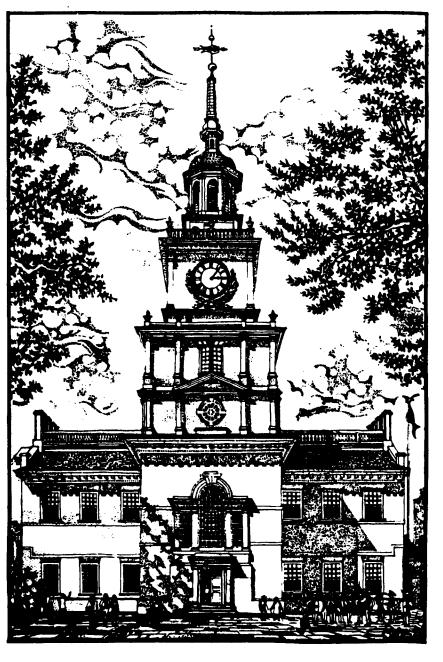
Independence Visitor Study



The Visitor Services Project



United States Department of the Interior

NATIONAL PARK SERVICE

INDEPENDENCE NATIONAL HISTORICAL PARK 311-313 WALNUT STREET PHILADELPHIA, PA. 19106

July, 1986

Dear Visitor:

Thank you for participating in this study. Our goal is to learn about the activities that visitors to Independence enjoy, and the places they visit within the park.

This questionnaire is only being given to a select number of visitors. Your participation is very important! It should only take a few minutes of your time during your visit to

When your visit is over, please complete the questionnaire. Then, seal it with the sticker provided on the last page and simply drop it in any U.S. mailbox.

Please be assured that all of the information is confidential. Do not write your name on the questionnaire. If you have any questions, please contact Dr. Gary E. Machlis, Sociology Project Leader, Cooperative Park Studies Unit, University of Idaho, Moscow, Idaho 83843.

We appreciate your help.

Hobart G. Cawood Superintendent

IMPORTANT

When did you first enter Independence National Historical Park this visit?

	DAY OF	THE	WEEK(M,T,	V,Th,F,S,Su)
	_ TIME	OF D	AYam	pm

DIRECTIONS

This questionnaire is in three parts.. The first part asks about the places you visited during this trip to Independence National Historical Park.

The second part asks about your activities during your visit.

The third part asks questions about you, your group, and your thoughts about Independence National Historical Park.

One person in your group should complete the questionnaire. It should take only a few minutes. When you have completed the questionnaire, please seal it with the sticker provided and drop it in any U.S. mailbox. No postage is needed.

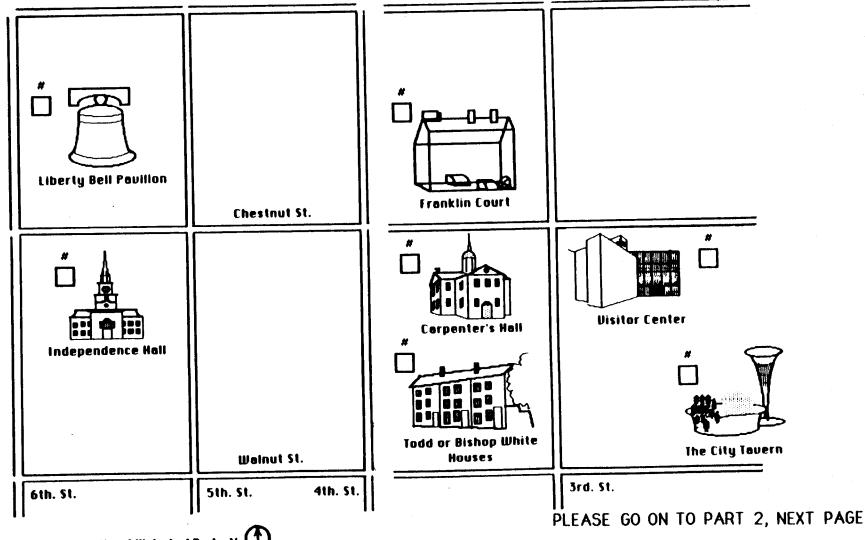
PLEASE GO ON TO PARTI, NEXT PAGE

PART 1: PLACES YOU VISITED

On the map below, please circle the places you visited during this visit to Independence National Historical Park.

