Civil War that is relevant or meaningful to your life today?

☐ Yes

☐ No → **Go to part (c) of this question**

b) If YES, what is the most important way the Civil War has relevance to your life today?

c) What else can be done to help you to make a personal connection to the story presented at Stones River National Battlefield?

11. One of the purposes of Stones River National Battlefield is to present multiple viewpoints on the impacts of the Civil War on American culture.

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

| a) Topic | b) 1=Not 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 of Stones River | _____ | _____ |
| <input type="radio"/> Events of the Civil War | _____ | _____ |
| <input type="radio"/> Impact of the Civil War on American history | _____ | _____ |
| <input type="radio"/> Impact of the Civil War on civilian life | _____ | _____ |
| <input type="radio"/> Natural setting where events occurred | _____ | _____ |
| <input type="radio"/> Roles of African Americans in the Civil War | _____ | _____ |
| <input type="radio"/> Roles of slavery in causing the Civil War | _____ | _____ |
| <input type="radio"/> Roles of women in the Civil War | _____ | _____ |

d) Which stories presented at Stones River National Battlefield need to be emphasized or strengthened?

12. a) On this visit did members of your personal group have any specific safety concerns in Stones River National Battlefield?

☐ Yes ☐ No → **Go to Question 13**

b) If YES, what were the concerns? _____

13. a) Please mark (●) **all** the information services and facilities that your personal group **used** at Stones River National Battlefield 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) Information services/facilities used Mark (●) | b) If used, how important? 1=Not at all important 2=Slightly 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 |
|---|--|---|
| <input type="radio"/> Access for disabled persons | _____ | _____ |
| <input type="radio"/> Assistance from park staff | _____ | _____ |
| <input type="radio"/> Assistance from park volunteers | _____ | _____ |
| <input type="radio"/> Indoor exhibits | _____ | _____ |
| <input type="radio"/> Outdoor exhibits | _____ | _____ |
| <input type="radio"/> Junior Ranger program | _____ | _____ |
| <input type="radio"/> Living history programs | _____ | _____ |
| <input type="radio"/> Park brochure/map | _____ | _____ |
| <input type="radio"/> Park website: www.nps.gov/stri used before or during visit | _____ | _____ |
| <input type="radio"/> Picnic areas | _____ | _____ |
| <input type="radio"/> Ranger-led walks/talks | _____ | _____ |
| <input type="radio"/> Restrooms | _____ | _____ |
| <input type="radio"/> Trails | _____ | _____ |
| <input type="radio"/> Visitor center bookstore sales items (selection, price, etc.) | _____ | _____ |
| <input type="radio"/> Visitor center (overall) | _____ | _____ |

14. For your personal group, please estimate all expenditures for the items listed below for this visit to Stones River National Battlefield and the surrounding area (within 1-hour drive of the battlefield). **Please write "0" if no money was spent in a particular category.**

a) Please list your personal group's total expenditures inside Stones River National Battlefield.

b) Please list your personal group's total expenditures in the **surrounding area** outside the park (within 1-hour drive of the battlefield).

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to Stones River National Battlefield.

| | 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. | n/a | \$ _____ |
| Camping fees and charges | n/a | \$ _____ |
| Guide fees and charges | n/a | \$ _____ |
| Restaurants and bars | n/a | \$ _____ |
| Groceries and takeout food | n/a | \$ _____ |
| Gas and oil (auto, RV, boat, etc.) | n/a | \$ _____ |
| Other transportation expenses (rental cars, taxis, auto repairs, but NOT airfare) | n/a | \$ _____ |
| Admission, recreation, entertainment fees | n/a | \$ _____ |
| 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)

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

| | | | | |
|---------------------------------------|-----------------------|-----|-----------------------|----|
| 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) Historical society/club | <input type="radio"/> | Yes | <input type="radio"/> | No |
| d) Other (scouts, work, church, etc.) | <input type="radio"/> | Yes | <input type="radio"/> | No |

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

_____ Number of people in organized group

16. 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

- c) 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

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

_____ Number of entries

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

**d) Frequency of visits to
Stones River National
Battlefield**

(including this visit)

- 1 = First time visit
 2 = Several times a week
 3 = Several times a month
 4 = Several times a year
 5 = Once a year

| | a) Gender | b) Current age | c) U.S. ZIP code or name of country other than U.S. | |
|-----------|-----------|----------------|---|-------|
| Yourself | _____ | _____ | _____ | _____ |
| Member #2 | _____ | _____ | _____ | _____ |
| Member #3 | _____ | _____ | _____ | _____ |
| Member #4 | _____ | _____ | _____ | _____ |
| Member #5 | _____ | _____ | _____ | _____ |
| Member #6 | _____ | _____ | _____ | _____ |
| Member #7 | _____ | _____ | _____ | _____ |

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

- | | | |
|--|---|---|
| <input type="radio"/> Less than \$24,999 | <input type="radio"/> \$50,000-\$74,999 | <input type="radio"/> \$150,000-\$199,999 |
| <input type="radio"/> \$25,000-\$34,999 | <input type="radio"/> \$75,000-\$99,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$35,000-\$49,999 | <input type="radio"/> \$100,000-\$149,999 | <input type="radio"/> 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 \$ _____

19. 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"/> |

20. a) What did your personal group like **most** about your visit to Stones River National Battlefield?

b) What did your personal group like **least** about your visit to Stones River National Battlefield?

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

- ☐ Not interested in learning about the park → **Go to Question 22**
- ☐ As a volunteer in the park ☐ Indoor exhibits
- ☐ Children's activities ☐ Outdoor exhibits
- ☐ Films, movies, videos ☐ Self-guided tours
- ☐ Living history/costumed interpretive programs
- ☐ Ranger-guided walks/talks
- ☐ Park website: www.nps.gov/stri
- ☐ Printed materials (brochures, books, maps, etc.)
- ☐ Electronic media/devices available to visitors (downloadable digital files, podcasts, cell phone tours, interactive computer programs/tours, audio, etc.)
- ☐ Other (Please specify) _____

22. Is there anything else your personal group would like to tell us about your visit to Stones River National Battlefield?

23. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to your personal group at Stones River National Battlefield 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"/> |

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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Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
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