



U.S. Department of the Interior

National Park Service
Social Science Program
Visitor Services Project



Salem Maritime National Historic Site

Visitor Study



OMB Approval 1024-0224

Expiration date: 2014



IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
Salem Maritime National Historic Site
160 Derby Street
Salem, MA 01970



Summer 2013

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Salem Maritime National Historic Site. This information will assist us in our efforts to better manage this park and to serve you.

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

When your visit is over, please complete this questionnaire. Seal it in the postage-paid envelope provided and drop it in any U.S. mailbox.

If you have any questions, please contact Lena Le, Director, Visitor Services Project, Park Studies Unit, College of Natural Resources, University of Idaho, 875 Perimeter Drive MS 1139, Moscow, Idaho 83844-1139, 208-885-2585 (phone), lenale@uidaho.edu (email).

We appreciate your help.

Sincerely,

Michael Quijano-West
Superintendent

DIRECTIONS

At the end of your visit:

1. Please have the selected individual (at least 16 years old) complete this questionnaire.
2. Answer the questions carefully since each question is different.
3. For questions that use circles (○), please mark your answer by filling in the circle with **black or blue ink**. Please do not use pencil.

Like this:  Not like this:    

4. Seal it in the postage-paid envelope provided.
5. Drop it in a U.S. mailbox.

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 visitor services managed by Salem Maritime National Historic Site. 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, your contact information 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 20 minutes to complete this questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Lena Le, Director, Visitor Services Project, Park Studies Unit, College of Natural Resources, University of Idaho, 875 Perimeter Drive MS1139, Moscow, Idaho 83844-1139, 208-885-2585 (phone), lenale@uidaho.edu (email).

Your Visit To Salem Maritime National Historic Site

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

1. a) Prior to this visit, how did your personal group obtain information about Salem Maritime National Historic Site (NHS)? Please mark (●) **all** that apply in column (a).

☐ Did not obtain information prior to visit → **Go to part (b) of this question**

- b) If you were to visit Salem Maritime NHS in the future, how would your personal group prefer to obtain information about the park? Please mark (●) **all** that apply in column (b).

a) This visit	b) Future visit	Source of information
☐	☐	Friends/relatives/word of mouth
☐	☐	Inquiry to park via phone, mail, or email
☐	☐	Salem Maritime NHS website: www.nps.gov/sama
☐	☐	Other websites — Which one(s)? _____
☐	☐	Local businesses (hotels, motels, restaurants, etc.)
☐	☐	Maps/brochures
☐	☐	Newspaper/magazine articles
☐	☐	Other units of the National Park System
☐	☐	Previous visits
☐	☐	School class/program
☐	☐	Social media (Facebook, Twitter, etc.)
☐	☐	State welcome center/visitors bureau/chamber of commerce
☐	☐	Television/radio programs/DVDs
☐	☐	Travel guides/tour books (AAA, Fodors, walking, etc.)
☐	n/a	Other, this visit (Specify) _____
n/a	☐	Other, future visit (Specify) _____

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

☐ No

☐ Yes → **Go to Question 2**

- d) If NO, what type of park information did your personal group need that was not available? Please be specific.
-

2. a) Prior to your visit, was your personal group aware that Salem Maritime NHS is a unit of the National Park System?

☐ Yes ☐ No

- b) Prior to your visit, was your personal group aware that the following places are part of Salem Maritime NHS? Please mark (●) **one** for each site.

- c) For this visit, please mark (●) **all** of the places that your personal group visited.

**b) Prior to visit, aware
site is part of park?**

Yes	No	Park site	c) Places visited
☐	☐	Custom House	☐
☐	☐	Derby House	☐
☐	☐	Derby Wharf	☐
☐	☐	Downtown Visitor Center	☐
☐	☐	<i>Friendship of Salem</i> (replica tall ship)	☐
☐	☐	Narbonne House	☐
☐	☐	Orientation Center on Derby Wharf	n/a

3. On this visit, were the signs directing your personal group to and within Salem Maritime NHS adequate? Please mark (●) **one** answer for each of the following.

- a) Interstate signs ☐ Yes ☐ No ☐ Did not use
- b) Signs in local communities ☐ Yes ☐ No ☐ Did not use
- c) Signs in Salem Maritime NHS ☐ Yes ☐ No ☐ Did not use

- d) If you answered NO for any of the above, please explain.

Interstate _____

In local communities _____

In Salem Maritime NHS _____

4. a) Did your personal group bring electronic devices with you on this trip?

☐ Yes ☐ No → **Go to part c of this question**

b) If YES, what devices did your personal group bring to the park? Please mark (●) **all** that apply.

☐ GPS wayfinding device ☐ Smart phone

☐ Laptop computer ☐ Tablet

☐ Other (Please specify) _____

c) Did your personal group obtain information from the park website (www.nps.gov/sama) to plan your visit to Salem Maritime NHS?

☐ Yes ☐ No → **Go to Question 5**

d) If YES, please rate how helpful the park website was in planning your visit. Please mark (●) **one**.

Not at all helpful	Somewhat helpful	Helpful	Very helpful	Extremely helpful
☐	☐	☐	☐	☐

e) What information, if any, did you need to plan your visit that was not available on the website?

