

# Fort Bowie National Historic Site Visitor Study



**The  
Visitor Services  
Project**



**DIRECTIONS**

One adult in your group should complete the questionnaire. It should only take a few minutes. When you have completed the questionnaire, please seal it with the sticker provided and drop it in any U.S. mailbox. We appreciate your help.

**PRIVACY ACT and PAPERWORK REDUCTION ACT statement:** 16 U.S.C. 1a-7 authorize 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. Data collected through visitor surveys may be disclosed to the Department of Justice when relevant to litigation or anticipated litigation, or to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law.

**Burden estimate statement:** Public reporting burden for this form is estimated to average 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Service Information Collection Clearance Officer, National Park Service, P.O. Box 37127, Washington, D.C. 20013-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-0000, Washington, D.C. 20503.

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### Visiting Fort Bowie National Historic Site

1. Prior to your visit, how did you and your group get information about Fort Bowie National Historic Site? Please check (✓) **all** that apply.

\_\_\_\_\_ RECEIVED NO INFORMATION PRIOR TO VISIT - **GO ON TO QUESTION 2**

\_\_\_\_\_ CHIRICAHUA NATIONAL MONUMENT STAFF

\_\_\_\_\_ OTHER NATIONAL PARK AREAS

\_\_\_\_\_ TRAVEL GUIDE/ TOUR BOOK

\_\_\_\_\_ FRIENDS OR RELATIVES

\_\_\_\_\_ PREVIOUS VISIT(S)

\_\_\_\_\_ NEWSPAPER/ MAGAZINE

\_\_\_\_\_ RADIO/ TV/ VIDEOS

\_\_\_\_\_ LOCAL RESIDENT/ BUSINESS

\_\_\_\_\_ CHAMBER OF COMMERCE

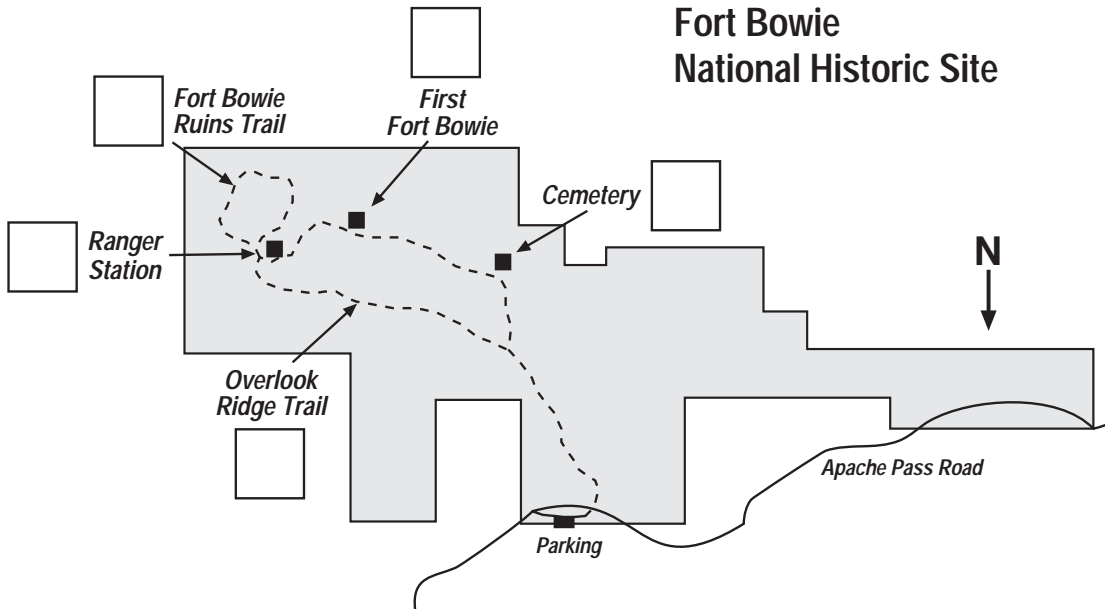
\_\_\_\_\_ HIGHWAY SIGN

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

2. On this visit, how much time did you and your group spend at Fort Bowie National Historic Site? Include time spent walking.

\_\_\_\_\_ NUMBER OF HOURS

3. On the map below, please mark the **order** in which you and your group visited these sites in Fort Bowie National Historic Site during this trip. Simply write 1, 2, 3 and so forth, in the box near each place you visited.



4. a) Did you and/ or anyone in your group walk the 1.5 mile trail between the parking area and the fort?  
 \_\_\_\_\_ YES                      \_\_\_\_\_ NO
- b) Did you and/ or anyone in your group walk around the trail through the Fort Bowie ruins?  
 \_\_\_\_\_ YES                      \_\_\_\_\_ NO
- c) On the trails, how would you describe the amount of information you received?  
 \_\_\_\_\_ ABOUT RIGHT      \_\_\_\_\_ NOT ENOUGH      \_\_\_\_\_ TOO MUCH

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5. a) Do you or anyone in your group have a special interest in Western history (Apache Indians, military, Spanish, ranching, buffalo soldiers, etc.)

\_\_\_\_\_ YES \_\_\_\_\_ NO - **GO ON TO QUESTION 6**

- b) If yes, what historical subjects are you most interested in? \_\_\_\_\_
- 

6. On the list below, please check (✓) **all** of the activities that you and your group participated in at Fort Bowie National Historic Site during this visit.