Then, indicate the order in which you visited the places by writing 1st, 2nd, 3rd, and so forth in the box marked ' $^{\sharp}$ ' beside each place you circled.

If you did not visit any of these places, please go on to part 2 on the next page. Market St.



PART 3: YOU AND YOUR OPINIONS

On the list below, please check (✓) the activities that you	u or
your group did during this visit to Independence National	
Historical Park. (Please check all that apply.)	

	PICNIC	
	OUTDOOR RELAXATION (sunbathe, read, etc.)	
	ATTEND INTERPRETIVE PROGRAMS (tours, films, et	c.)
	VISIT MUSEUMS AND/OR EXHIBITS	
	ATTEND OUTDOOR ENTERTAINMENT PROGRAMS (concerts, plays, etc.) SHOP FOR SOUVENIRS OR BOOKS	
	ATTEND CIVIC FUNCTIONS (railles, parades, etc.)	
	TAKE CARRIAGE RIDE	
	USE POST OFFICE	
·	USE RESTROOM FACILITIES	
<u></u>	GET INFORMATION AT VISITOR CENTER	
	VISIT LIBRARY OR OFFICE (American Philosophical Society, Pennsylvania Horticultural Society, etc.) WALK PET	
	OTHER (Please describe:	
		١

We hope you enjoyed your visit to Independence National Historical Park. Below are several questions that will help us learn about the people who participated in the study and their thoughts about the park.

1. How many hours did you spend in Independence National Historical Park this visit?		
NUMBER OF HOURS		
2. How many people were in your group?		
NUMBER OF PEOPLE		
3. What kind of group were you with?		
ALONE		
FAMILY		
FRIENDS		
FAMILY AND FRIENDS		
GUIDED TOUR GOUP		
OTHER (Please describe:		

	oirthday,	YES 1	
2) the zip code of your permanent residence (if you are from a country other than the United States, please give the name of that country), and3) the number of times you have visited Independence National		For which of the following reasons? (Please check a that apply.)	
Historical Park includ	ding this trip.	TO AID WITH THIS VISIT	
. AGE	ZIP CODE #TIMES VISITED (COUNTRY)	TO USE AT ANOTHER TIME	
		TO GIVE AS A GIFT	
		TO KEEP AS A SOUVENIR	
		OTHER (Please describe:	
)	
		6. During this visit, did you visit The City Tavern?	
EMBER #5		YES-	
Iditional members:		No 	
		For which of the following reesons?	
		TO VIEW THE HISTORIC BUILDING	
		TO DINE OR HAVE A DRINK	
		BOTH OF THE ABOVE	
		OTHER (Please describe:	
		BOTH OF THE ABOVE	

7a. What did you like most about this visit to Independence National Historical Park?	Prior to this visit, how did you get information about Independence National Historical Park?
	TRAVEL GUIDE/TOUR BOOK (from travel agent, AAA, etc.)
	NEWSPAPER ARTICLES
7b. What did you like least about this visit to Independence National Historical Park?	PARK BROCHURE
National mistorical rank:	ADVICE FROM FRIEND OR RELATIVE
	DID NOT GET INFORMATION PRIOR TO VISIT
8. Do you live in the Philadelphia metropolitan area?	OTHER (Please describe:
YES)
a. What did you like most about this visit to Philadelphia?	10. Is there anything else you would like to tell us about your visit to Independence National Historical Park?
b. What did you like least about this visit to Philadelphia?	
DI FASE GO ON TO NEVT DAGE	Thank you for your help. Please seal the questionnaire with the sticker provided and drop it in any U.S. mailhoy—no postage is