



Social Science Program
National Park Service
U.S. Department of the Interior

Visitor Services Project

Golden Spike National Historic Site Visitor Study



OMB Approval 1024-0224 (NPS#06-041)
Expiration Date: 03/01/2007



United States Department of the Interior

NATIONAL PARK SERVICE
Golden Spike National Historic Site
P.O. Box 897
Brigham City, UT 84302-0897

IN REPLY REFER TO:

August, 2006

Dear Visitor:

Thank you for participating in this study to learn about the opinions, and interests of visitors to Golden Spike National Historic Site. This information will help us better manage this site and better serve you, our visitor.

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

After your visit, please fill out the questionnaire, seal it with the stickers on the last page, and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, NPS VSP Coordinator, 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,

Margaret A. Johnston
Superintendent

DIRECTIONS

Please have the individual who was randomly selected from your group complete the following questionnaire. It should take about 20 minutes. When you have completed the questionnaire, please seal it with the stickers provided and drop it in any U.S. mailbox. We appreciate your help.

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 Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; fax: 208-885-4261.

Please go on to the next page →

Your Visit to Golden Spike National Historic Site

1. a) Prior to your visit, how did you and your group obtain information about Golden Spike National Historic Site (NHS)? Please check (✓) **all** that apply in the **left** column.

_____ Obtained no information prior to visit → **Go on to Part b of this Question**

- b) On future visits to Golden Spike NHS, what sources would you and your group prefer to use to obtain information in planning your visit? Please check (✓) **all** that apply in the **right** column.

a) Prior to this visit? (✓) _____ **b) Prior to future visits? (✓)**

_____ Previous visits	_____
_____ Friends/relatives/word of mouth	_____
_____ Part of my family heritage	_____
_____ Travel guides/tour books	_____
_____ Videos/television/radio programs	_____
_____ Telephone/email/written inquiry to park	_____
_____ Newspaper/magazine articles	_____
_____ NPS park website: www.nps.gov/gosp/	_____
_____ Other websites	_____
_____ State welcome center/Chamber of Commerce	_____
_____ Other National Park Service sites	_____
_____ Other railroad sites	_____
_____ Other (Please specify below)	_____

a) _____ **b)** _____

- c) From the sources you used prior to this visit, did you and your group receive the type of information about the park that you needed?

_____ No _____ Yes → **Go on to Question 2**



- d) If NO, what additional information did you and your group need? Please be specific.

2. a) In what town/city did you and your group stay on the **night before your arrival** at Golden Spike NHS? Do not answer if you stayed at home.

Nearest town/city: _____ State: _____

- b) In what town/city did you and your group stay on the **night after your departure** from Golden Spike NHS? Do not answer if you stayed at home.

Nearest town/city: _____ State: _____

- c) In what community did you obtain support services (e.g. information, gas, food, or lodging) for this visit to Golden Spike NHS? Please check (✓) **all** that apply.

_____ Brigham City _____ Ogden _____ Tremonton
_____ Snowville _____ Corrine _____ Other (Specify: _____)

- d) Were you and your group able to obtain all of the services that you needed in these communities?

_____ No _____ Yes → **Go on to Question 3**



- e) If NO, what needed services were not available?

Service (list)	Comments (Please be specific.)
----------------	--------------------------------

_____	_____
_____	_____
_____	_____

3. On this trip, what was the **primary** reason that you and your group visited the Golden Spike NHS **area** (within an 1-hour drive of the park)? Please check (✓) **only one**.

_____ Resident of area → **Go on to Question 4**

_____ Visit Golden Spike NHS

_____ Visit other attractions in the area

_____ Visit friends/relatives in the area

_____ Business

_____ Traveling through to another destination

_____ Other reasons (Please specify: _____)

4. a) On this visit, how long did you and your group spend visiting Golden Spike NHS? Please list partial hours as 1/4, 1/2, or 3/4.

_____ Number of hours

Please go on to the next page →

- b) On this visit how long did you and your group stay in the Golden Spike NHS **area** (within an 1-hour drive of the park)? Please list partial hours or days as 1/4, 1/2, or 3/4.

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

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

5. On this trip, what were the reasons that you and your group visited Golden Spike NHS? Please check (✓) **all** that apply.

