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|  | Social Science ProgramNational Park Service **U.S. Department of the Interior**  **Visitor Services Project** |

# James A. Garfield

# National Historic Site

### Visitor Study



OMB Approval 1024-XXX (NPS# 08-XXX)

Expiration date: XXX-2009

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| IN REPLY REFER TO: | **United States Department of the Interior**  NATIONAL PARK SERVICE  James A. Garfield National Historic Site  8095 Mentor Avenue  Mentor, OH 44060 |  |
| July – August 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 James A. Garfield 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 Director, 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.  We appreciate your help.  Sincerely,  Sherda Williams  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 (O), please mark your answer by

filling in the circle with black or blue ink, or a pencil with dark

(e.g. #2) lead.



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 James A. Garfield 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. a) Prior to your visit, how did you and your personal group obtain information about James A. Garfield National Historic Site (NHS)? Please mark (•) **all** that apply in column (a).

b) If you were to visit James A. Garfield 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**

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

O Previous visits O

O Friends/relatives/word of mouth O

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

O Maps/brochures O

O Newspaper/magazine articles O

O E-mail/telephone/written inquiry to James Garfield NHS O

O Television/radio programs/videos O

O James A. Garfield NHS website: [www.nps.gov/jaga](http://www.nps.gov/jaga) O

O Other websites O

O School class/program O

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

O Chamber of Commerce/visitors bureau/state welcome center O

O Other (Please specify below) O

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?

O No O Yes 🡺 **Go to Question 2**

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

2. a) Overall, how would you rate the quality of information provided on the park website (http://www.nps.gov/jaga) for planning trips to James A. Garfield NHS? Please mark (•) **one**

O Did not use the park’s website for trip planning 🡺 **Go to Question 3**

Very poor Poor Average Good Very good

O O O O O

b) Did you find the information that you needed on the park website?

O No O Yes 🡺 **Go to Question 3**

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

3. **Prior to this visit**, were you and your personal group aware that James A. Garfield NHS is a unit of National Park System?

O Yes O No

4. On this visit, which direction did you and your personal group arrive from/to reach Mentor, Ohio? Please mark (•) **all** that apply

O I-90 from the West O I-90 from the East

O Highway 20 from the West O Highway 20 from the East

O Highway 306 from the South O Highway 306 from the North

O Highway 615 from South O Highway 615 from North

O Other route (Please specify)

5. On this visit, were the signs directing you and your personal group to and around James A. Garfield NHS adequate? Please mark (•) **one** answer for each.

a) Interstate signs O Yes O No O Did not use

b) State highway signs O Yes O No O Did not use

c) Signs in local communities O Yes O No O Did not use

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

Interstate:

State highway:

In local communities:

6. On this trip, what was the **primary** reason that you and your personal group came to the Mentor, Ohio **area** (within 1-hour drive of park)?Please mark (•) **one**.

O Resident of the area (within 1-hour drive of park) 🡺 **Go to Question 7**

O Visit James A. Garfield NHS

O Visit other attractions in the area

O Visit friends/relatives in the area

O Business

O Other (Please specify)

7. On this visit, what were the reasons that you and your personal group visited James A. Garfield NHS? Please mark (•) **all** that apply.

O Visit historic site/learn history

O Saw sign on highway

O Travel through to other destination

O Show park to friends/relatives

O Visit other attractions in the area

O Visit a National Park Service site

O Obtain NPS Passport Book stamp

O Other (Please specify)

8. a) In what town/city did you and your personal group stay on the **night before your arrival** at James A. Garfield 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 personal group stay on the **night after your departure** from James A. Garfield NHS? If you stayed at home, please write the name of the city/town and state where you live.

Nearest city/town State

9. a) On this trip, did you and your personal group stay overnight **away from your permanent residence** in the Mentor, OH area (within 1-hour drive of James A. Garfield NHS)?

O Yes O No 🡺 **Go to Question 10**

b) If YES, please list the number of nights you and your personal group stayed in the **area** within 1-hour drive of James A. Garfield NHS.

Number of nights in the **surrounding area** outside the park

c) In what type of lodging did you and your personal group spend the night(s) within 1-hour drive of James A. Garfield NHS? Please mark (•) **all** that apply.

O Lodges, hotels, vacation rentals, B&B, etc.

