National Mall Study: Script for Initial Contact / Questions for Non-response Bias

your experiences and opinions. This is the mailbactume and address), so it can be completed at your out, then you can put it in any US mailbox and it was participate?	ck questionnaire (show convenience. It takes	questionnaire with about 20 minutes to fill	
IF NO: Thank you and enjoy your visit.			
IF YES: Thank you. I have a few quick questions.			
Who in your group (at least 18 years old) has the nucle quick questions for you.	ext birthday? (Select in	ndividual). I have a few	
1. On this visit, were you traveling with any of the	he following larger gro	oups? [1.GR6]	
a) Commercial guided tour	Yes	No	
b) Educational group (school, etc.)	Yes	No	
c) Heritage/cultural club group	Yes	No	
d) Other organized group	Yes	No	
(church, business, etc.)			
Your <b>personal group</b> is defined as your companions during this visit to the National Mall, such as spouse, family, friends, etc., <b>for whom you were financially responsible</b> , including yourself.			

group) are you with? Please check ( $$ ) or	ne. [1.GR5]
Alone	Family
Friends	Family and friends
Other (Please specify:	)

2. On this visit, what kind of personal group (not guided tour/educational/organized

3. a) How many adults, 18 years or older, are in your <b>personal</b> group, including yourself?
Number of adults
b) How many children, 17 years or younger, are in your <b>personal</b> group?  Number of children
c) How old is the person who will complete the questionnaire?  Years
So we can thank you and remind you to mail back the questionnaire, please print your name, and address on this sheet. If you prefer that we follow up with e-mail, please provide your e-mail address as well.
Name:
Address:
Email:

# Training:

Each interviewer will receive a minimum of one hour of training on how to conduct the interviews. The training will cover all aspects of the methodology, including site placement, using a sampling interval, how to approach visitors, conducting the interviews, avoiding sampling bias, how to handle interviewing situations, and how to maximize the comfort and safety of visitors and interviewers. Quality control will be maintained by having one a faculty representative on-site for all days of data collection who will assist the interviewers in getting set up, will monitor sampling and who will check paperwork and debrief the research team at the end of each data collection day.

First postcard reminder, to be sent 10 days after accepting questionnaire

<del>Summer</del>, 2008

Dear Visitor,

Hello again! Recently, you visited the National Mall & Memorial Parks and agreed to participate in a National Park Service visitor study. Your feedback will help park personnel to plan for continuous improvement.

If you have already completed and returned the questionnaire to us, please accept our sincere thanks. If not, **please do so today.** Only a select number of visitors are participating in the study, so your response is essential to the success of the project.

If your questionnaire was misplaced, please call me at (703) 993-4279 or email me at <a href="mailto:mdaniels@gmu.edu">mdaniels@gmu.edu</a> and we will quickly get you another one. Thanks for your part in this effort to ultimately better serve all visitors to the National Mall & Memorial Parks.

Maggie Daniels, Ph.D.
Project Director
School of Recreation, Health, and Tourism, George Mason University

Summer, 2008

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Maggie Daniels, Ph.D. Project Director School of Recreation, Health, and Tourism, George Mason University

2006

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Maggie Daniels, Ph.D.
Project Director
School of Recreation, Health, and Tourism, George Mason University

Summer, 2008

Summer, 2008

(Letter to be sent with replacement questionnaire, mailed to non-respondents after 21 days)



# **United States Department of the Interior**

### NATIONAL PARK SERVICE

National Mall & Memorial Parks 900 Ohio Dr. S.W. Washington DC 20024-2000

IN REPLY REFER TO:

Summer, 2008

Dear Visitor:

The National Park Service would like to thank you for participating in this National Mall & Memorial Parks visitor study. As of today, we have not received your questionnaire. Because only a select number of visitors were contacted, each visitor's comments are very important.

If you have already returned your questionnaire, thank you. If not, please complete it and mail it today. Unless your questionnaire was mailed in the last few days, we would appreciate you completing another one. We are enclosing a replacement questionnaire in case the original was misplaced.

When you have completed the questionnaire, please 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 Dr. Maggie Daniels, National Mall & Memorial Parks Visitor Services Project, George Mason University, MS 4E5, Manassas, VA, 20110, Phone: 703-993-4279, email: mdaniels@gmu.edu.

We appreciate your help.

