



National Park Service
U.S. Department of the Interior

Visitor Services Project

Stones River National Battlefield Visitor Study



OMB Approval: #1024-0224 (NPS #02-047)

Expiration Date: 04/30/2003

**United States Department of the Interior**

NATIONAL PARK SERVICE
Stones River National Battlefield
3501 Old Nashville Highway
Murfreesboro, Tennessee 37129-3094

IN REPLY REFER TO:

October, 2002

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Stones River National Battlefield. This information will assist us in our efforts to better manage this site and to serve you, the visitor.

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take a few minutes after your visit 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 Margaret Littlejohn, NPS VSP Coordinator, Cooperative Park Studies Unit, College of Natural Resources, University of Idaho, P.O. Box 441133, Moscow, Idaho 83844-1133, phone 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Sincerely,

A handwritten signature in black ink that reads "Stuart K. Johnson".

Stuart K. Johnson
Superintendent

This visitor study is partially funded by Fee Demonstration Funding.

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 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. 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 20 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

Please go on to the next page 

YOUR VISIT TO STONES RIVER NATIONAL BATTLEFIELD

1. Prior to your visit, were you aware that Stones River National Battlefield (NB) is a unit of the National Park System?

_____ YES _____ NO _____ NOT SURE

- 2 a) **Prior to this trip**, how did you and your group obtain information about Stones River National Battlefield? Please check (✓) **all** that apply in the column on the left below.

_____ RECEIVED NO INFORMATION PRIOR TO VISIT → **Go on to Question 3**

- b) On future trips to Stones River National Battlefield, what sources would you and your group prefer to use to obtain information in planning your visit? Please check (✓) **all** that apply in the column on the right below.

<u>Prior to this visit</u> ?(✓)	<u>Prior to future visits?</u> (✓)
_____ PREVIOUS VISIT(S)	_____
_____ FRIENDS/ RELATIVES/ WORD OF MOUTH	_____
_____ TRAVEL GUIDE/ TOUR BOOK	_____
_____ MAPS/ BROCHURES	_____
_____ STATE WELCOME CENTER/CHAMBER OF COMMERCE	_____
_____ TELEPHONE INQUIRY TO PARK	_____
_____ E-MAIL INQUIRY TO PARK	_____
_____ WRITTEN INQUIRY TO PARK (other than e-mail)	_____
_____ NEWSPAPER/ MAGAZINE ARTICLES	_____
_____ TELEVISION/ RADIO	_____
_____ NPS WEBSITE (www.nps.gov/stri/)	_____
_____ OTHER INTERNET/ WEBSITE	_____
_____ OTHER UNIT OF NATIONAL PARK SYSTEM: (Please specify: _____)	_____
_____ OTHER TOURIST SITE (Please specify: _____)	_____
_____ OTHER (Please specify: _____)	_____

c) Was the information you received from the sources (listed in part a of this question) prior to this visit, all that you and your group needed?

_____ NO

_____ YES

_____ NOT SURE



→ **Go on to Question 3**

d) If not, what additional information did you and your group need?

3. On the list below, please check (✓) **all** of the activities in which you and your group participated at Stones River National Battlefield on this trip.

_____ BICYCLING

_____ JOGGING

_____ WALKING

_____ PICNICKING

_____ PHOTOGRAPHY

_____ BIRDWATCHING

_____ NATURE STUDY (other than birdwatching)

_____ DOG WALKING

_____ LISTENING TO AUDIO-TAPE TOUR

_____ TAKING SELF-GUIDED TOUR

_____ ATTENDING LIVING HISTORY PROGRAMS

_____ ATTENDING RANGER-LED PROGRAMS

_____ CONDUCTING GENEALOGY OR HISTORICAL RESEARCH

_____ ATTENDING SPECIAL EVENTS (symposium, annual programs, etc.)

_____ OTHER (Please specify: _____)

4. How did this visit to Stones River National Battlefield fit into your travel plans?

_____ STONES RIVER NB WAS PRIMARY DESTINATION

_____ STONES RIVER NB WAS ONE OF SEVERAL DESTINATIONS

_____ STONES RIVER NB WAS NOT A PLANNED DESTINATION

Please go on to the next page ➡

5. For this visit, please list the order you visited the following places in Stones River National Battlefield. Please write 1, 2, 3, and so forth on the line beside each place you visited. If you did not visit a place, please leave that line blank. Use the map below to help you locate the places you visited.

- | | |
|--------------------------------------|--------------------------------------|
| _____ VISITOR CENTER | _____ NATIONAL CEMETERY |
| _____ HAZEN BRIGADE MONUMENT | _____ ARTILLERY MONUMENT |
| _____ FORTRESS ROSECRANS | _____ REDOUBT BRANNAN |
| _____ BRAGG'S HEADQUARTERS | _____ ROSECRANS HEADQUARTERS |
| _____ SLAUGHTER PEN | _____ EVE OF BATTLE |
| _____ COTTON FIELD | _____ CHICAGO BOARD OF TRADE BATTERY |
| _____ OTHER (Please describe: _____) | |



6. On this trip, what other places did you visit in addition to Stones River National Battlefield? Please check (✓) **all** that apply.

