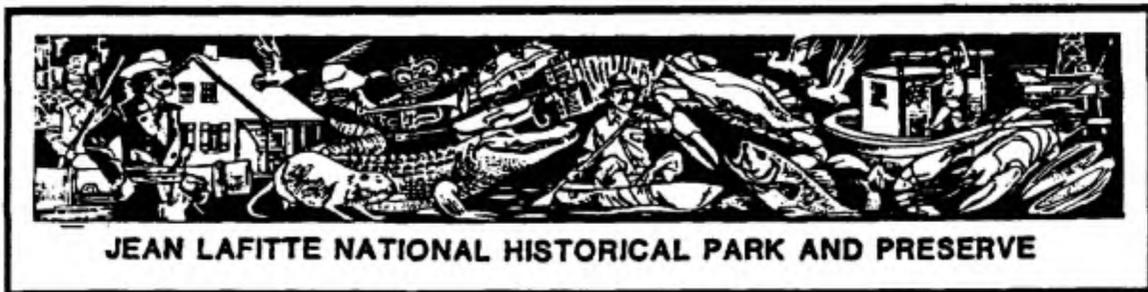


Jean Lafitte National Historical Park and Preserve Visitor Study



**The
Visitor Services
Project**

Superintendent letter to go here

DIRECTIONS

One adult in your group should complete the questionnaire. It should only take a few minutes. When you have completed the questionnaire, please seal it with the sticker 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. Data collected through visitor surveys may be disclosed to the Department of Justice when relevant to litigation or anticipated litigation, or to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law.

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 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Office of Information and Regulatory Affairs of OMB, Attention Desk Officer for the Interior Department, Office of Management and Budget, Washington, D.C. 20503; and to the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

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VISITING JEAN LAFITTE NATIONAL HISTORICAL PARK AND PRESERVE

1. How did you and your group get information about Jean Lafitte National Historical Park and Preserve? Please check (✓) **all** that apply.

_____ RECEIVED NO INFORMATION PRIOR TO VISIT – **GO ON TO QUESTION 2**

_____ INTERNET / WORLD WIDE WEB

_____ HIGHWAY INFORMATION FACILITY / WELCOME CENTER

_____ CHAMBER OF COMMERCE / LOCAL INFORMATION CENTER

_____ LOCAL TOURISM MAGAZINE / NEWSPAPER / BROCHURE

_____ NATIONAL MAGAZINES OR NEWSPAPERS

_____ TRAVEL GUIDE / TOUR BOOK

_____ OTHER NATIONAL PARK

_____ FRIEND OR RELATIVE

_____ CONCIERGE AT HOTEL OR RESORT

_____ TRAILS AND RAILS PROGRAM (through Amtrak)

_____ TV / RADIO

_____ CONTACTED PARK HEADQUARTERS BY MAIL OR PHONE

_____ PREVIOUS VISIT(S)

_____ OTHER (Please specify: _____)

2. Prior to completing this questionnaire, were you aware that Jean Lafitte National Historical Park and Preserve is not a single site, but is instead comprised of six sites that are spread throughout southern Louisiana?

_____ YES

_____ NO

_____ NOT SURE

3. On this visit, what were your reasons for visiting Jean Lafitte National Historical Park and Preserve? Please check (✓) **all** that apply.

VISIT A NATIONAL PARK SERVICE SITE
 LEARN ABOUT SOUTHERN LOUISIANA CULTURE
 LEARN ABOUT SOUTHERN LOUISIANA HISTORY
 NATURE / WILDLIFE STUDY
 LEARN ABOUT PERSONAL / FAMILY HISTORY
 ENJOY RECREATION IN THE PARK (walk, bike, picnic, art, etc.)
 OTHER (Please specify: _____)

4. On the list below, please check (✓) **all** of the activities that you and your group participated in during this visit to Jean Lafitte National Historical Park and Preserve.