Sincerely,

Margaret O'Dell Superintendent Second postcard reminder, to be sent to non-respondents after 35 days

Summer, 2008

Dear Visitor,

I am writing about the visitor study for the National Mall & Memorial Parks, in which you agreed to participate. As of today we have not received your completed questionnaire.

The waiting period for incoming questionnaires is almost over, and park staff members are anxiously awaiting your response. If you have already completed and returned the questionnaire to us, please accept our sincere thanks. If not, I urge you to complete and return it by September 15.

If your questionnaire was misplaced, please call me at (703) 993-4279 or email me at <a href="mailto:mdaniels@gmu.edu">mdaniels@gmu.edu</a> and we will quickly get you another one. Your contribution to the success of this study is greatly appreciated.

Maggie Daniels, Ph.D. Project Director School of Recreation, Health, and Tourism, George Mason University

Summer, 2008

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Maggie Daniels, Ph.D.
Project Director
School of Recreation, Health, and Tourism, George Mason University

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Maggie Daniels, Ph.D.
Project Director
School of Recreation, Health, and Tourism, George Mason University

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Maggie Daniels, Ph.D.
Project Director
School of Progression, Health, and Touries

School of Recreation, Health, and Tourism, George Mason University

Summer, 2008

Summer, 2008



National Park Service U.S. Department of the Interior

**National Mall & Memorial Parks** 

# National Mall & Memorial Parks Visitor Study



OMB Approval #: Expiration Date:



# **United States Department of the Interior**

### NATIONAL PARK SERVICE

National Mall & Memorial Parks 900 Ohio Dr. S.W. Washington DC 20024-2000

IN REPLY REFER TO:

Summer, 2008

Dear Visitor:

The National Park Service would like to thank you for participating in this important study. We want to learn about the opinions and behaviors of visitors to National Mall & Memorial Parks. This information will help us improve our park management and better serve you, our visitor.

This questionnaire will be given to only a select number of visitors, so your participation is very important! It should only take about 20 minutes to complete.

When your visit is over, please complete the 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 Dr. Maggie Daniels, National Mall & Memorial Parks Visitor Services Project, George Mason University, MS 4E5, Manassas, VA, 20110, Phone: 703-993-4279, email: mdaniels@gmu.edu.

We appreciate your help.

Sincerely,

Margaret O'Dell Superintendent

### **DIRECTIONS**

- 1) Please have the selected individual complete this questionnaire
- 2) Answer the questions carefully since each question is different

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 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 Dr. Maggie Daniels, National Mall & Memorial Parks Visitor Services Project, School of Recreation, Health and Tourism, George Mason University, MS 4E5, Manassas, Virginia, 20110; email: mdaniels@gmu.edu.

## Your Visit To National Mall & Memorial Parks

Definition: The National Mall & Memorial Parks, a unit of the National Park System, includes National Mall icons such as the Washington Monument, the Lincoln and Jefferson memorials, Franklin Delano Roosevelt Memorial, Constitution Gardens, the Korean War Veterans Memorial, the Vietnam Veterans Memorial, and the World War II Memorial. In addition, the park includes significant natural and cultural resources, and downtown visitor destinations such as Ford's Theatre National Historic Site, the African American Civil War Memorial, and Pennsylvania Avenue from the U.S. Capitol to the White House.

NOTE: Museums on or near the National Mall are operated by the Smithsonian Institution, National Gallery of Art, National Archives, and the U.S. Holocaust Memorial Museum and are separate entities from the National Mall.

- 1. a) Prior to this visit, how did you and your group obtain information about Washington D.C. and the National Mall? Please check ( $\sqrt{}$ ) all that apply in the left column. [2.TPLAN11]
  - b) **On future trips** to Washington DC and the National Mall, what sources would you prefer to use to obtain information in planning your visit? Please check ( $\sqrt{}$ ) **all** that apply in the <u>right</u> column.

