



U.S. Department of the Interior

National Park Service
Social Science Program
Visitor Services Project



Springfield Armory National Historic Site Visitor Study





IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
Springfield Armory National Historic Site
One Armory Square, Suite 2
Springfield, MA 01105-1299



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 Springfield Armory 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 MS1139, Moscow, Idaho 83844-1139, 208-885-2585 (phone), lenale@uidaho.edu (email).

We appreciate your help.

Sincerely,

James Woolsey
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 (O), 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 Springfield Armory 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, 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 20 minutes to complete this. 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 Springfield Armory 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 Springfield Armory 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 Springfield Armory 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
☐	☐	Springfield Armory NHS website: www.nps.gov/spar
☐	☐	Other websites — Which one(s)? _____
☐	☐	Local businesses (hotels, motels, restaurants, etc.)
☐	☐	Maps/brochures
☐	☐	Newspaper/magazine articles
☐	☐	Other units of the National Park System (NPS)
☐	☐	Previous visits
☐	☐	School class/program
☐	☐	Social media (such as Facebook, Twitter, etc.)
☐	☐	State welcome center/visitors bureau/chamber of commerce
☐	☐	Television/radio programs/DVDs
☐	☐	Travel guides/tour books (AAA, Fodors, hiking, 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. Prior to this visit was anyone in your personal group aware that Springfield Armory NHS is managed by the National Park Service?

☐ Yes ☐ No

3. On this visit, what were your personal group's reasons for visiting Springfield Armory NHS? Please mark (●) **all** that apply.

- ☐ View indoor museum exhibits
- ☐ Explore Armory grounds/view outdoor exhibits
- ☐ Interest in gun history
- ☐ See the largest historic US military small arms collection
- ☐ Other (Please specify) _____

4. a) Was every member in your personal group a resident of the greater Springfield **area** (within 100 miles of the park)?

☐ No ☐ Yes → **Go to Question 5**

- b) Was visiting Springfield Armory NHS the primary reason nonresident members of your personal group came to the area (within 100 miles of the park)?

☐ No ☐ Yes

5. a) On this visit, which forms of transportation did your personal group use to travel between your overnight accommodations or home and Springfield Armory NHS? Please mark (●) **all** that apply.

- | | |
|--|--|
| ☐ Private vehicle (car, SUV, pickup, RV, etc.) | ☐ Motorcycle |
| ☐ Rental vehicle | ☐ Public transit (bus, etc.) |
| ☐ Bicycle | ☐ Taxi/limousine |
| ☐ On foot | ☐ Tour/school bus |
| ☐ Other (Please specify) _____ | |

- Number of vehicles

- ☐ Yes ☐ No → **Go to Question 7**

Accommodation used	c) Outside park
Lodge, motel, rented condo/home, cabin, B&B	☐
Personal seasonal residence	☐
Residence of friends or relatives	☐
RV/trailer camping in a developed campground	☐
Tent camping in a developed campground	☐
Other (Please specify) _____	☐

- ☐ No, unlikely ☐ Yes, likely → Go to Question 8

- O Gone somewhere else → Distance from home _____ miles
 - OR -
 Location

- O** Vacated at home (Place, city, & state)

- ☐ Gone to work at my regular job

- ☐ Not sure/none of these

8. Which other local and regional attractions did your personal group visit on this trip to Springfield Armory NHS?

- | | |
|---|--|
| ☐ Any college in the Springfield area | ☐ Forest Park Sculpture Garden |
| ☐ Basketball Hall of Fame | ☐ Forest Park Zoo |
| ☐ Big E (Eastern States Exposition) | ☐ Six Flags New England |
| ☐ City Stage | ☐ Springfield museums |
| ☐ Dr. Seuss National Memorial | |
| ☐ Other (Please specify) _____ | |

9. On this visit, were the signs directing your personal group to and around Springfield Armory NHS adequate? Please mark (●) **one** answer for each of the following.

- | | | | |
|--|---------------------------|--------------------------|-----------------------------------|
| a) Interstate highway signs | ☐ Yes | ☐ No | ☐ Did not use |
| b) Signs in local communities | ☐ Yes | ☐ No | ☐ Did not use |
| c) Signs in park/adjacent college campus | ☐ Yes | ☐ No | ☐ Did not use |

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

Interstate _____

In local communities _____

In the park or on Springfield Technical Community College portion of the Historic Site _____

10. a) Did your personal group obtain information from the park website (<http://www.nps.gov/spar>) to plan this trip to Springfield Armory NHS?

- ☐ Yes ☐ No → **Go to Question 11**

b) Overall, how would your personal group rate the quality of information provided on the park website? Please mark (●) **one**.

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

- c) Did your personal group find the information that you needed on the park website?

☐ No ☐ Yes → **Go to Question 11**

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

11. a) On this visit, in which activities did your personal group participate within Springfield Armory NHS? Please mark (●) **all** that apply in column (a).

a) This visit	Activity
☐	Attending ranger-led talks/programs
☐	Participating in Junior Ranger program
☐	Picnicking
☐	Shopping in park bookstore (at visitor center)
☐	Viewing museum exhibits
☐	Viewing outdoor exhibits
☐	Walking around the Armory grounds
☐	Watching park videos/films
☐	Other (Please specify) _____

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

12. a) During this visit to Springfield Armory NHS, did your personal group obtain information from a National Park Service uniformed employee or volunteer?

