



**INTERVIEWERS:**

**LOCATION (Check one):**     HTS Jamestown  
                                   HTS Yorktown  
                                   Jamestown Area Shuttle

**OMB Control #**  
**Expiration Date:**  
**NPS ID #:**

**DATE (Circle one):**        7/10    7/11    7/12    7/13  
**TIME:**

## **Colonial National Historical Park Shuttle Service Visitor Survey**

In order to improve the Historic Triangle and Jamestown Area Shuttle Service, we would appreciate your feedback. Please take a few minutes to answer the following questions; your feedback is critical to improving the shuttle service and the overall visitor experience in the park. Thank you for your participation!

*- Please fill out one survey per family or group -*

*- This survey is about your perceptions of the Historic Triangle Shuttle and the Jamestown Area Shuttle (NOT the Historic Area Shuttle Bus System that provides service to Colonial Williamsburg sites) --*

***Section I: General Trip Characteristics***

1. How many day(s) are you visiting this area (including the Historic Triangle of Jamestown, Williamsburg and Yorktown, and other surrounding attractions)? [Topic Area 2: Trip/Visit Characteristic]

1 day     2 days     3 days     4 days     5-7 days     8 days or more

2. Have you visited Colonial National Historical Park (including historic Jamestown and Yorktown Battlefield) before today? (Please note that Colonial Williamsburg is NOT part of Colonial National Historical Park) [1.VISITHIS1]

Yes                       No (Go to Question 3)

2a. When did you last visit the park? (*Check One*)

2006 – 2009             2004-2005             Before 2004             Can't recall

2b. Not including this trip, approximately how many times have you previously visited this park? (*Check one*)

1 time             2-4 times             5 or more times

3. For today's visit to Colonial National Historical Park, did you arrive by personal vehicle (e.g., personal car, rental vehicle, truck, RV, motorcycle)? [variation of 3.TRANS1]

Yes—Go to Question 4

No –Go to Question 5

4. Where is your vehicle currently parked? (*Check One*) [Topic Area 2: Trip/Visit Characteristics]

Colonial Williamsburg Visitor Center

Jamestown Information Station

Historic Jamestowne Visitor Center

Yorktown Battlefield Visitor Center

Jamestown Settlement

Yorktown Victory Center

Jamestown Glasshouse

Other (please specify:\_\_\_\_\_)

### ***Section II: Use of the Shuttle Service***

5. How did you learn about the shuttle service provided at Colonial National Historical Park (including the Historic Triangle Shuttle and the Jamestown Area Shuttle)? (*Check All That Apply*) [Topic Area 2: Trip/Visit Characteristics]

From previous visit(s)

Visitor Guidebooks

Family or friends (word of mouth)

National Park Service website

Saw the shuttle bus or signs for the service

Other website

Staff at one of the visitor sites

Hotel/motel/timeshare/campsite staff

Brochures/pamphlets from the visitor sites

Chamber of Commerce/Visitor's Bureau

Other (please specify:\_\_\_\_\_)

6. Why did you decide to use the shuttle service? (*Check All That Apply and Circle the Reason that is Most Important*) [Topic Area 3: Individual Activities and Uses of Park Resources]

I do not know where the visitor sites are located

I do not like to drive in unfamiliar areas

The shuttle bus provides historical information

I am able to relax/view the scenery on the shuttle bus

The cost of fuel

The shuttle bus is environmentally friendly

Other (Please specify:\_\_\_\_\_)

7. Where did you first board the shuttle service today? (*Check One*) [Topic Area 2: Trip/Visit Characteristics]

Colonial Williamsburg Visitor Center

Jamestown Information Station

Historic Jamestowne Visitor Center

Yorktown Battlefield Visitor Center

Jamestown Settlement

Yorktown Victory Center

Jamestown Glasshouse

8. During your visit to this area, please indicate all the sites that you and your group visited (in column A) OR plan to visit (in column B) **using either the Historic Triangle Shuttle or the Jamestown Area Shuttle.** (*Check All That Apply*) [variation of 3.ITIN3]