_____ DID NOT VISIT ANY OF THE FOLLOWING PLACES → **Go on to Question 7**

_____ CHICKAMAUGA AND CHATTANOOGA NATIONAL MILITARY PARK

_____ FORT DONELSON NATIONAL BATTLEFIELD

_____ SHILOH NATIONAL MILITARY PARK

_____ BATTLE OF FRANKLIN SITES (Carter House or Carnton Plantation)

_____ SAM DAVIS HOME

_____ STONES RIVER GREENWAY

_____ OAKLANDS HISTORICAL HOUSE MUSEUM

_____ OTHER (Please specify: _____)

7. a) On this visit, how much time did you and your group spend at Stones River National Battlefield?

_____ NUMBER OF HOURS (Please list partial hours as 1/2, 1/4, etc.)

- b) On this trip, did you and your group visit Stones River National Battlefield on more than one day?

_____ YES _____ NO → **Go on to Question 8**



- c) If YES, on how many days did you visit? _____ NUMBER OF DAYS

8. a) On this trip, did you and your group stay overnight away from home within 1 hour of Stones River National Battlefield?

_____ YES _____ NO → **Go on to Question 9**



- b) Please list the number of nights your group stayed.

NUMBER OF NIGHTS OUTSIDE STONES RIVER NB
(within 1-hour drive) _____

Please go on to the next page ➔

8. c) In what type of lodging did you and your group spend the night(s)? Please check (√) **all** that apply for the area within a 1-hour drive of Stones River NB.

WITHIN 1-HOUR DRIVE OF STONES RIVER NB(√)

LODGE, MOTEL, CABIN, RENTED CONDO/ HOME, B&B _____

CAMPGROUND/ TRAILER PARK _____

BACKCOUNTRY CAMPSITE _____

SEASONAL RESIDENCE _____

RESIDENCE OF FRIENDS OR RELATIVES _____

OTHER (Please specify: _____) _____

- d) During your stay in the area, how many times did you and your group enter Stones River National Battlefield?

NUMBER OF TIMES YOU ENTERED STONES RIVER NB _____

DON'T KNOW (√) _____

9. On this visit, what kind of **personal** group (not tour/ school group) were you with? Please check (√) only **one**.

_____ ALONE

_____ FAMILY

_____ FRIENDS

_____ FAMILY AND FRIENDS

_____ OTHER (Please describe: _____)

10. On this visit, how many people were in your personal group, including yourself?

_____ NUMBER OF PEOPLE

11. For you and your personal group on this visit, please indicate:

	Gender M=Male F=Female	Current age	U.S. Zip Code or name of foreign country	Number of visits to Stones River NB (including this visit) past 12 months lifetime	
YOURSELF	_____	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____	_____

12. For you and each of the **adults** in your group on this visit, please indicate last year's income level before taxes. Please check (✓) only **one** answer for each person.

	Current income level				
	Less than \$30,000	\$30,001- \$50,000	\$50,001- \$70,000	\$70,001- \$90,000	\$90,001 or more
YOURSELF	_____	_____	_____	_____	_____
ADULT #2	_____	_____	_____	_____	_____
ADULT #3	_____	_____	_____	_____	_____
ADULT #4	_____	_____	_____	_____	_____
ADULT #5	_____	_____	_____	_____	_____
ADULT #6	_____	_____	_____	_____	_____
ADULT #7	_____	_____	_____	_____	_____

Please go on to the next page ➡

13. Are you Hispanic or Latino?

_____ YES - HISPANIC OR LATINO

_____ NO - NOT HISPANIC OR LATINO

14. Which of these categories best indicates your race? Please check (√) **all** that apply.

_____ AMERICAN INDIAN OR ALASKA NATIVE

_____ ASIAN

_____ BLACK OR AFRICAN AMERICAN

_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

_____ WHITE

_____ DO NOT WISH TO ANSWER

15. On this visit, what were your reasons for visiting the **Murfreesboro area** (within 10 miles of Murfreesboro)? Please check (√) **all** that apply.

_____ VISIT STONES RIVER NATIONAL BATTLEFIELD

_____ LEARN CIVIL WAR HISTORY

_____ LEARN HISTORY (OTHER THAN CIVIL WAR HISTORY)

_____ RECREATION (camping, boating, etc.)

_____ NATURE STUDY

_____ TRAVEL THROUGH TO OTHER DESTINATIONS

_____ SHOP/DINE OUT

_____ VISIT FAMILY OR FRIENDS

_____ RESEARCH FAMILY GENEALOGY OR HISTORY

_____ ATTEND ARTS/CULTURAL EVENT

_____ BUSINESS

_____ OTHER (Please describe _____)

16. a) On this visit, which of the following roads did you and your group use to access Stones River National Battlefield? Please check (√) **all** that apply.

- HIGHWAY 41/70 south I-24
 I-40 I-65
 Tennessee 840

b) Were the signs directing you to Stones River National Battlefield adequate? Please check (√) **one** answer for each of the following.

