**Booker T. Washington National Monument**

**Customer Satisfaction Questionnaire - Adults**

**Thank you for participating in this survey. Please answer each question below and return it to one of the administrators when you are done.**

**Demographic Information:**

1. In what year were you born? \_\_\_\_\_\_\_\_\_\_\_
2. What is your gender?

a. Male

b. Female

1. Are you Hispanic or Latino?
	1. Yes
	2. No
2. How would you describe yourself? (select one or more)
	1. African American or Black
	2. White
	3. Native Hawaiian or other Pacific Islander
	4. American Indian or Alaska Native
	5. Asian

**Exhibit Related Feedback:**

1. If you had to describe the stories that were presented to a friend, what would you say?

2. What did you learn about Booker T. Washington that you did not know before?

3. What aspects of the stories presented did you find most interesting? Why?

4. What questions do you have about the stories presented? About Booker T. Washington?

5. What would you change about the stories and interactive elements presented to make them better? Why?

6. Please rate your overall level of satisfaction with the stories and interactive elements presented?

 a. Very satisfied

 b. Somewhat Satisfied

 c. Not Satisfied

**Paperwork Reduction Act Statement:** The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have to respond. This information will be used by the National Park Service as authorized by 16 U.S.C. 1a-7. We will use this information to evaluate the new exhibits for Booker T. Washington Monument. Your response is voluntary. Your name and contact information have been requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed and will in no way be connected with the results of this survey. A Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. We estimate that it will take about 31 minutes to complete this process. You may send comments concerning the burden estimates or any aspect of this information collection to: Kenneth Davis, 67 Mather Place, Harpers Ferry, WV, 25425; or Kenneth\_Davis@nps.gov (email).

**OMB Control Number: 1040-0001**

**Current Expiration Date: XX/XX/XXXX**