\_\_\_\_\_ SCENIC DRIVING

\_\_\_\_\_ BIRDWATCHING

\_\_\_\_\_ WILDLIFE VIEWING (other than birds)

\_\_\_\_\_ WALKING/ DAY HIKING

\_\_\_\_\_ PURCHASE BOOKS/ SALES ITEMS

\_\_\_\_\_ TAKING PHOTOGRAPHS

\_\_\_\_\_ TOURING FORT BOWIE RUINS

\_\_\_\_\_ HORSEBACK RIDING

\_\_\_\_\_ PICNICKING

\_\_\_\_\_ RESEARCH HISTORY/ GENEALOGY

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

7. a) The current National Park Service objective is to manage Fort Bowie National Historic Site in its remote setting with minimal improvements. Do you support this objective?

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ NOT SURE

- b) Do you think the National Park Service has achieved this objective?

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ NOT SURE

8. a) On this visit, did you and your group drive a recreational vehicle to Fort Bowie National Historic Site?

\_\_\_\_\_ YES \_\_\_\_\_ NO - **GO ON TO 8c**

b) If yes, how long was it? \_\_\_\_\_ NUMBER OF FEET

- c) Were you and your group in a vehicle or recreational vehicle pulling a trailer or another vehicle?

\_\_\_\_\_ YES \_\_\_\_\_ NO - **GO ON TO 8e**

d) If yes, how long was the trailer or other vehicle?

\_\_\_\_\_ NUMBER OF FEET

- e) On this visit, what forms of transportation did you and your group use to get to Fort Bowie National Historic Site? Please check (✓) **all** that apply.

\_\_\_\_\_ CAR/ PICKUP TRUCK/ VAN OTHER THAN RECREATIONAL VEHICLE

\_\_\_\_\_ BICYCLE/ MOTORCYCLE

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

9. On this trip, what other places did you visit in the Fort Bowie National Historic Site area? Please check (✓) **all** that apply.

\_\_\_\_\_ TOMBSTONE

\_\_\_\_\_ BISBEE

\_\_\_\_\_ DOUGLAS

\_\_\_\_\_ COCHISE STRONGHOLD

\_\_\_\_\_ WILLCOX

\_\_\_\_\_ BOWIE

\_\_\_\_\_ CHIRICAHUA NATIONAL MONUMENT

\_\_\_\_\_ RUSTLER PARK (USDA FOREST SERVICE)

\_\_\_\_\_ PORTAL/ CAVE CREEK (USDA FOREST SERVICE)

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

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## You and Your Opinions

10. On this visit, how many people were in your group (including yourself)?

\_\_\_\_\_ NUMBER OF PEOPLE

11. On this visit, were you with an organized tour/ educational group?

\_\_\_\_\_ YES          \_\_\_\_\_ NO

12. What kind of group were you with? Please check (✓) only **one**.

\_\_\_\_\_ ALONE

\_\_\_\_\_ FAMILY

\_\_\_\_\_ FRIENDS

\_\_\_\_\_ FAMILY AND FRIENDS

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

13. For you and your group, please indicate:

	<b>CURRENT AGE</b>	<b>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</b>	<b>NUMBER OF VISITS TO THIS PARK (INCLUDING THIS VISIT)</b>
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____



14. a) Please check (✓) the visitor services and facilities which you and your group **used** during this visit to Fort Bowie National Historic Site, in the left column.
- b) Next, for only those services and facilities which you and your group used, please rate their **importance** from 1-5.
- c) Finally, for only those services and facilities which you or your group used, please rate their **quality** from 1-5.

<b>a) Use service at Fort Bowie?</b>	<b>b) If used, how important?</b>					<b>c) If used, what quality?</b>				
<b>Check (✓)</b>	Not important	Extremely important				Very poor				Very good
	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/MAP										
_____ GUIDED TOURS										
_____ FORT BOWIE RUINS										
_____ INFORMATION FROM PARK EMPLOYEES										
_____ VISITOR CENTER BOOK SALES										
_____ MUSEUM EXHIBITS										
_____ TRAILSIDE EXHIBITS										
_____ ROADSIDE EXHIBITS										
_____ TRAILS										
_____ ROADS										
_____ RESTROOMS										
_____ PARK DIRECTIONAL SIGNS										
_____ PARKING										
_____ PICNIC AREAS										
_____ GARBAGE COLLECTION										

PLEASE GO ON TO NEXT PAGE



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15. On a future visit to Fort Bowie National Historic Site, what subjects would you be most interested in learning about? Please check (✓) **all** that apply.

- THREATENED AND ENDANGERED SPECIES
- ANIMAL PROTECTION
- AIR QUALITY
- WILDERNESS
- ROLE OF FIRE
- HISTORIC RESOURCES/RUINS PRESERVATION
- OTHER (Please specify: \_\_\_\_\_)

16. Please rate the importance (from 1-5) of the following park qualities to your visit to Fort Bowie National Historic Site.

Not important					Extremely important
1	2	3	4	5	

- WILDLIFE
- SCENERY
- CLEAN AIR
- QUIET
- SOLITUDE
- HISTORIC SETTING

17. Overall, how would you rate the quality of the visitor services provided to you and your group at Fort Bowie National Historic Site during this visit? Please circle only **one**.

VERY GOOD      GOOD      AVERAGE      POOR      VERY POOR

18. What advice would you give a manager planning for the future of Fort Bowie National Historic Site? Please be specific.

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19. Is there anything else you and your group would like to tell us about your visit to Fort Bowie National Historic Site?

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Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.



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**OFFICIAL BUSINESS**

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