_____ Show site to friends or relatives

_____ Recommended by friends or relatives

_____ Learn about history

_____ Attend a park program or event

_____ Visit a National Park Service Site

_____ Found it by chance

_____ Other reasons (Please specify: _____)

6. a) During your stay in the **area** (within an 1-hour drive of the park), how many times did you and your group enter the park?

_____ Number of entries

- b) On this trip, did you and your group stay overnight away from home in the Golden Spike NHS **area** (within an 1-hour drive of the park)?

_____ Yes

_____ No → **Go on to Question 7**



- c) If YES, please list the number of nights you and your group stayed.

_____ Number of nights stayed within an 1-hour drive of the park

- d) In what type of lodging did you and your group spend the nights? Please check (✓) **all** that apply.

Outside the park—within an 1-hour drive of the park (✓)

_____ Lodge/motel/hotel/cabin/rented condo/B&B, etc.

_____ Campground/RV park

_____ Personal seasonal residence

_____ Residence of friends or relatives

_____ Other (Please specify: _____)

7. On this trip, did you and your group visit the park for the Railroader's Festival?

_____ Yes

_____ No

8. a) During your visit to the park, did you or your group participate in any Railroader's Festival activities?

_____ Yes

_____ No → **Go on to Question 9**



- b) If YES, which Railroader's Festival activities did you or your group participate in?

9. On this visit to Golden Spike NHS, which of the following sites did you and your group visit? Please check (√) **all** that apply. If you did not visit a site, please leave that line blank.

_____ Visitor center

_____ Last Spike site

_____ East Auto Tour

_____ The Last Cut (pullout on East Auto Tour)

_____ Chinese Arch (pullout on East Auto Tour)

_____ West Auto Tour

_____ Stair Step Cut (pullout on West Auto Tour)

_____ Big Fill Walk

_____ Big Fill viewpoint

_____ Other (Please specify: _____)

10. On this visit to Golden Spike NHS, please indicate how the following elements affected your park experience. Please check (√) **only one** answer for each element.

Affect your park experience?	Detracted from	No effect	Added to	Did not experience
Availability of restrooms	_____	_____	_____	_____
Availability of RV parking	_____	_____	_____	_____
Availability of shade	_____	_____	_____	_____
Availability of picnic areas	_____	_____	_____	_____
Litter	_____	_____	_____	_____

11. On this visit to Golden Spike NHS, compared to what you expected, how crowded did you and your group feel? Please check (√) **only one**.

_____ Less crowded than expected

_____ About the same as expected

_____ More crowded than expected

Please go on to the next page →

12. How important is being able to attend a reenactment program to your visit to Golden Spike NHS? Please circle **only one**.

Extremely Very Moderately Somewhat Not
important important important important important

13. This question lists activities available to visitors at Golden Spike NHS.

a) As you were planning your trip, what activities did you and your group expect to include on this visit? Please check (✓) **all** that apply in the **left** column.

b) On this visit, what activities did you and your group participate in? Please check (✓) **all** that apply in the **right** column.

	a)Activities expected	b)Activities participated in
Viewing exhibits in visitor center	_____	_____
Viewing locomotive trains	_____	_____
Watching visitor center videos/movies	_____	_____
How many did you watch? _____ videos _____ movies		
Attending ranger-led programs	_____	_____
Participating in Junior Ranger program	_____	_____
Attending costumed reenactments	_____	_____
Shopping at the visitor center bookstore	_____	_____
Picnicking	_____	_____
Bicycling	_____	_____
Hiking or walking	_____	_____
Birdwatching or wildlife viewing	_____	_____
Other (Please specify below)	_____	_____

a) _____ b) _____

- c) Which one of the above activities was the **most** important to your visit to Golden Spike NHS? Please list **only one**.

14. a) Please check (✓) **all** of the visitor services and facilities that you or your group used during this trip to Golden Spike NHS.
- b) Next, for only those services and facilities that you or your group used, please rate their importance from 1-5.
- c) Finally, for only those services and facilities that you or your group used, please rate their quality from 1-5.