a) For this visit? (	1	)
----------------------	---	---

b) On future visits?  $(\sqrt{})$ 

Prior to this visit	Sources of information	On future visits
	Obtained no planning information	
	Previous visits	
	Friends/relatives/word of mouth	
	Travel guides/tour books/tour packages	
	Telephone/written/email inquiry to the park	
	Newspaper/magazine articles	
	National Mall website: www.nps.gov/nama/	
	Other websites	
	School class/program	
	Washington Convention and Tourism Corporation	
	Other sources: (specify)	

		ou used <b>for this visit</b> , did you rece u needed? [2.TPLAN12]	eive t	he type of
	No	Yes→ Go on to G	Ques	tion 2
	d) If NO, what was the Please be specific.	e information that you needed that v [2.TPLAN13]	was ı	not available?
2.	How did this visit to the one. [2.TPLAN4]	e National Mall fit into your travel pla	ans?	Please check (√)
	The National M	fall was the primary planned destina	ation	
	The National M	fall was one of the several planned	dest	inations
	The National M	Mall was not a planned destination		
3.	What was your prima	ry reason for visiting Washington D0	C? F	Please <b>select one</b>
	Resident of lo	cal area (DC metropolitan area) 🔸	Go	on to Question 4
	Visit the Natio	nal Mall (not including museums)		
	Visit museum	s (e.g., Smithsonian, National Galle	ery, e	tc.) on the National Mall
	Visit federal si	ites (e.g., The White House, U. S. C	Capit	ol, National Archives)
	Visit other attr	ractions in the area	_	
	Visit friends/re	elatives in the area		Q. 3 : Topic area 2 —
	Business (e.g	., meeting, convention)		Trip/Visit Characteristics
	Other (Please	specify:)		
4.		ong (days and overnight stays) did y nin a 1-hour drive to Washington DC		
	Number of ho	ours, <b>if less than 24 hours</b>		
	OR			
	Number of da	ays, if 24 hours or more		

Please go on to the next page →

6		National Mall and	l Memorial Pa	rks Visitor Study		
5.	a) During this visit to the Nation schedules set up by tour ma train/airline ticket, etc.)? [3.T	nagers, business me				
	No	Yes	→ Go on to	Question 6		
	b) If NO, compared to with to w did you spend visiting the Na					
	Didn't have a planne	ed amount of time	Go on to Qu	estion 6		
	Spent about the time	e planned 🗕 Go on	to Question	6		
	Spent a longer time	than planned S	pent less time	than planned		
	c) If the amount of time you spowhat you had planned (longoyour plans? Please check (	ent visiting the Natior er or shorter), what w	nal Mall was di ere the reaso	ifferent than		
	Fewer things to do/s	see than expected				
	More things to do/se	ee than expected				
	Longer stays at mer	morials and monume	nts than exped	cted		
	Shorter stays at me	morials and monume	ents than expe	cted		
	Other reason (Pleas	se specify:				
				)		
6.	a) What form(s) of transportation accommodations/home and [3.TRANS1]					
	Private vehicle (car,	, motorcycle, etc.)				
	Rental vehicle	Tour i	motorcoach/bu	ıs		
	Bicycle	Taxi/li	mousine			
	School bus	On fo	ot			
	Sightseeing bus	Public	transportation	n (Metro, Bus, etc.)		
	Other (Please spec	ify:		)		
b)	Were the signs directing you to Please check $()$ <b>one</b> response			uate?		
	Highway signs to DC	_	_	Not applicable		
	Pedestrian signs in DC			Not applicable		
	Street signs in DC Yes No Not applicab					

a) On <b>this</b> visit to the National Mall, what activities did you participate in? Please
check ( $$ ) all that apply. [3.ACT22]
Visit park sites (monuments and memorials)
Visit museum sites (e.g., Smithsonian museums, National Gallery of Ar
Holocaust Museum, Botanical Gardens)
Exercise or athletics
Charter bus or sightseeing tour
Learn/research history
Ranger talks/walks
Entertainment/special events
Relaxing
Shopping
Eating and drinking at restaurants/bars
Other (Please specify:)
b) Which <b>one</b> of the above activities was the <b>most important</b> activity to your visit?
Please list only one or check none. [3.ACT24 (second part)]
OR
None

8. a) For this trip, please review the list below and <u>circle the number</u> next to the destinations you visited during your <u>entire stay</u> in the Washington, DC area. You can use the map provided to help you locate the sites. [3.ITIN3]