VIEW WILDFLOWERS
 VIEW BIRDS
 VIEW WILDLIFE (Other than birds)
 VISIT HISTORIC SITES
 ATTEND RANGER-LED PROGRAM / DEMONSTRATION
 ATTEND CULTURAL OR FOLKLIFE DEMONSTRATION / EVENT
 VIEW VIDEO / MOVIE
 ATTEND THEATER
 ART (paint, sketch, draw, photography, etc.)
 HIKE TRAILS / BOARDWALKS
 CANOE / BOAT
 FISH
 EXERCISE (run, walk, bike, etc.)
 PICNIC
 OTHER (Please describe: _____)

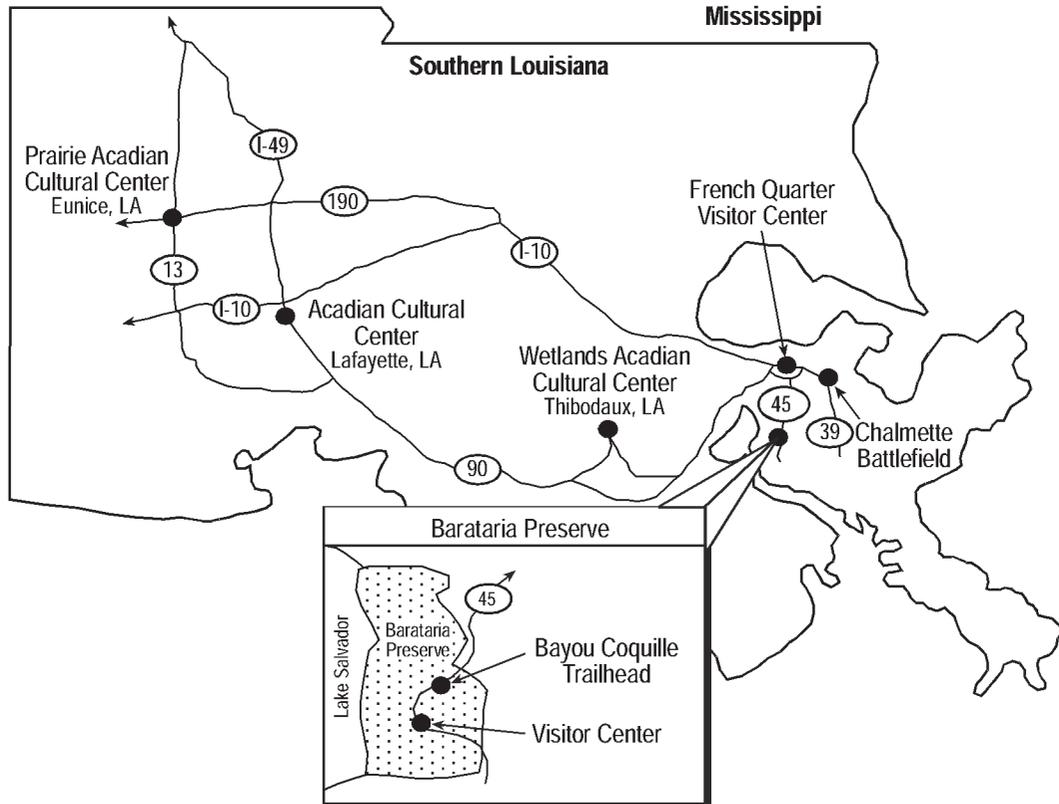
PLEASE GO ON TO NEXT PAGE



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5. a) On the list below, please indicate the sites you and your group visited in Jean Lafitte National Historical Park and Preserve **during this trip**. Simply check (✓) the line next to each site you visited. Use the map to help you locate the sites.
- b) On the list below, please indicate the approximate time you arrived at the sites you visited. Next to each of the sites you visited, simply write in the time you arrived and circle AM or PM.

a) Visited site?	b) Arrival time?
_____ FRENCH QUARTER VISITOR CENTER	_____ AM / PM
_____ CHALMETTE BATTLEFIELD	_____ AM / PM
_____ BARATARIA PRESERVE VISITOR CENTER	_____ AM / PM
_____ BAYOU COQUILLE TRAILHEAD AM / PM	_____
_____ PRAIRIE ACADIAN CULTURAL CENTER (located in Eunice, LA)	_____ AM / PM
_____ ACADIAN CULTURAL CENTER AM / PM (located in Lafayette, LA)	_____
_____ WETLANDS ACADIAN CULTURAL CENTER (located in Thibodaux, LA)	_____ AM / PM



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6. Please put a check (✓) next to the visitor centers you used or attempted to use on this visit. For each of the visitor centers you checked, please indicate the hours that you would prefer the visitor center to be open on a future visit.