a) Used service/facility?	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
_____ Park brochure/map	_____	_____
_____ Park newspaper	_____	_____
_____ Visitor center exhibits	_____	_____
_____ Bookstore sales items (selection, price, etc.)	_____	_____
_____ Assistance from park staff (general park or travel information)	_____	_____
_____ Assistance from park staff (specific historical information)	_____	_____
_____ NPS park website: www.nps.gov/gosp used before or during visit	_____	_____
_____ Ranger-led programs	_____	_____
_____ Junior Ranger/Engineer brochure	_____	_____
_____ Locomotive/Steam demonstration	_____	_____
_____ Railroader's Festival activities	_____	_____
_____ Visitor center restrooms	_____	_____
_____ Visitor center picnic area	_____	_____
_____ Visitor center parking	_____	_____
_____ Big Fill picnic area	_____	_____
_____ Big Fill trails	_____	_____

Please go on to the next page ➔

NOTE: In this questionnaire, your personal group is defined as anyone who you are visiting the park with, e.g. spouse, family, friends, etc. This does not include the larger group that you might be traveling with, e.g. school, church, scout, or tour group.

15. a) On this visit, how many people were in your personal group, including yourself?
 _____ Number of people
- b) On this visit, how many vehicles did you and your group use to travel to the park?
 _____ Number of vehicles
16. On this visit, were you and your personal group with the following types of groups?
- | | | |
|--|-----------|----------|
| Commercial guided tour group | _____ Yes | _____ No |
| School/educational group | _____ Yes | _____ No |
| Railroad enthusiast group | _____ Yes | _____ No |
| Other organized group
(business group, scout group, etc.) | _____ Yes | _____ No |
17. On this visit, what kind of personal group (not guided tour, school group, etc.) were you with? Please check (✓) **only one**.
- | | |
|-------------------------------------|--------------------------|
| _____ Alone | _____ Family |
| _____ Friends | _____ Family and friends |
| _____ Other (Please specify: _____) | |
18. For you and your personal group on this visit, please indicate the following. If you do not have information for a group member, please leave that line blank.
- | | Gender
M=male
F=female | Current
age | U.S. Zip Code
or name of country
other than U.S. | Number of visits
made to this park
(including this visit)
past 12 months | lifetime |
|-----------|------------------------------|----------------|--|---|----------|
| Yourself | _____ | _____ | _____ | _____ | _____ |
| Member #2 | _____ | _____ | _____ | _____ | _____ |
| Member #3 | _____ | _____ | _____ | _____ | _____ |
| Member #4 | _____ | _____ | _____ | _____ | _____ |
| Member #5 | _____ | _____ | _____ | _____ | _____ |
| Member #6 | _____ | _____ | _____ | _____ | _____ |
| Member #7 | _____ | _____ | _____ | _____ | _____ |

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

_____ Yes

_____ No → **Go on to Question 20**



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

_____ None → **Go on to Question 20**

_____ Visitor center facilities and exhibits

_____ Indoor audio-visual programs (videos, movies)

_____ Auto tours

_____ Interpretive or educational programs or activities

_____ Information/reservation desks or staff

_____ Trails

_____ Other (Please specify: _____)

- c) Because of the physical condition, what specific problems did the person(s) have? Please check (√) **all** that apply.

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

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

_____ Mobility (difficulty in accessing facilities, services, or programs even with walking aid and/or wheelchairs)

_____ Other (Please describe: _____)

20. For you and each of the members (age 16 or over) in your personal group on this visit, please indicate the highest level of education completed. Please check (√) **only one** for each person. If you do not have the information for any group member, please leave that line blank.

	Highest level of education (√)				
	Some high school	High school diploma/GED	Some college	Bachelor's degree	Graduate degree
Yourself	_____	_____	_____	_____	_____
Member #2	_____	_____	_____	_____	_____
Member #3	_____	_____	_____	_____	_____
Member #4	_____	_____	_____	_____	_____
Member #5	_____	_____	_____	_____	_____
Member #6	_____	_____	_____	_____	_____
Member #7	_____	_____	_____	_____	_____

Please go on to the next page →

21. For you and your group, please estimate your expenditures for the items listed below for this visit to Golden Spike NHS and the surrounding area (within an 1-hour drive of the park).

Please write "0" if no money was spent in a particular category.

- a) Please list your group's total expenditures inside Golden Spike NHS.
b) Please list your group's total expenditures in the surrounding **area** within an 1-hour drive of the park.

NOTE: If you are a resident of the area within an 1-hour drive of the park, only include expenditures that were **directly related** to this visit to Golden Spike NHS.