01 – African American Civil War Memori	al	28 – National Gallery of Art	
02 – Anacostia Neighborhood Museum	···	29 – National Museum of American History	
03 – Arlington National Cemetery		30 – National Museum of the American Indian	
04 – Bureau of Engraving and Printing		31 – National Museum of Crime and Punishment	
05 – C&O Canal		32 – National Museum of Natural History (temporarily closed)	
06 – Capital Children's Museum		33 – National Portrait Gallery/American Art Museum	
07 – Corcoran Gallery		34 – National Postal Museum	
08 - Decatur House		35 – National Shrine of the Immaculate Conception	
09 – Downtown Restaurants		36 – National Zoological Park	
10 – Downtown Shops		37 – Newseum	
11 – F.B.I. Building		38 – Old Town Alexandria	
12 – Franklin Delano Roosevelt Memorial		38 – Renwick Gallery	
13 – Ford's Theatre National Historic Site	;	40 – Rock Creek Park	
14 – Frederick Douglass National Historic	Site	41 – Smithsonian Castle	
15 – Freer Gallery/Arthur Sackler Gallery	/National Museum	42 – Thomas Jefferson Memorial	
of African Art			
16 - George Washington Memorial Parkw	ay / Great Falls	43 – U.S. Capitol	
17 – Georgetown		44 – U.S. Holocaust Memorial Museum	
18 – Hirschhorn Museum/Sculpture Garde	en	45 – U.S. Library of Congress	
19 – International Spy Museum		46 – U.S. National Archives	
20 – Iwo Jima /U.S.M.C. War Memorial		47 – U.S. Navy Memorial	
21 – Kennedy Center for the Performing A	Arts	48 – U.S. Supreme Court	
22 – Korean War Veterans Memorial		49 – Union Station	
23 – Law Enforcement Officers Memorial		50 – Vietnam Veterans Memorial	
24 – Lincoln Memorial		51 – Washington Monument	
25 – Mount Vernon		52 – Washington National Cathedral	
26 – National Air & Space Museum		53 – The White House	
27 – National Building Museum		54 – World War II Memorial	
99 – Other: Please write name of destination(s) below:			
Q. 8b & 8c: Topic area 6 — Individual		oic area 6 — Individual	
<u> </u>		heir Park Experiences	

b) As you were planning your visit, which **one** site was the **primary destination** that you most wanted to see on the National Mall?

c) As you think back on your visit, which **one** site was the **most memorable** to your visit to the National Mall?

National Mall & Memorial Parks Visitor Study	Q. 9a & 9b: Topic area 1 — Individual Characteristics	
9. a) Do you reside in Washington DC? Yes → Go on to Question 9c	No	
b) Do you commute to Washington DC for work Yes	<br No	
c) If YES to either of the above, what, if anythir National Mall more frequently?	ng, would encourage you to visit the	
	Q. 9c: Topic area 6 — Indivi Perceptions of their Park Exp	
10. On this visit, were you and your personal group groups? [1.GR6]	with the following type of	
a) Commercial guided tour	Yes No	
b) Educational group (school, etc.)	Yes No	
c) Heritage/cultural club group	Yes No	
d) Other organized group (church, business, etc.)	Yes No	
11.a) Based on your visit, would you consider visiti future? [1.FVIS1]	ng the National Mall again in the	
Yes, likely No, unlike	ely Not sure	
b) Would you recommend visiting the National N [6.EVALSERV26]	Mall to your friends/relatives?	
Yes, likely No, unlike	ely Not sure	
<b>↓</b>		
c) If YES, which <b>one</b> site would you be most like planning a visit to the National Mall?	ely to recommend to others	
Q. 11c:	Topic area 7 — Individual ns on Park Management	

12.	On a future visit to the National Mall, what services or activities would you like to have available at the park? Please check ( $$ ) <b>all</b> that apply. [3.FVIS7]
	Self-guided audio tours (with map/publications, iPods, cell phones, etc.)
	Interactive exhibits (displays on computers/PDAs, etc.)
	Recreation rentals (e.g., boats) Children's programs
	Indoor exhibits Movies/films
	Outdoor exhibits Ranger talks/programs
	Historian/expert lectures/talks Special events
	Roving rangers available to answer questions
	Living history programs and dramatic presentations (people in costume)
	Other (Please specify:)
13.	ompanions during this visit to the National Mall, such as spouse, family, friends, i.e., for whom you were financially responsible, including yourself.  On this visit, what kind of personal group (not guided tour / educational / organized group) were you with? Please check $()$ one. [1.GR5]
	Alone Family
	Friends Family and friends
	Other (Please specify:)
	a) For this visit to the National Mall, how many people were in your <b>personal</b> group, including yourself? [1.GR3]  Number of people
	b) For this visit to the National Mall, how many people in your <b>personal</b> group, including yourself, are residents of Washington DC?
	Number of Washington DC residents  Q14b: Topic area 1 — Individual Characteristics

