SEM VISITOR INTERCEPT SURVEY

INTERCEPT OPENING SCRIPT

"Hello, I am working with Stones River conducting a 5-minute survey to improve visitor experiences in the park. Are you a park employee, or have you or anyone in your personal travel group taken a Visitor Survey at Stones River recently?"

- ○ *No - visitor is eligible for survey*
- ○ *Yes - previously participated in survey*
- ○ *Yes - park employee*
- ○ *Minor (under 18), ineligible to participate*
- ○ *Language barrier / unable to communicate*
- ○ *Ineligible for another reason (please specify):* _____

➔ If the visitor **is eligible**, continue below. If the visitor is ineligible, record the reason, and thank them for their time.

May I ask you some questions about your Stones River experience?

➔ If the visitor says **NO**, read the following script:

Ok, may I ask three quick questions?

➔ If the visitor says **NO**, thank them for their time.
➔ If the visitor says **YES**, ask the non-response bias questions:

1. **"Are you a permanent or seasonal/second home resident of the local area around Stones River?"**
2. **"Do you currently live in the United States?"**
3. **"On this trip away from home, have you [and your personal group] stayed, or will you stay overnight away from your permanent residence within the local area? (Please refer to map of local area)"**

➔ If the visitor says **YES**, read the following script:

Before we begin, I would like to let you know that this survey has been approved by the Office of Management and Budget. It is important to note that a Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it has a valid OMB control number. The control number for this collection is 1024-0224 and this number is valid through 8/31/2023. Secondly, your participation is voluntary, and your name will never be connected with your individual responses. This survey will only take about five minutes of your time today.

PAPERWORK REDUCTION and PRIVACY 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. We are authorized by the National Park Service Protection Interpretation and research in System (54 USC §100702) to collect this information. The routine uses of this information will be for the benefit of NPS Managers and Planning staff in Stones River in future initiatives related to the visitor use and resource management within the site. The data collected will be summarized to evaluate visitor uses and expectations during their visit at Stones River. Your responses to this collection are completely voluntary and will remain anonymous. You can end the process at any time and will not be penalized in any way for choosing to do so. All contact information collected for the purpose of the follow-up survey will be destroyed at the end of the collection period and no personal identifiable records will be maintained or stored for any purposes. Data collected will only be reported in aggregates and no individually identifiable responses will be reported. 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 (1024-0224). We estimate that it will take about 5 minutes to complete this on-site questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Dr. Jake Jorgenson, RRC Associates, at jake@rrcassociates.com (email); or Bret Meldrum, NPS Chief of Social Science Program, at bret_meldrum@nps.gov (email).

1. **Are you a permanent or seasonal/second home resident of the local area around Stones River? (Please refer to map of local area)**
   - ○ Yes, I am a permanent resident
     - ➢ _____**What is your ZIP code in the local area?**
   - ○ Yes, I am a seasonal/second home resident
     - ➢ _____ **What is your ZIP code in the local area?**
   - ○ No, I am not a permanent or seasonal resident of the local area around Stones River

2. **(If not permanent or seasonal resident) Do you currently live in the United States?**
   - ○ No
     - ➢ **What is your country of origin?**_____ *(tablet survey includes drop-down list)*
   - ○ Yes
     - ➢ **What is the ZIP code of your permanent residence?** _____zip code

3. **(If Permanent or Seasonal Residence = NO) Was your visit to Stones River the primary purpose for your overall trip away from home?**
   - ○ Yes
   - ○ No
     - ➢ **Was your visit to Stones River…?**_____
       - ○ The primary reason you came to the local area
       - ○ One of two or more equally important reasons you came to the local area
       - ○ An incidental or spontaneous stop

4. **(If Permanent or Seasonal Residence = NO) How many days are you planning to spend in the local area (including the days you spend in Stones River) on this trip away from home? (Please refer to map of local area)**

   _____ days

5. **On this trip away from home, have you stayed, or will you stay overnight away from your permanent residence within the local area? (Please refer to map of local area).**
   - ○ Yes
   - ○ No

6. **(If Overnight = YES) On this trip, what type(s) of accommodations do you expect to use while in the local area? Please mark (●) all that apply** *(tablet includes custom logic flag – if total number of nights is not within +/-1 of the local days, entered above, surveyor will be prompted to double check)*
   - ○ Camping outside Stones River in the local area
     - ➢ _____**# of nights**
   - ○ Lodging outside Stones River in the local area (e.g., hotels, cabins, vacation rentals, glamping)
     - ➢ _____**# of nights**
   - ○ Unpaid accommodations (e.g., family and friends)
     - ➢ _____**# of nights**

7. **Including yourself, how many people are in your personal group as you visit Stones River?**

   Note: Your personal group is you and companions with whom you visited Stones River on this trip, such as a spouse, family, friends, etc. This does not include the larger group that you might have traveled with, such as a school, church, scout, or tour group.