Used or attempted to use visitor center?	Preferred hours for future visit
_____ FRENCH QUARTER VISITOR CENTER	From _____ AM to _____ PM
_____ CHALMETTE BATTLEFIELD	From _____ AM to _____ PM
_____ BARATARIA PRESERVE	From _____ AM to _____ PM
_____ PRAIRIE ACADIAN CULTURAL CENTER (located in Eunice, LA)	From _____ AM to _____ PM
_____ ACADIAN CULTURAL CENTER (located in Lafayette, LA)	From _____ AM to _____ PM
_____ WETLANDS ACADIAN CULTURAL CENTER (located in Thibodaux, LA)	From _____ AM to _____ PM

7. Please put a check (✓) next to the sites where you attended or attempted to attend a ranger-led program on this visit. For each of the sites you checked, please indicate the **one** best time (including AM or PM) that you would prefer to have a program start and the length of time you would prefer to have a program last on a future visit.

Attended or attempted to attend ranger program?	Preferred start time	Preferred length of program
_____ FRENCH QUARTER VISITOR CENTER	_____ AM / PM	_____ MINUTES
_____ CHALMETTE BATTLEFIELD	_____ AM / PM	_____ MINUTES
_____ BARATARIA PRESERVE	_____ AM / PM	_____ MINUTES
_____ PRAIRIE ACADIAN CULTURAL CENTER (located in Eunice, LA)	_____ AM / PM	_____ MINUTES
_____ ACADIAN CULTURAL CENTER (located in Lafayette, LA)	_____ AM / PM	_____ MINUTES
_____ WETLANDS ACADIAN CULTURAL CENTER (located in Thibodaux, LA)	_____ AM / PM	_____ MINUTES

PLEASE GO ON TO NEXT PAGE



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8. On this trip, what forms of transportation did you and your group use to arrive in **southern Louisiana** (including New Orleans, Baton Rouge and Lafayette)? Please check (✓) **all** that apply.

LIVE IN SOUTHERN LOUISIANA
 PRIVATE VEHICLE
 RENTAL CAR
 TOUR BUS / VAN
 CRUISE SHIP
 RAILROAD
 AIRLINE
 COMMERCIAL BUS
 OTHER (Please specify:_____)

9. On this trip, what forms of transportation did you and your group use to arrive at **Jean Lafitte National Historical Park and Preserve**? Please check (✓) **all** that apply.

PRIVATE VEHICLE
 RENTAL CAR
 TOUR BUS / VAN
 CRUISE SHIP
 RAILROAD
 TAXI
 WALK
 CITY BUS
 TOUR BOAT
 OTHER (Please specify:_____)

10. a) On this trip, how much time did you and your group spend **in southern Louisiana** (including New Orleans, Baton Rouge and Lafayette)?

If **less** than 24 hours: _____ NUMBER OF HOURS

If 24 hours or **more**: _____ NUMBER OF DAYS

(Please list partial days as 1/4, 1/2, etc.)

- b) On this trip, how much **total** time did you and your group spend at **all sites** that make up Jean Lafitte National Historical Park and Preserve?

_____ NUMBER OF HOURS SPENT

YOU AND YOUR OPINIONS

11. a) On this visit, were you with a guided tour or educational group?

_____ YES _____ NO – **GO ON TO QUESTION 12**

- b) If YES, how many people were in the guided tour or educational group?

_____ NUMBER OF PEOPLE

12. On this visit, how many people were in your **immediate** group, including yourself?

_____ NUMBER OF PEOPLE

13. On this visit, what kind of group were you with? Please check (✓) only **one**.

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

PLEASE GO ON TO NEXT PAGE



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14. For you and each member of your group on this visit, please indicate:

	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	NUMBER OF VISITS TO THIS PARK (INCLUDING THIS VISIT) PAST 12 MONTHS
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

15. a) Is English the primary language spoken by you and your group?

_____ NO _____ YES – **GO ON TO QUESTION 16**

b) If NO, was at least one member of your group able to understand the English language information presented in exhibits, brochures, and signs?

_____ NO _____ YES – **GO ON TO QUESTION 16**

c) If NO, in what other language(s) would you like to have information presented?

16. Please list below the types of items (e.g. books, video tapes, crafts, etc.) that you would most like to have available for purchase in visitor center bookstores on a future visit to Jean Lafitte National Historical Park and Preserve.

17. a) Do you or anyone in your group have a special interest in the history and culture of southern Louisiana?

_____ YES _____ NO – **GO ON TO QUESTION 18**

b) If YES, what subjects are you most interested in? Please be specific.

