

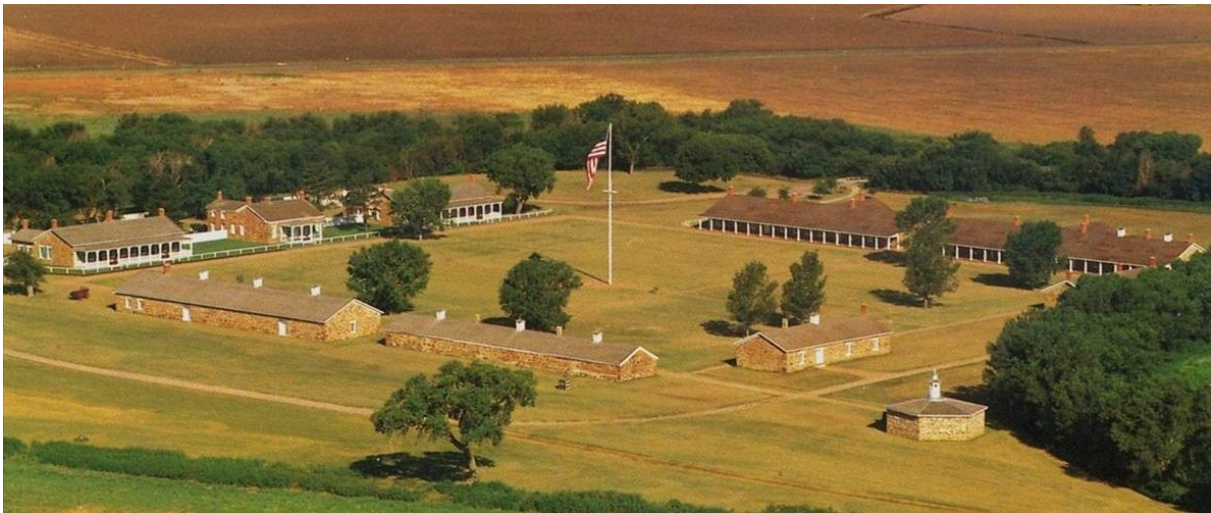


Social Science Program  
National Park Service  
U.S. Department of the Interior

Visitor Services Project

# Fort Larned National Historic Site

## Visitor Study





IN REPLY REFER TO:

## United States Department of the Interior

NATIONAL PARK SERVICE  
Fort Larned National Historic Site  
1767 KS Hwy 156  
Larned, KS 67550-9321

July 2009

Dear Visitor:

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

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 with the stickers provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, NPS VSP Coordinator, 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,

Kevin McMurry  
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 (○), 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: (✓) (X) ( / )

- 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 personal 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.

## Your Visit To Fort Larned National Historic Site

NOTE: In this questionnaire, your **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. Prior to your visit, how did you and your personal group **first** learn about the existence of Fort Larned? Please mark (●) **all** that apply.
 

<input type="radio"/> Friends/relatives/word of mouth	<input type="radio"/> School class/program
<input type="radio"/> Television or radio programs	<input type="radio"/> Website
<input type="radio"/> History books/clubs	<input type="radio"/> Other historical sites
<input type="radio"/> Travel guides/tour books (such as AAA, etc.)	
<input type="radio"/> Brochure in Tourism Information Center	
<input type="radio"/> Kansas Highway Department Magazine	
<input type="radio"/> Newspaper/magazine articles (other than Kansas Highway Department)	
<input type="radio"/> Personal research/study in Western Frontier history	
<input type="radio"/> Personal research/study in Native American history/culture	
<input type="radio"/> Saw signs on highway	
<input type="radio"/> Heard message on Highway Travelers Information Station	
Please specify where _____	
<input type="radio"/> Other (Please specify) _____	
  
2. Prior to your visit, had you and your personal group ever heard of the following groups? Please mark (●) **one**.
 

Santa Fe Trail Center	<input type="radio"/>	Yes	<input type="radio"/>	No
Santa Fe Trail Association	<input type="radio"/>	Yes	<input type="radio"/>	No
  
3. How did your visit to Fort Larned National Historic Site (NHS) fit into your and your personal group's travel plans? Please mark (●) **one**.
 

<input type="radio"/> Fort Larned NHS was primary destination
<input type="radio"/> Fort Larned NHS was one of several destinations
<input type="radio"/> Fort Larned NHS was not a planned destination

4. Prior to your visit, were you and your personal group aware that Fort Larned NHS is a unit of the National Park System? Please mark (●) **one**.