EXPENDITURES		
	a) Inside Golden Spike NHS	b) In surrounding area outside Golden Spike NHS
Lodge/hotel/ motel/ cabins, B&B, etc.		\$ _____
Camping fees and charges		\$ _____
Guide fees and charges	Please write "0" if no money was spent in a particular category.	\$ _____
Restaurants and bars		\$ _____
Groceries and takeout food		\$ _____
Gas and oil (auto, RV, boat, etc.)		\$ _____
Other transportation expenses: (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 these expenses cover?

_____ Number of adults (18 years or over)

_____ Number of children (under 18 years)

Please write "0" if the expenditures did not cover any children.

22. a) Currently, Golden Spike NHS charges an entrance fee (\$7/vehicle). In your opinion, how appropriate is this amount? Please circle **only one** answer.

Too low

About right

Too high

- b) On this visit, how would you and your group rate the value for the entrance fee you paid? Please circle **only one**.

Very poor

Poor

Average

Good

Very good

- c) On a future visit, if the entrance fee were charged at \$5/adult (16 years and under free) and the services remained the same, how appropriate is this amount? Please circle **only one** answer.

Too low

About right

Too high

23. a) During this visit to Golden Spike NHS, did you and your group learn about the following topics? Please check (✓) **all** topics that you learned about in the column on the **left**.

- b) On a future visit, what topics would you and your group prefer to learn more about. Please check (✓) **all** that apply in the column on the **right**.

a) **This visit** (✓)b) **Future visit** (✓)

Not interested in learning → Go on to Question 24	_____
_____ Building and engineering the transcontinental railroad	_____
_____ Joining of railroads and the Last Spike Ceremony on 10 May 1869	_____
_____ Railroad operations at Promontory (1870-1942)	_____
_____ History of the Promontory Tent City (1869)	_____
_____ People who built the transcontinental railroad (surveyors, laborers, company directors, politicians, etc.)	_____
_____ Social/economic effect of the railroad on the country	_____
_____ Political history of transcontinental railroad construction (funding, land grants, scandals, lobbying, politicians, etc.)	_____
_____ Westward expansion/closing of the frontier	_____
_____ Effect on Native American way of life	_____
_____ Prehistoric/natural history of northern Utah	_____
_____ Other (Please specify below)	_____

a) _____ b) _____

Please go on to the next page →

24. It is the National Park Service's responsibility to protect the natural, scenic, and cultural resources at Golden Spike NHS while providing for public enjoyment. Choose **five** items from the list below that were the most important to you and your group during your visit to Golden Spike NHS, and rank them from 1-5 (1=Most important and 5=Fifth in importance). Leave the rest blank.

Rank from 1 to 5 the most important attributes/resources

- _____ Clean air
- _____ Scenic views
- _____ Historic views
- _____ Escape from urban setting
- _____ Historic/cultural resources (trestles, culverts, railroad grades, tracks)
- _____ Re-created historic scenes (replica locomotives, Last Spike site)
- _____ Commemoration of historic events
- _____ Interpretive/educational opportunities
- _____ Recreational opportunities (hiking/biking/auto tours)

25. On a future visit, how would you and your group prefer to learn about the history and resources of Golden Spike NHS? Please check (✓) **all** that apply.

- _____ Not interested in learning about the history/resources → **Go on to Question 26**
- _____ Living history (costumed programs, steam demonstrations, etc.)
- _____ Formal ranger-led programs (talks, walks, lectures, etc.)
- _____ Children/family focused exhibits and programs
- _____ Self-guided activities (interpretive signs, guide books and audio tours)
- _____ Scale model railroad exhibits
- _____ NPS park website: www.nps.gov/gosp – links to other railroad sites
- _____ Printed materials (books, brochures, etc.)
- _____ Audio/visual programs (films, videos, etc.)
- _____ Re-creation of 10 May 1869 Promontory Tent City
- _____ Topographic relief map of transcontinental railroad route
- _____ Other (Please specify: _____)

26. a) What did you and your group like **most** about this visit to Golden Spike NHS?

b) What did you and your group like **least** about this visit to Golden Spike NHS?

27. If you were a park manager planning for the future of Golden Spike NHS, what would you propose? Please be specific.

28. Is there anything else you and your group would like to tell us about your visit to Golden Spike NHS?

29. Overall, how would you and your group rate the quality of services, facilities, and recreational opportunities at Golden Spike NHS during this visit? Please circle **only one**.

Very poor

Poor

Average

Good

Very good

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
P.O. Box 441139
Moscow, Idaho 83844-1139**