☐ Yes ☐ No → **Go to Question 13**

- b) If YES, using the scale below, please rate the quality of your interaction with the uniformed employee/volunteer. Please mark (●) **one** response for each item.

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

13. It is the National Park Service's responsibility to protect Springfield Armory NHS's natural, scenic, and cultural resources while at the same time providing for public enjoyment. How important is protection of the following resources/attributes in the park to your personal group? Please mark (●) **one** answer for each resource/attribute.

Resource/attribute	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Educational opportunities	☐	☐	☐	☐	☐
Historic landscapes and buildings	☐	☐	☐	☐	☐
Museum and archival collections	☐	☐	☐	☐	☐
Natural quiet/sounds of nature	☐	☐	☐	☐	☐
Repair/maintenance of buildings	☐	☐	☐	☐	☐

14. a) On this visit to Springfield Armory NHS, was your personal group able to find the services you needed, such as information, gas, food, and lodging, in the greater Springfield area (within 100 miles of the park)? Please mark (●) **one** answer.

☐ Did not need support services → **Go to Question 15**

☐ No ☐ Yes → **Go to Question 15**

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

Service (List)

Comments (Please be specific)

15. a) On this visit, how much time **in total** did your personal group spend visiting Springfield Armory NHS? Please list partial hours as $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$.

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

b) On this visit, did your personal group visit the park on more than one day?

☐ Yes ☐ No → **Go to Question 16**

c) If YES, on how many days did you visit the park? _____ Number of days

16. a) Please mark (●) **all** the information services and facilities that your personal group **used** at Springfield Armory 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) Information 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
☐ Access for disabled persons/ wheelchair ramp	_____	_____
☐ Assistance from park staff	_____	_____
☐ Bookstore sales items (selection, price, etc.)	_____	_____
☐ Bulletin boards	_____	_____
☐ Junior Ranger program	_____	_____
☐ Museum exhibits	_____	_____
☐ Outdoor exhibits	_____	_____
☐ Park brochure/map	_____	_____
☐ Park website: www.nps.gov/spar used before or during visit	_____	_____
☐ Picnic tables	_____	_____
☐ Ranger-led programs	_____	_____
☐ Restrooms	_____	_____
☐ Videos/films	_____	_____

17. a) On this visit to Springfield Armory NHS, did anyone in your personal group participate in any of the ranger-led talks/programs?

☐ No ☐ Yes → **Go to Question 18**

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

- ☐ Did not have time for this activity
- ☐ Not aware of any ranger-led talks/programs offered at park
- ☐ Not enough programs offered
- ☐ Not interested
- ☐ Other (Please specify) _____

18. If you were to visit Springfield Armory NHS in the future, how would your personal group prefer to learn about the park's cultural and natural history? Please mark (●) **all** that apply.

- ☐ Not interested in learning about the park → **Go to Question 19**
- ☐ Films, movies, videos
- ☐ Indoor museum exhibits
- ☐ Outdoor exhibits
- ☐ Online exhibits/museum catalog
- ☐ Park website: www.nps.gov/spar
- ☐ Ranger-guided walks/talks
- ☐ Living history/costumed interpretive programs
- ☐ Printed materials (brochures, books, maps, etc.)
- ☐ Other (Please specify) _____
- ☐ As a volunteer in the park
- ☐ Cell phone tours
- ☐ Children's activities
- ☐ Interactive displays
- ☐ Self-guided tours
- ☐ Smart phone apps

19. What significant work did Springfield Armory do that made it important to the United States?

20. For your personal group, please estimate all expenditures for the items listed below for this visit to Springfield Armory NHS and the surrounding **area** (within 100 miles of the park). **Please write "0" if no money was spent in a particular category.**

a) Please list your personal group's total expenditures inside Springfield Armory NHS.

b) Please list your personal group's total expenditures in the **surrounding area** outside the park (within 100 miles of the park).

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to Springfield Armory NHS.

EXPENDITURES

a) **Inside park** b) **Outside park**

	☐ → Go to (b)	☐ → Go to (c)
Spent no money (●)	☐	☐
Lodge, hotel, motel, cabin, B&B, etc.	n/a	\$ _____
Camping fees and charges	n/a	\$ _____
Restaurants and bars	n/a	\$ _____
Groceries and takeout food	n/a	\$ _____
Gas and oil (auto, RV, boat, etc.)	n/a	\$ _____
Other transportation expenses (rental cars, taxis, auto repairs, but NOT airfare)	n/a	\$ _____
Admission, recreation, entertainment, guide fees	n/a	\$ _____
All other expenditures (books, postcards, donations, souvenirs, etc.)	\$ _____	\$ _____

c) How many people do the above expenses cover? Please write "0" if no children were covered by the expenditures.

_____ Adults (18 years or over) _____ Children (under 18 years)

21. a) Does anyone in your personal group identify with or belong to an interest group that led you to visit Springfield Armory NHS on this visit?

☐ Yes ☐ No → **Go to Question 22**

b) If YES, what interest group is it?

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

a) Commercial bus/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

23. 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

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

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

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	☐	☐	☐	☐	☐	☐	☐

28. If you were a manager planning for the future of Springfield Armory NHS, what would your personal group propose?

29. Is there anything else your personal group would like to tell us about your visit to Springfield Armory NHS?

30. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to your personal group at Springfield Armory 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

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Park Studies Unit
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