5. On this trip, what were the reasons that your personal group came to Salem Maritime NHS? Please mark (●) **all** that apply.

☐ Learn about 400 years of maritime history

☐ Learn about life in Salem in the 18th century

☐ Learn about world trade in the 18th and 19th centuries

☐ Obtain stamp for National Park Passport book

☐ Visit a National Park Service site

☐ Other (Please specify) _____

6. a) On this visit, how much **total** time did your personal group spend visiting Salem Maritime NHS? (Please list partial hours as ¼, ½, ¾.)

_____ Total number of hours

- b) Did your personal group visit Salem Maritime NHS on more than one day?
- ☐ No ☐ Yes → c) If YES, how many days? _____
7. a) Compared to what you had planned, how much time did your personal group spend visiting Salem Maritime NHS? Please mark (●) **one**.
- ☐ Did not have a planned amount of time → **Go to Question 8**
- ☐ About the same time as planned
- ☐ More time than planned
- ☐ Less time than planned
- b) If your personal group spent more or less time visiting Salem Maritime NHS than what you had planned, what were the reasons for changing your plans?
- _____
- _____
- c) If your personal group spent less time than you had planned visiting the park, what would encourage you to stay longer?
- _____
- _____
8. a) On this visit, in which activities did your personal group participate within Salem Maritime NHS? Please mark (●) **all** that apply.
- ☐ Attending ranger or volunteer-led talks/programs/tours
- ☐ Creative arts (photography, drawing, painting, writing)
- ☐ Listening to audio tour
- ☐ Participating in Junior Ranger program
- ☐ Recreation (walking, fitness, relaxation, picnicking)
- ☐ Shopping in park bookstore
- ☐ Viewing indoor and outdoor exhibits/signs
- ☐ Visiting Downtown Visitor Center
- ☐ Visiting *Friendship of Salem* (replica tall ship)
- ☐ Watching films on history/culture of park/area
- ☐ Other (Please specify) _____

- b) Which one of the above activities was the **primary** reason your personal group visited Salem Maritime NHS on this visit? Please list **one** response.
- _____

9. On this visit, what were your personal group's reasons for visiting the Downtown Visitor Center? Please mark (●) **all** that apply.

- ☐ Learn about maritime history ☐ Orientation to park activities
☐ Learn about witches of Salem ☐ Purchase bookstore items
☐ Learn what to see and do in Salem ☐ Other (Specify) _____

10. a) On this visit to Salem Maritime NHS, did anyone in your personal group participate in any of the ranger or volunteer-led talks/programs/tours?

- ☐ No ☐ Yes → **Go to Question 11**

- b) If NO, what prevented your personal group from participating in ranger or volunteer-led talks/programs/tours? Please mark (●) **all** that apply.

- ☐ Not interested
☐ Not interested in topics presented
☐ Did not have time for this activity
☐ Not aware of ranger or volunteer-led talks/programs/tours offered at park
☐ Programs not offered at time of visit
☐ Other (Please specify) _____

11. a) If you were to attend a ranger or volunteer-led program at Salem Maritime NHS, which program length would your personal group prefer? Please mark (●) **one**.

- ☐ Under 1/2 hour ☐ 1/2 - 1 hour ☐ 1 - 2 hours
☐ Other (Please specify) _____

- b) What time of day would be most suitable for your personal group to attend a ranger-led program? Please mark (●) **one**.

- ☐ 8 - 10 am ☐ Noon - 2 pm ☐ After 4 pm
☐ 10 am - Noon ☐ 2 pm - 4 pm ☐ Other (Specify) _____

12. a) During this visit to Salem Maritime NHS, did your personal group have any interaction with park staff?

☐ Yes ☐ No → **Go to Question 13**

- b) If YES, please rate the quality of your interaction with the park staff. Please mark (●) **one** response for each item.

	Very poor	Poor	Average	Good	Very good
Helpfulness	☐	☐	☐	☐	☐
Courteousness	☐	☐	☐	☐	☐
Quality of information provided	☐	☐	☐	☐	☐

13. a) On this visit to Salem Maritime NHS, did your personal group visit the Eastern National bookstore at the Downtown Visitor Center?

☐ Yes ☐ No → **Go to Question 14**

- b) If YES, was the bookstore space adequate to view sales items?

☐ Yes ☐ No

- c) Were there any sales items that your personal group would have liked to purchase that are not currently available?

☐ Yes ☐ No → **Go to Question 14**

- d) If YES, which items would your personal group like to have available for purchase in the future? Please mark (●) **all** that apply.

☐ Additional publications (books, brochures, etc.)

➤ List subjects you are interested in _____

☐ Additional maps (other than park brochure/map)

☐ CDs, DVDs, downloadable digital files such as podcasts, etc.