18. a) Please check (✓) the information and interpretive services which you or your group **used** at Jean Lafitte National Historical Park and Preserve during this visit.

b) Next, for only those services which you or your group used, please rate their **importance** from 1-5.

c) Finally, for only those services which you or your group used, please rate their **quality** from 1-5.

a) Used service in Jean Lafitte NHP&P?	b) If used, how important?					c) If used, what quality?				
	Not important					Extremely important		Very poor		Very good
Check (✓)	1	2	3	4	5	1	2	3	4	5
_____ JUNIOR RANGER PROGRAM										
_____ CHILDREN'S EDUCATION PROGRAMS										
_____ RANGER-LED CANOE TOUR										
_____ RANGER-LED TOURS OR PROGRAMS (other than ranger-led canoe tour)										
_____ VISITOR CENTER EXHIBITS										
_____ ROADSIDE / WAYSIDE EXHIBITS										
_____ PARK BROCHURE / MAP										
_____ PARK NEWSLETTER (<i>Quoi ca dit?</i>)										
_____ INFORMATION OR ASSISTANCE FROM PARK STAFF										
_____ VISITOR CENTER SALES PUBLICATIONS										

PLEASE GO ON TO NEXT PAGE



19. a) Please check (✓) the visitor facilities which you or your group **used** at Jean Lafitte National Historical Park and Preserve during this visit.
- b) Next, for only those facilities which you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those facilities which you or your group used, please rate their **quality** from 1-5.

a) Used facility in Jean Lafitte NHP&P?	b) If used, how important?					c) If used, what quality?				
	Not important					Extremely important		Very poor		Very good
Check (✓)	1	2	3	4	5	1	2	3	4	5
_____ VISITOR CENTER										
_____ RESTROOMS										
_____ GROUNDS										
_____ TRAILS										
_____ ROADS										
_____ PICNIC AREAS										
_____ PARKING										
_____ HIGHWAY SIGNS										
_____ CANOE LAUNCH										
_____ HANDICAPPED ACCESSIBILITY										

20. a) As a result of your visit, do you feel you have a better understanding of why Jean Lafitte National Historical Park and Preserve is nationally significant?

_____ YES _____ NOT SURE _____ NO

- b) What is the most important information you learned about Jean Lafitte National Historical Park and Preserve?

21. Exhibits and programs at Jean Lafitte National Historical Park and Preserve address a variety of subjects. What subjects would you be most interested in learning about on a future visit? Please check (✓) **all** that apply.

CAJUN CULTURE
 AFRICAN-AMERICAN CULTURE
 MILITARY HISTORY
 MARDI GRAS
 NATURAL HISTORY
 OTHER (Please specify: _____)

22. On a future visit to Jean Lafitte National Historical Park and Preserve, what types of interpretive programs and folklife demonstrations would you like to have available? Please check (✓) **all** that apply.

COSTUMED INTERPRETERS
 TEMPORARY MUSEUM EXHIBITS
 CHILDREN'S PROGRAMS
 FAMILY ACTIVITIES
 LECTURES
 MUSIC PROGRAMS
 COOKING DEMONSTRATIONS
 HANDS-ON EXHIBITS
 PONTOON BOAT / SWAMP TOUR
 BLACK POWDER DEMONSTRATIONS
 CRAFT DEMONSTRATIONS
 BIRD WALKS
 OTHER (Please specify: _____)

PLEASE GO ON TO NEXT PAGE



14

23. a) On the scale below, please indicate from 1 to 5 how safe you and your group felt on this visit to Jean Lafitte National Historical Park and Preserve. Please circle only **one**.

How safe did you feel?

Extremely safe _____ Extremely unsafe

1 2 3 4 5

b) If you felt unsafe (if you circled 3, 4, or 5), please explain why:

24. a) During this visit to Jean Lafitte National Historical Park and Preserve, was there anything specific which you and your group expected to see or do, but were not able to?

_____ YES _____ NO – **GO ON TO QUESTION 26**

[

b) If YES, what was it? _____

c) What kept you from seeing that feature or doing that activity?

25. a) What did you like **most** about your visit to Jean Lafitte National Historical Park and Preserve?

b) What did you like **least** about your visit to Jean Lafitte National Historical Park and Preserve?

26. Overall, how would you rate the quality of the visitor services provided to you and your group at Jean Lafitte National Historical Park and Preserve during this visit? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY
POOR

27. Is there anything else you and your group would like to tell us about your visit to Jean Lafitte National Historical Park and Preserve?

Thank you for your help! Please seal the questionnaire with the sticker provided and drop it in any U.S. mailbox.



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OFFICIAL BUSINESS

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Department of Forest Resources
College of Forestry, Wildlife and
Range Sciences
University of Idaho
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