



3. a) How many adults, 18 years or older, are in your **personal** group, including yourself?

\_\_\_\_\_ Number of adults

b) How many children, 17 years or younger, are in your **personal** 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

Summer, 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 [mdaniels@gmu.edu](mailto:mdaniels@gmu.edu) 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

(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](mailto: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 [mdaniels@gmu.edu](mailto:mdaniels@gmu.edu) 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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**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](mailto: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](mailto: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 (✓) **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 (✓) **all** that apply in the right column.

**a) For this visit?** (✓)

**b) On future visits?** (✓)

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: <a href="http://www.nps.gov/nama/">www.nps.gov/nama/</a>	
	Other websites	
	School class/program	
	Washington Convention and Tourism Corporation	
	Other sources: (specify) _____	

c) From the sources you used **for this visit**, did you receive the type of information that you needed? [2.TPLAN12]

No



Yes → **Go on to Question 2**

d) If NO, what was the information that you needed that was not available? Please be specific. [2.TPLAN13]

---

2. How did this visit to the National Mall fit into your travel plans? Please check (✓) **one**. [2.TPLAN4]

The National Mall was the primary planned destination

The National Mall was one of the several planned destinations

The National Mall was not a planned destination

3. What was your primary reason for visiting Washington DC? Please **select one only**.

Resident of local area (DC metropolitan area) → **Go on to Question 4**

Visit the National Mall (not including museums)

Visit museums (e.g., Smithsonian, National Gallery, etc.) on the National Mall

Visit federal sites (e.g., The White House, U. S. Capitol, National Archives)

Visit other attractions in the area

Visit friends/relatives in the area

Business (e.g., meeting, convention)

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

Q. 3 : Topic area 2 — Trip/Visit Characteristics
---

4. During this visit, how long (days and overnight stays) did you stay in the Washington DC metropolitan area (within a 1-hour drive to Washington DC)? [3.TRIPC11]

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

**OR**

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

**Please go on to the next page →**

5. a) During this visit to the National Mall, were you on a fixed schedule (such as schedules set up by tour managers, business meeting, same-day prepaid train/airline ticket, etc.)? [3.TRIPC32]

No  Yes → **Go on to Question 6**



- b) If NO, compared to with to what you had originally planned, how much time did you spend visiting the National Mall? Please check (√) **one**. [3.TRIPC33]

Didn't have a planned amount of time → **Go on to Question 6**

Spent about the time planned → **Go on to Question 6**

Spent a longer time than planned  Spent less time than planned



- c) If the amount of time you spent visiting the National Mall was different than what you had planned (longer or shorter), what were the reasons for changing your plans? Please check (√) **all** that apply. [3.TRIPC34]

Fewer things to do/see than expected

More things to do/see than expected

Longer stays at memorials and monuments than expected

Shorter stays at memorials and monuments than expected

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

\_\_\_\_\_)

6. a) What form(s) of transportation did you use to travel between your overnight accommodations/home and the National Mall? Please check (√) **all** that apply. [3.TRANS1]

Private vehicle (car, motorcycle, etc.)

Rental vehicle

Tour motorcoach/bus

Bicycle

Taxi/limousine

School bus

On foot

Sightseeing bus

Public transportation (Metro, Bus, etc.)

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

- b) Were the signs directing you to and around Washington DC adequate? Please check (√) **one** response for each. [6.EVALSERV17]

Highway signs to DC  Yes  No  Not applicable

Pedestrian signs in DC  Yes  No  Not applicable

Street signs in DC  Yes  No  Not applicable

c) If you answered NO to any of the above, please explain the problem.  
[6.EVALSERV18]

---

7 a) On **this** 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 Art, 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 **one** of the above activities was the **most important** activity to your visit?  
Please list only one or check none. [3.ACT24 (second part)]

---

**OR**

None

**Please go on to the next page →**

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

01 – African American Civil War Memorial	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 ( <i>temporarily closed</i> )
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 of African Art	42 – Thomas Jefferson Memorial
16 – George Washington Memorial Parkway / Great Falls	43 – U.S. Capitol
17 – Georgetown	44 – U.S. Holocaust Memorial Museum
18 – Hirschhorn Museum/Sculpture Garden	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 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:	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           Q. 8b &amp; 8c: Topic area 6 — Individual Perceptions of their Park Experiences         </div>	

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?

---

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 \_\_\_\_\_ No

c) If YES to either of the above, what, if anything, would encourage you to visit the National Mall more frequently?

---

---

10. On this visit, were you and your personal group with the following type of groups? [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.)

11. a) Based on your visit, would you consider visiting the National Mall again in the future? [1.FVIS1]

\_\_\_\_\_ Yes, likely \_\_\_\_\_ No, unlikely \_\_\_\_\_ Not sure

b) Would you recommend visiting the National Mall to your friends/relatives? [6.EVALSERV26]

\_\_\_\_\_ Yes, likely \_\_\_\_\_ No, unlikely \_\_\_\_\_ Not sure



c) If YES, which **one** site would you be most likely to **recommend to others** planning a visit to the National Mall?

12. On a future visit to the National Mall, what services or activities would you like to have available at the park? Please check (√) **all** 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: \_\_\_\_\_)

For items 13-18 of this questionnaire, your **personal group** is defined as your companions during this visit to the National Mall, such as spouse, family, friends, etc., **for whom you were financially responsible**, including yourself.

13. 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: \_\_\_\_\_)

14. a) For this visit to the National Mall, how many people were in your **personal** group, including yourself? [1.GR3]

\_\_\_\_\_ Number of people

- b) For this visit to the National Mall, how many people in your **personal** 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 for whom you were financially responsible, 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):	\$ _____	\$ _____

Please go on to the next page →



b) What is your race? What is the race of each member of your personal group? Please check (√) **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.GEND1]

\_\_\_\_\_ Male

\_\_\_\_\_ Female

18. a) Did anyone in your personal group having difficulty accessing or participating in park activities or services? [1.GR2]

\_\_\_\_\_ Yes

\_\_\_\_\_ No → **Go on to Question 19**

b) If YES, what activities or services did the person(s) have difficulty accessing or participating in? Please check (√) **all** that apply.

\_\_\_\_\_ None → **Go on to Question 19**

\_\_\_\_\_ Park buildings

\_\_\_\_\_ Exhibits, or audio-visual programs

\_\_\_\_\_ Interpretive or educational programs or activities

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

c) If YES, which of the following best explains the nature of the difficulty? Please check (√) **all** that apply.

\_\_\_\_\_ Hearing difficulty

\_\_\_\_\_ Visual difficulty

\_\_\_\_\_ Breathing/respiratory condition

\_\_\_\_\_ Mobility difficulty (in accessing facilities, services, or programs, even with a walking 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]

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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**