	<b>A</b> Visited <u>Using Shuttle</u>	<b>B</b> Plan to Visit <u>Using Shuttle</u>
Colonial Williamsburg Visitor Center	_____	_____
Jamestown Glasshouse	_____	_____
Jamestown Information Station	_____	_____
Jamestown Settlement	_____	_____
Historic Jamestowne Visitor Center	_____	_____
Yorktown Battlefield Visitor Center	_____	_____
Yorktown Victory Center	_____	_____
Do not plan to visit other sites on shuttle		_____

9. During your visit to this area, please indicate all the sites that you and your group visited (in column A) or plan to visit (in column B) using your **own means of transportation** (such as a personal vehicle). [variation of 3.ITIN3]

	<b>A</b> Visited Using Own <u>Transportation</u>	<b>B</b> Plan to Visit Using Own <u>Transportation</u>
Colonial Williamsburg Visitor Center	_____	_____
Jamestown Glasshouse	_____	_____
Jamestown Information Station	_____	_____
Jamestown Settlement	_____	_____
Historic Jamestowne Visitor Center	_____	_____
Yorktown Battlefield Visitor Center	_____	_____
Yorktown Victory Center	_____	_____
Did not visit any sites/Do not plan to visit sites using own transportation	_____	_____

10. Have you used the Yorktown Trolley? [variation of 1.TRANS1]

\_\_\_\_\_ Yes, used the Yorktown Trolley

\_\_\_\_\_ No, did not use the Yorktown Trolley

11. Please rate the **Historic Triangle Shuttle** (which transports visitors between the Colonial Williamsburg Visitor Center and Jamestown/Yorktown) and the **Jamestown Area Shuttle** (which transports visitors around Jamestown Island, including stops at the Jamestowne Visitor Center, the Glasshouse, Jamestown Settlement and Jamestown Information Station). (For each shuttle service, please circle one response for each item, a through l)  
[6.EVALTRAN5]

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Did Not Ride/ Not Applicable</u>
a. Your overall experience with the shuttle service						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9
b. Sites covered by service						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9
c. Frequency of service						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9
d. Reliability (on-time)						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9
e. Ability to find a seat						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9
f. Courtesy/helpfulness of the bus driver						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Did not ride/ Not Applicable</u>
g. Services for the disabled						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9
h. Ease of understanding schedule and route information						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9
i. Ease of finding shuttle stops						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9
j. Ability to hear the audio programming on the bus						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9
k. Ease of bringing a bicycle						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9
l. Usefulness of the audio programming in providing background information on the visitor sites						
Historic Triangle Shuttle...	1	2	3	4	5	9
Jamestown Area Shuttle ...	1	2	3	4	5	9

12. If you were dissatisfied (rating of '4' or '5') with any of the service features described in Q. 11, please tell us which service you were dissatisfied with and describe the reason for your dissatisfaction. [Topic Area 5. Individual Evaluation of Park Services]

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13. Please use the space below to provide any additional comments or feedback on your experience using the shuttle service during this visit. [Topic Area 5. Individual Evaluation of Park Services]

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14. Thinking about your overall visit to Historic Jamestowne and/or Yorktown Battlefield, how satisfied are you with your experience? [Topic Area 6: 6. Individual Perceptions of their Park Experiences]

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

**Section III: Visitor Profile Data. Please answer the following questions about yourself.**

15. On this visit, what kind of personal group (not guided tour or school group) are you with? (Check only one). [1.GR5]

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

16. Are you and your personal group traveling with any larger, organized group (e.g. tour, scouts, club, school, church, etc)?" [variation of 1.GR6]

- Yes
- No

17. Including yourself, how many people in your personal travel group are: [Topic Area 2: Trip/Visit Characteristics]

- 5 years and under
- 13-18 years
- 30-44 years
- 65 or older
- 6-12 years
- 19-29 years
- 45-64 years

18. Do you live in the United States? [1.RES3]

- Yes (In what state do you live? \_\_\_\_\_)
- No (In what country do you live? \_\_\_\_\_)

19. In what year were you born? [1.AGE1] \_\_\_\_\_

20. Are you (Check One): [1.GEND1]  male  female

**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 visiting public. Response to this request is completely voluntary and anonymous. No action will be taken against you for refusing to supply the information requested. Permanent data will be anonymous. 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 5 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to: Dorothy Geyer, Colonial National Historical Park, 10815 George Washington Highway, Yorktown, VA 23690; Dorothy\_Geyer@nps.gov

*Thank you for your help in completing this survey.*

**OMB Control Number:** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_