- SIGNS ON INTERSTATES YES NO NOT SURE
 SIGNS ON STATE HIGHWAYS YES NO NOT SURE
 SIGNS IN COMMUNITIES YES NO NOT SURE

c) If you answered "no" to any of part b above, please explain how the signs were not adequate.

17. On this visit to Stones River National Battlefield, please indicate how the following elements may have affected your park experience. Please check (√) **one** for each element.

Affect your park experience?	Added to	No effect	Detracted from
UNNATURAL NOISE (construction, motorized vehicles, generators, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LARGE GROUPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUS TRAFFIC (noise, parking, exhaust, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARKING AVAILABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER VISITORS' PETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIRCRAFT OVERFLIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLOSED/RESTRICTED AREAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIR QUALITY (vista clarity, health effects, ozone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go on to the next page ➡

18. a) Please check (√) the visitor services and facilities that you or your group **used** during this trip to Stones River National Battlefield.
- 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.

Use service/ facility?	If used, how important?					If used, what quality?				
	Not		Extremely			Very		Very		
	important	important	important	important	poor	good	poor	good	good	
Check (√)	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/ MAP										
_____ VISITOR CENTER										
_____ VISITOR CENTER BOOKS/SALES ITEMS										
_____ RANGER-LED WALKS AND TALKS										
_____ LIVING HISTORY PROGRAMS (costumed)										
_____ JUNIOR RANGER PROGRAM										
_____ ASSISTANCE FROM PARK STAFF										
_____ ROADSIDE EXHIBITS										
_____ TRAILSIDE EXHIBITS										
_____ RESTROOMS										
_____ PAVED ROADS										
_____ TRAILS										
_____ ACCESS FOR DISABLED PERSONS										
_____ PICNIC AREAS										
_____ PARKING										

19. a) On this visit did you or members of your group have any specific safety concerns in Stones River National Battlefield?

_____ YES _____ NO → **Go on to Question 20**



b) If YES, what were the concerns? _____

20. For you and your group, please estimate all expenditures for the items listed below for this visit to Stones River National Battlefield and the area within a 1-hour drive. Please write "0" if no money was spent in a particular category.

a) Please list your group's total expenditures inside Stones River National Battlefield.

b) Please list your group's total expenditures in the **area** outside of Stones River National Battlefield (within 1-hour drive).

Local residents should only include expenditures that were directly related to this visit to the battlefield.

Expenditures within 1-hour drive of Stones River National Battlefield (NB)

	Inside Stones River NB	Outside Stones River NB
HOTELS, MOTELS, CABINS, etc.		\$ _____
CAMPING FEES AND CHARGES		\$ _____
RESTAURANTS AND BARS		\$ _____
GROCERIES AND TAKE OUT FOOD		\$ _____
GAS AND OIL (auto, RV, boat, etc.)		\$ _____
OTHER TRANSPORTATION EXPENSES (excluding airfare)		\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES	\$ _____	\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____

c) How many people do the listed expenses cover?

ADULTS (18 years or over) _____ CHILDREN (under 18 years) _____

Please go on to the next page →

21. a) What did you like **most** about your visit to Stones River National Battlefield?

b) What did you like **least** about your visit to Stones River National Battlefield?

22. On a future visit to Stones River National Battlefield, how would you and your group prefer to learn about the park? Please check (✓) **all** that apply.

_____ TRAVEL GUIDES/GUIDEBOOKS

_____ OTHER PRINTED MATERIALS (books, brochures, maps, etc.)

_____ INTERNET/WEBSITES

_____ AUDIO-VISUAL PROGRAMS (videos, movies, slideshows, etc.)

_____ RANGER-GUIDED WALKS/TALKS/TOURS

_____ ROVING RANGERS AVAILABLE TO ANSWER QUESTIONS

_____ LIVING HISTORY PROGRAMS (ranger-in-costume)

_____ CHILDREN'S PROGRAMS

_____ VISITOR CENTER EXHIBITS

_____ ROADSIDE AND TRAILSIDE EXHIBITS

_____ OTHER (Please specify _____)

23. The battlefield is currently maintained to appear much as it did in the 1860's with farm crops and native grasses. Which of the following maintenance options would you prefer in the future? Please check (✓) **one**.

_____ MAINTAIN THIS AREA AS IT IS NOW

_____ MOW GRASSY AREAS FOR A MORE MANICURED APPEARANCE

_____ NO OPINION/DON'T CARE

24. If you were a manager planning for the future of Stones River National Battlefield, what would you propose? Please be specific.

25. Is there anything else you and your group would like to tell us about your visit to Stones River National Battlefield?

26. Overall, how would you rate the quality of the visitor services provided to you and your group at Stones River National Battlefield during this trip? Please circle only **one**.

VERY GOOD GOOD AVERAGE POOR VERY POOR

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

OFFICIAL BUSINESS

**Visitor Services Project
Cooperative Park Studies Unit
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University of Idaho
P.O. Box 441133
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