O RV/trailer camping

O Tent camping in developed campground

O Seasonal residence

O Residence of friends or relatives

O Other (Please specify)

10. a) On this trip, how long in total did you and your personal group spend in the Mentor, Ohio area (within 1-hour drive of James A. Garfield NHS)? Please list partial days/hours as 1/4, 1/2, or 3/4.

Number of hours **if less than 24 hours**

Number of days **if 24 hours or more**

b) On this visit, how long in total did you and your personal group spend visiting James A. Garfield NHS **only**? Please list partial hours as 1/4, 1/2, or 3/4.

Number of hours

11. a) Compared with what you had planned, how much time did you and your personal group spend visiting James A. Garfield NHS? Please mark (•) **one**.

O Didn’t have a planned amount of time 🡺 **Go to Question 12**

O About the same as planned

O Longer than planned visit

🡻

b) Why was visit longer?

O Shorter than planned visit

🡻

c) Why was visit shorter?

12. On this trip, what other places within a 1-hour drive of James A. Garfield NHS did you and your personal group visit? Please mark (•) **all** that apply.

O None 🡺**Go to Question 13**

O Holden Arboretum O Historic Kirtland, Ohio

O University Circle Institutions O Lake Metro Farm Park

O Century Village O Kirtland Temple

O Cleveland Sports Stadium/Arena O Wineries

O Cuyahoga Valley National Park O Beaches

O Ashtabula County covered bridges O Lighthouses

O James A. Garfield birthplace O Lakeview Cemetery

(Moreland Hills Historical Society)

O Lake/Geauga/Cuyahoga Counties Metroparks

O Other (Please specify)

13. a) On this visit, what activities did you and your personal group participate in within James A. Garfield NHS? Please mark (•) **all** that apply.

O Attending ranger-led talks/programs

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

O Picnicking

O Taking guided tour of James A. Garfield Home

O Visiting visitor center/Viewing visitor center exhibits

O Watching film on President Garfield

O Participating in Junior Ranger Program

O Other (Please specify)

b) Which **one** of the above activities was the primary reason you and your personal group visited James A. Garfield NHS on this visit? Please list only one.

14. If you took the ranger-led or volunteer-led tour of the James A. Garfield home **on this visit**, please mark (•) **one** response for each of the following aspects of the tour.

O Did not take tour of James A. Garfield home 🡺 **Go to Question 15**

a) Tour length O Too short O About right O Too long

b) Taking tour at desired time O Able to take tour O NOT able to take

at desired time tour at desired time

c) Ability to view interior of O Could see O Had difficulty

rooms because of tour size seeing

d) Topics discussed on tour O Of interest O NOT of interest

e) On the tour, did you learn something about James A. Garfield that is relevant or meaningful to your life today?

O Yes O No O Not sure

15. If you were to visit James A. Garfield NHS in the future, how would you and your personal group prefer to learn about cultural and natural history/features of James A. Garfield NHS? Please mark (•) **all** that apply.

O Not interested in learning about the park 🡺 **Go to Question 16**

O Indoor exhibits O Outdoor exhibits

O Park website: www.nps.gov/jaga O Special events

O Volunteer opportunities

O Ranger-led interpretive programs

O Electronic media/devices available to visitors (downloadable digital files,

podcasts, MP3/MP4 players, interactive computer programs/tours, etc.)

O Audiovisual programs (DVD, video, or audio)

O Printed materials (brochures, books, maps, etc.)

O Other (Please specify)

16. a) During this visit to James A. Garfield NHS, did you and your personal group have any personal interaction with a park ranger other than on the Home tour?

O Yes O No 🡺 **Go to Question 17**

1. If YES, on a scale from 1 to 5, please rate the quality of your interaction with the park ranger. Please mark (•) **one** response for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Park ranger (other than home tour) | Very poor | Poor | Average | Good | Very good |
| Helpfulness | O | O | O | O | O |
| Courteousness | O | O | O | O | O |
| Quality of information provided | O | O | O | O | O |

17. a) Have you and your personal group visited other presidents’ homes on this trip or past trips?

O Yes O No 🡺 **Go to Question 18**

b) If YES, which of the following have you and personal group visited? Please mark (•) **all** that apply.

O One or more of the other Ohio Presidential Homes (examples: Rutherford

B. Hayes Presidential Center, Fremont, OH; The Harding Home,

Marion, OH; etc.)

O First Ladies National Historic Site, Canton, Ohio

O One or more Presidential Homes in other states (examples: Jimmy Carter

National Historic Site; Harry S Truman National Historic Site; George

Washington Birthplace National Monument; etc.)