- 15. For those in your personal group <u>for whom you were financially responsible</u>, including yourself, please estimate all expenditures that were made for this trip to for the items listed below. **Please write "0" if no money was spent in a particular category.** [3.TRIPC26]
  - a) Please estimate your personal group's total expenditures by category while at the National Mall and in Washington DC.
  - b) Please estimate your personal group's total expenditures by category outside of the National Mall and DC (within 1-hour drive)

Category	a) National Mall and Washington DC	b) Outside Washington DC, (within 1-hour drive)
Lodging (hotels, camping, B&B, etc.)	\$	\$
Restaurants and bars	\$	\$
Food stands / refreshment stands	\$	\$
Gas and oil (auto, RV, boat, etc.)	\$	\$
Public transportation (subway, bus, taxi)	\$	\$
Other transportation fees (rental cars, auto repairs, but NOT airfare)	\$	\$
Admissions, recreation and entertainment fees (e.g., tour guide fees, site seeing tours, movies)	\$	\$
Other services (e.g., barber / beauty shops, laundry, etc.)	\$	\$
Retail purchases related to sites visited (souvenirs, books, t-shirts, etc.)	\$	\$
All other retail purchases that were not site specific (books, groceries, sporting goods, clothing, etc.)	\$	\$
Other expenses (please identify):	\$	\$

16. For you and your personal g	group for whom	you were financiall	<u>y responsible</u> on
this visit, please indicate: [1.	.AGE3]	-	

- a) Current age
- b) U.S. Zip code or name of country (other than U.S.)
  c) Number of visits to the National Mall in the past 12 months (including this visit)

	a) Current age	b) U.S. ZIP code or name of country other than U.S	c) Number of visits to National Mall in past 12 months (including this visit)
Yourself		<del></del>	<del></del>
Member 2			
Member 3			
Member 4			
Member 5			<del></del>
Member 6			
Member 7			

17. a) Are you or members of your personal group Hispanic or Latino? Please check ( $\sqrt{\ }$ ) **one** response for each group member. [1.RACE/ETH1]

	Yourself	Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino								
Not Hispanic or Latino								

b) What is your race? What is the race of each member of your personal group? Please check ( $\sqrt{}$ ) **one or more** for each group member. [1.RACE/ETH4]

	Yourself	Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7	
American Indian or Alaska Native									
Asian									
Black or African American									
Native Hawaiian or other Pacific Islander									
White									
c) Are	you ?	[1.GEND	1]						
	Male	<b>:</b>	_	Fer	male				
18. a) Did activitie	anyone ir			oup having	difficulty	accessing	g or partic	ipating in p	ark
	Yes	•	_	No	→ Go o	n to Que	stion 19		
,				es did the $()$ all that	. ,	have diffi	culty acce	essing or	
	None	→ Go o	on to Que	estion 19					
	Park l	ouildings							
	Exhib	its, or aud	dio-visual	programs	;				
				al prograr	ms or activ	vities			
	Other	(Please	specify:					)	

Hearing difficulty Visual difficulty Breathing/respiratory condition Mobility difficulty (in accessing facilities, services, or programs, even with a wal aid, wheelchair or stroller) Other (Please specify:)  19. Is there anything else you would like to tell us about your visit to the National Mall? [6.OPMGMT7]		c) If YES, which of the following best explains the nature of the difficulty? Please check ( $$ ) all that apply.
Breathing/respiratory condition Mobility difficulty (in accessing facilities, services, or programs, even with a wal aid, wheelchair or stroller) Other (Please specify:)  19. Is there anything else you would like to tell us about your visit to the National		Hearing difficulty
Mobility difficulty (in accessing facilities, services, or programs, even with a wal aid, wheelchair or stroller)  Other (Please specify:)  19. Is there anything else you would like to tell us about your visit to the National		Visual difficulty
aid, wheelchair or stroller)  Other (Please specify:)  19. Is there anything else you would like to tell us about your visit to the National		Breathing/respiratory condition
19. Is there anything else you would like to tell us about your visit to the National		Mobility difficulty (in accessing facilities, services, or programs, even with a walkin aid, wheelchair or stroller)
		Other (Please specify:)
	19.	
	,	

Thank you for your valuable feedback!

# **OFFICIAL BUSINESS**

National Mall Visitor Services Project Dr. Maggie Daniels School of Recreation, Health and Tourism George Mason University MS 4E5 Manassas, VA 20110