☐ Other (Please specify) _____

14. a) Please mark (●) **all** the visitor services and facilities that your personal group **used** at Salem Maritime NHS during this visit.
- b) For only those services and facilities that your personal group **used**, please rate their importance to your visit from 1-5.
- c) For only those services and facilities that your personal group **used**, please rate their quality from 1-5.

a) Visitor services/facilities used Mark (●)	b) If used, how important? 1=Not at all important 2=Slightly 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
☐ Assistance from park staff	_____	_____
☐ Audio tour	_____	_____
☐ Bookstore sales items (selection, price, etc.)	_____	_____
☐ Bulletin boards	_____	_____
☐ Indoor exhibits	_____	_____
☐ Outdoor exhibits	_____	_____
☐ <i>Friendship of Salem</i> (replica tall ship)	_____	_____
☐ Junior Ranger program	_____	_____
☐ Park brochure/map	_____	_____
☐ Park website: www.nps.gov/sama used before or during visit	_____	_____
☐ Picnic areas	_____	_____
☐ Ranger-led talks/programs/tours	_____	_____
☐ Restrooms	_____	_____
☐ Videos/films	_____	_____
☐ Downtown Visitor Center (overall)	_____	_____

- [illegible]

- d) Please list any additional topics your personal group is interested in learning about at Salem Maritime NHS.

17. a) If your personal group were to visit Salem Maritime NHS in the future, would you be interested in going out on the water by boat or ship for recreation or ranger-led programs and tours?

Recreation trip on boat/ship ☐ Yes ☐ No

Ranger-led program/tour on boat/ship ☐ Yes ☐ No

- b) Would you be willing to pay \$10/adult (\$5/child) for a one hour trip on a boat/ship?

☐ Yes ☐ No

18. a) Would you recommend visiting Salem Maritime NHS to others?

☐ Yes



- b) If YES, please explain why.

☐ No



- c) If NO, please explain why not.

19. On this visit, was your personal group part of the following types of organized groups? Please mark (●) **one** for **each**.

a) Commercial guided tour group ☐ Yes ☐ No

b) School/educational group ☐ Yes ☐ No

c) Other (scouts, work, church, etc.) ☐ Yes ☐ No

- d) If you were with one of these organized groups, how many people, including yourself, were in this group?

_____ Number of people in organized group

20. a) On this visit, which type of personal group (not guided tour/school/other organized group) were you with? Please mark (●) only **one**.

- ☐ Alone
 ☐ Friends
☐ Family
 ☐ Family and friends
☐ Other (Please specify) _____

b) On this visit, how many people were in your personal group, including yourself?

_____ Number of people in personal group

21. For your personal group on this visit, please provide the following. (If you do not know the answer, please leave blank).

	Number of visits to Salem Maritime NHS (including this visit)			
	a) Current age	b) U.S. ZIP code or name of country other than U.S.	c) Past 12 months	d) Lifetime
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

22. For you only, what is the highest level of education you have completed? Please mark (●) only **one**.

- ☐ Some high school
☐ High school diploma/GED
☐ Some college
☐ Bachelor's degree
☐ Graduate degree

23. a) For you only, which category best represents your annual **household** income? Please mark (●) only **one**.

- | | | |
|--|---|---|
| ☐ Less than \$24,999 | ☐ \$50,000-\$74,999 | ☐ \$150,000-\$199,999 |
| ☐ \$25,000-\$34,999 | ☐ \$75,000-\$99,999 | ☐ \$200,000 or more |
| ☐ \$35,000-\$49,999 | ☐ \$100,000-\$149,999 | ☐ Do not wish to answer |

b) How many people are in your household? _____ Number of people

24. a) Are members of your personal group Hispanic or Latino? Please mark (●) **one** for each group member.

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Yes, Hispanic or Latino	☐	☐	☐	☐	☐	☐	☐
No, not Hispanic or Latino	☐	☐	☐	☐	☐	☐	☐

- b) What is the race of each member of your personal group? Please mark (●) **one or more** for each group member.

	Yourself	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	☐	☐	☐	☐	☐	☐	☐

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

☐ Yes ☐ No → **Go on to Question 26**

b) If YES, what services or activities were difficult to access/participate in?

c) Because of the physical condition, which specific difficulties did the person(s) have? Please mark (●) **all** that apply.

- ☐ Hearing (difficulty hearing ranger programs, audio-visual exhibits or programs, or information desk staff, even with hearing aid)
- ☐ Visual (difficulty seeing exhibits, directional signs, or visual aids that are part of programs, even with prescribed glasses, or due to blindness)
- ☐ Mobility (difficulty accessing facilities, services, or programs, even with walking aid and/or wheelchair)
- ☐ Other (Please specify) _____

26. a) What did your personal group like **most** about your visit to Salem Maritime NHS?

b) What did your personal group like **least** about your visit to Salem Maritime NHS?

27. Is there anything else your personal group would like to tell us about your visit to Salem Maritime NHS?

28. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to your personal group at Salem Maritime NHS during this visit? Please mark (●) **one**.

- | Very poor | Poor | Average | Good | Very good |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ☐ | ☐ | ☐ | ☐ | ☐ |

Thank you for your help! Please seal the questionnaire in the postage-paid envelope provided and drop it in any U.S. mailbox.

OFFICIAL BUSINESS

**Visitor Services Project
Park Studies Unit
College of Natural Resources
University of Idaho
P.O. Box 441139
Moscow, Idaho 83844-1139**