O Other (Please specify)

c) Please compare the quality of your overall experience at James A. Garfield NHS with your experiences at other presidential sites (above) that you have visited. Which of the following statements best describes your comparison? Please mark (•) **one.**

O James A. Garfield NHS was better than some, not as good as others that I have visited

O James A. Garfield NHS was the best of all the presidential sites that I have visited

O James A. Garfield NHS was the worst of all the presidential sites that I have visited

d) Please comment:

18. a) Please mark (•) **all** of the visitor services and facilities that you or your personal group **used** at James A. Garfield 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.

1. Finally, for only those services and facilities that you or your personal group **used**, please rate their quality from 1-5.

|  |  |  |
| --- | --- | --- |
| **a) Visitor services/facilities used?**  Mark (•) | **b) If used,**  **how important?**  1=Not important  2=Somewhat 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 |

O Park brochure/map

O Assistance from park staff

O Visitor center/exhibits

O Bookstore sales items

(selection, price, etc.)

O Outdoor exhibits

O Video/film in visitor center

O Guided tours of the Home

O Junior Ranger program

O Access for people with disabilities

O Restrooms

O Picnicking

19. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to you and your personal group at James A. Garfield NHS during this visit? Please mark (•) **one**.

Very poor Poor Average Good Very good

O O O O O

20. For you and your personal group, please estimate all expenditures for the items listed below for this visit to James A. Garfield NHS and the surrounding **area** (within a 1-hour drive). **Please write "0" if no money was spent in a particular category.**

a) Please list your group's total expenditures inside James A. Garfield NHS.

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

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to James A. Garfield NHS.

**EXPENDITURES**

**a) Inside park b) Outside park**

Lodges, hotels, motels, cabins, B&B, etc. n/a $

Camping 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 n/a $

(rental cars, taxis, auto repairs, but

NOT airfare)

Admission, recreation, entertainment fees $ $

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.

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

a) Commercial guided tour group O Yes O No

b) School/educational group O Yes O No

c) Other (scouts, work, church) O Yes O No

d) 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, with what kind of personal group (not guided tour/school/other organized group) were you?

O Alone O Friends

O Family O Family and friends

O Other (Please specify)

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

Number of people

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

23. a) Does anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services?

O Yes O No 🡺 **Go on to Question 24**

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

c) Did the person(s) access/participate the services/activities that were difficult?

O Yes O No

d) Because of the physical condition, what specific problems did the person(s) have? Please mark (•) **all** that apply.

O Hearing (difficulty hearing ranger programs, bus drivers, audio-visual exhibits or programs, or information desk staff, even with hearing aid)

O Visual (difficulty seeing exhibits, directional signs, or visual aids that are part of programs, even with prescribed glasses or due to blindness)

O Mobility (difficulty accessing facilities, services, or programs, even with walking aid and/or wheelchair)

O Other (Please specify)

24. For you and 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 lifetime visits to James A. Garfield NHS**  (including this visit) | | | |
| Yourself |  |  | |  |  |
| Member #2 |  |  | |  |  |
| Member #3 |  |  | |  |  |
| Member #4 |  |  | |  |  |
| Member #5 |  |  | |  |  |
| Member #6 |  |  | |  |  |
| Member #7 |  |  | |  |  |

25. a)Are you or members of your 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 | O | O | O | O | O | O | O |
| No, not Hispanic or Latino | O | O | O | O | O | O | O |

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 Native | | | O | | O | O | | O | | O | O | O | |
| Asian | | | O | | O | O | | O | | O | O | O | |
| Black or African American | | | O | | O | O | | O | | O | O | O | |
| Native Hawaiian or other Pacific Islander | | | O | | O | O | | O | | O | O | O | |
| White | | O | | | O | O | O | | | O | O | O | |

26. For you only, what is the highest level of education you have completed? Please mark (•)**one.**

O Some high school O Bachelor’s Degree

O High School Diploma/GED O Graduate Degree

O Some college

27. a) What did you and your personal group like **most** about your visit to James A. Garfield NHS?

b) What did you and your personal group like **least** about your visit to James A. Garfield NHS?

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

29. a) Which category best represents your annual **household** income? Please mark (**•**) **only one**.

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

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

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

Printed on recycled paper



**OFFICIAL BUSINESS**

**Visitor Services Project**

**Park Studies Unit**

**College of Natural Resources**

**University of Idaho**

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