No  Yes

5. a) Prior to your visit, how did you and your personal group obtain information about Fort Larned NHS? Please mark (●) **all** that apply in column (a).

b) If you were to visit Fort Larned NHS 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**

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

Previous visits

Friends/relatives/word of mouth

Travel guides/tour books (such as AAA, etc.)

Maps/brochures

Newspaper/magazine articles

E-mail/telephone/written inquiry to park

Television/radio programs/videos

Fort Larned NHS website: [www.nps.gov/fols](http://www.nps.gov/fols)

Other websites

School class/program

Local businesses (hotels, motels, restaurants, etc.)

Chamber of Commerce/visitors bureau/state welcome center

Other (Please specify below)

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

c) From the sources you used prior to this visit, did you and your personal group receive the type of information about the park that you needed?

No  Yes → **Go to Question 6**

d) If NO, what type of park information did you and your personal group need that was not available? Please be specific.

- 
6. On this trip, what was the **primary** reason that you and your personal group came to the Fort Larned NHS **area**? Please mark (●) **one**.
- Resident of the area (within 60 miles of the park) → **Go to Question 7**
  - Visit Fort Larned NHS
  - Visit other attractions in the area
  - Visit friends/relatives in the area
  - Business
  - Other (Please specify) \_\_\_\_\_
7. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in the Fort Larned NHS area (within 60 miles of the park)?
- Yes                       No → **Go to Question 8**
- b) If YES, please list the number of nights you and your personal group stayed in the Fort Larned NHS **area**.
- \_\_\_\_\_ Number of nights within 60 miles of the park
- c) In what type of lodging did you and your personal group spend the night(s) in the area outside the park (within 60 miles of the park)? Please mark (●) **all** that apply.
- Lodges, hotels, vacation rentals, B&B, etc.
  - RV/trailer camping
  - Tent camping in developed campground
  - Seasonal residence
  - Residence of friends or relatives
  - Other (Please specify) \_\_\_\_\_
8. a) In what town/city did you and your personal group stay on the **night before your arrival** at Fort Larned NHS? If you stayed at home please write the name of the city/town and state where you live.
- Nearest city/town \_\_\_\_\_ State \_\_\_\_\_
- b) In what town/city did you and your group stay on the **night after your departure** from Fort Larned NHS? If you stayed at home please write the name of the city/town and state where you live.



- c) Which **one** of the above activities was the primary reason you and your personal group visited Fort Larned NHS on this visit? Please list only one.

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11. a) On this visit to Fort Larned NHS, did anyone in your personal group participate in any of the ranger-led talks/programs?

No  Yes → **Go to Question 12**

- b) If NO, what prevented you and your personal group from participating in ranger-led talks/programs? Please mark (●) **all** that apply.

- Not interested
- Did not have time for this activity
- Were not aware of any ranger-led talks/programs offered at park
- Not enough programs offered
- Other (Please specify) \_\_\_\_\_

- c) On a future visit, would you and your personal group be interested in attending ranger-led programs at Fort Larned NHS?

Yes, likely  No, unlikely  Not sure

- d) If YES, what length of program would you and your personal group be most likely to attend. Please mark (●) **only one**.

- Under 1/2 hour  Other (Please specify below) \_\_\_\_\_
- 1/2 - 1 hour \_\_\_\_\_
- 1 - 2 hours

12. a) During this visit to Fort Larned NHS, did you and your personal group have any personal interaction with park staff/employees outside a ranger-led program?

Yes  No → **Go to Question 13**

- b) If YES, on a scale from 1 to 5, please rate the quality of your interaction with the park employee. 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"/>
Quality of information provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





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

<b>Resource/attribute</b>	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"/>
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"/>
Repair/maintenance of historical structures	<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"/>
Historical scenic views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural scenic views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. a) In which communities did you and your personal group obtain support services (e.g. information, gas, food, lodging) for this visit to Fort Larned NHS? Please mark (●) **all** that apply.

- None → **Go to Question 17**
- Larned                       Hays                       Hutchinson
- Great Bend                       Dodge City                       Salina
- Garden City                       Other (Please specify) \_\_\_\_\_

b) Were you and your personal group able to obtain all of the services that you needed in these communities?