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

8. **What are the ages of each of the adults in your group?** *Note: ages will be collected for a max of 6 adults per group*

	Your Age	Adult 2	Adult 3	Adult 4	Adult 5	Adult 6
Age (years)						

9. **(If at least 1 child in the group) What are the ages of each of the children in your group?** *Note: ages will be collected for a max of 6 children per group*

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
Age (years)						

10. **Including yourself, how many people in your personal group paid for the trip expenses?** *(For example: if a couple both contributed to the expenses on the trip, the answer should be '2')*

    _____number of people

11. **On this trip to Stones River, which one of the following entrance fees applied to you personally?**

    - ○ Did not pay a fee or use a pass to enter the park
    - ○ 7-day entrance pass
    - ○ Annual pass for Stones River
    - ○ America the Beautiful – National Parks and Federal Lands (NPS Annual Pass)
    - ○ Senior Pass
    - ○ Access Pass
    - ○ Military Pass
    - ○ Fee was included in Tour Package
    - ○ One-day fee (e.g., single-day entry fee)
    - ○ Don't know/Unsure
    - ○ Other (please specify): _____

12. **On this trip, do you plan to visit Stones River for more than one day?**

    - ○ Yes
      - ➢ **How many days do you plan to spend within Stones River on this trip?**
        ___Days
      - ➢ **On how many different days do you expect to enter the park?**
        ___ Different Days Entered Stones River *(tablet includes custom validation – number of different days must be less than or equal to total number of days spent within site, entered above)*
    - ○ No

13. **Do you plan to spend one hour or more within Stones River today?**

    - ○ Yes
      - ➢ **How many hours do you plan to spend within Stones River today?**
        ___hours *(validation requires a number between 1 and 24, whole numbers only)*
    - ○ No
      - ➢ **How many minutes do you plan to spend within Stones River today?**
        ___minutes *(validation requires a number between 1 and 59, whole numbers only)*

14. Did you, or do you plan to, leave and re-enter the park today?

- ○ Yes
  - ➢ **How many times?**
    _____# of Times
- ○ No

15. Which was the most recent entrance you used to enter the park? (Please refer to map of local area)

- o Main Entrance / Park Road at Visitor Center
- o Park Road from N Thompson Lane
- o National Cemetery
- o Artillery Monument / Van Cleve Lane
- o Artillery Monument / Stones River Greenway
- o Fortress Rosecrans / Lunettes from Golf Lane
- o Fortress Rosecrans / Lunettes from Stones River Greenway
- o Fortress Rosecrans / Redoubt Brannan from W College Street
- o Other (please list)_____

16. Considering your visit *today*, have you been to or do you plan to visit any of the following locations within Stones River? Please mark (●) all that apply

- o Main Entrance / Park Road at Visitor Center
- o Park Road from N Thompson Lane
- o National Cemetery
- o Artillery Monument / McFadden Farm
- o Fortress Rosecrans / Lunette
- o Fort Rosecrans / Redoubt Brannan
- o Hell's Half Acre
- o The Slaughter Pen
- o Visitor Center
- o Hazen Brigade Monument
- o General Bragg Headquarters Site
- o General Rosecrans Headquarters Site

17. Which of the following forms of transportation did you use to arrive or enter Stones River?

- ○ Car, truck, or SUV (e.g., standard private vehicle)
  - ➢ **Number of people** _____
- ○ Recreational vehicle or motorhome
  - ➢ **Number of people** _____
- ○ Taxi/rideshare
- ○ Airplane
- ○ Commercial tour bus
- ○ Commercial tour van
- ○ Shuttle
- ○ School bus or church bus/van
- ○ City bus or subway
- ○ Train or long-distance passenger bus
- ○ Bicycle
- ○ Electric bicycle
- ○ Electric scooter
- ○ Water-based transportation
  - ○ Cruise Ship
  - ○ Ferry
  - ○ Tour boat
  - ○ Personal boat
  - ○ Sailboat
  - ○ Canoe/kayak
  - ○ Other: _____
- ○ Motorcycle
  - ➢ **Number of people** _____
- ○ Walk/hike
- ○ Horseback
- ○ Other (Please specify: _____)

18. Was your trip to Stones River part of a multi-day group tour organized by a travel agency or other tour operator (i.e., a package tour)?

Note: Package tours commonly include transportation, meals, lodging, and activities sold as a pre-set itinerary from a single company. You may have purchased a package tour directly from the company providing the service, or you may have worked with a travel agent who booked you on a package tour.

- ○ Yes
  - **What is the total cost of the package vacation for your personal group?** $_____
  - **What is the total length of your package vacation?** _____ days
  - **Did your package vacation include lodging (e.g., hotels, lodges, house)?** Yes, No, Unsure
  - **How many people in your personal group were on the package vacation?** _____people
- ○ No

19. Are you a first-time visitor to Stones River?

- ○ Yes
- ○ No
  - **Including this visit, how many visits have you made to Stones River over the past 12 months?** _____visits
  - **Including this visit, how many visits have you made to Stones River over the past five years?** _____visits *(tablet includes custom validation – visits in past 5 years must be greater than or equal to visits in past 12 months, above)*

20. How many visits have you made to other NPS sites over the past 12 months?

_____visits

Interviewer script:

Thank you for your time. To record a more complete picture of your Stones River visit, we ask you to please take this mail-back survey and complete it after your trip. You can participate either by completing the paper form and mailing it in the postage-paid envelope, or online through a password-protected website. The website information is provided on a slip of paper inside the survey packet.

Because your opinion is important to us, we send replacement surveys if you lost your survey and reminders if you forgot to complete it when you returned home. Would you be willing to share your home address or email to send a reminder or replacement survey in the following weeks? Your information is confidential, and your results will be only reported in the aggregate.

First name: _____
Address:_____
Email: _____