- No                                       Yes → **Go to Question 17**

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

Service (List)	Comments (Please be specific)
_____	_____
_____	_____
_____	_____

17. For you and your personal group, please estimate all expenditures for the items listed below for this visit to Fort Larned NHS **area** (within 60 miles of the park). **Please write "0" if no money was spent in a particular category.**

- a) Please list your group's total expenditures inside Fort Larned NHS.
- b) Please list your group's total expenditures in the **area** outside the park (within 60 miles of the park).

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

	<b>EXPENDITURES</b>	
	<b>a) Inside park</b>	<b>b) Outside park</b>
Lodges, hotels, motels, cabins, 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 purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
Donations	\$ _____	\$ _____

c) How many people do the above expenses cover?

\_\_\_\_\_ Adults (18 years or over)      \_\_\_\_\_ Children (under 18 years)  
Please write 0 if no children were covered by the expenditures.

18. a) Please mark (●) **all** of the information services and facilities that you or your personal group **used** at Fort Larned NHS during this visit.
- b) Next, for only those services and facilities that you or your personal group **used**, please rate their importance to your visit 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) Information services/facilities used?	b) If used, how important?	c) If used, what quality?
Mark (●)	1=Not important 2=Somewhat 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"/> Access for people with disabilities	_____	_____
<input type="radio"/> Bookstore sales items (selection, price, etc.)	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Directional signs	_____	_____
<input type="radio"/> Information signs	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Living history demonstrations	_____	_____
<input type="radio"/> Outdoor exhibits	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Park website: <a href="http://www.nps.gov/fols">www.nps.gov/fols</a> used before or during visit	_____	_____
<input type="radio"/> Ranger-led programs	_____	_____
<input type="radio"/> Restrooms	_____	_____
<input type="radio"/> Videos/films	_____	_____
<input type="radio"/> Nature trail	_____	_____
<input type="radio"/> Visitor center exhibits	_____	_____

19. Fort Larned NHS was established because of its significance to the nation. In your opinion, what is the national significance of the park?

\_\_\_\_\_

20. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at Fort Larned 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"/>

21. a) During this visit to Fort Larned NHS, what topics did you and your personal group learn through exhibits, ranger-led programs, brochures, etc.? Please mark (●) **all** that apply in column (a).

b) If you were to visit Fort Larned NHS in the future, what topics would you and your personal group like to learn or learn more about in interpretive programs? Please mark (●) **all** that apply in column (b).

a) This visit	b) Future visit
	Not interested in learning on a future visit <input type="radio"/>
<input type="radio"/> Role of Santa Fe Trail in trading, travel, commerce and cultural exchange across the American West	<input type="radio"/>
<input type="radio"/> How the U.S. government established its authority and control and extended its influence through Fort Larned and other military posts	<input type="radio"/>
<input type="radio"/> How the Plains Indians culture and lifestyle were irreversibly altered by encroaching non-native people	<input type="radio"/>
<input type="radio"/> Cultural interactions at Fort Larned and along the Santa Fe Trail among soldiers and civilians from variety of ethnic and racial backgrounds	<input type="radio"/>
<input type="radio"/> Influence of the plains environment on its inhabitants, and how they altered the plains	<input type="radio"/>
<input type="radio"/> Other (Please specify) _____	<input type="radio"/>

22. On this visit, were you and your personal group part of the following types of organized groups?

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) Automobile (car/motorcycle) club	<input type="radio"/>	Yes	<input type="radio"/>	No
e) Other (scouts, work, church)	<input type="radio"/>	Yes	<input type="radio"/>	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

23. a) On this visit, what kind of personal group (not guided tour/school/other organized group) were you with?

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

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 you and your personal group use to arrive at the park?

\_\_\_\_\_ Number of vehicles

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

\_\_\_\_\_ Number of times entered

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

	<b>a) Current age</b>	<b>b) U.S. ZIP code or name of country other than U.S.</b>	<b>c &amp; d) Number of visits to Fort Larned NHS (including this visit)</b>	
			<b>Last 12 months</b>	<b>Lifetime</b>
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

25. a) 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**

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



26. a) Are you or 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 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	<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"/>

27. If you were a manager planning for the future of Fort Larned NHS what would you and your personal group propose?

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28. Is there anything else you and your personal group would like to tell us about your visit to Fort Larned NHS?

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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**

<b>Services Project</b>	<b>Visitor</b>
<b>Unit</b>	<b>Park Studies</b>
<b>Natural Resources</b>	<b>College of</b>
<b>Idaho</b>	<b>University of</b>
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