SEM VISITOR INTERCEPT SURVEY

INTERCEPT OPENING SCRIPT

Hello, I am working with Ninety Six National Historic Site conducting a 6-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 Ninety Six NHS 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 Ninety Six NHS 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 (note: all NRB questions have Yes/No answer choices):

1. Are you a permanent or seasonal/second home resident of the local area around Ninety Six NHS?
2. Was visiting Ninety Six NHS the primary purpose for your overall trip away from home?
3. On this trip away from home, will you [and your personal group] 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. Secondly, your participation is voluntary, and your name will never be connected with your individual responses. This survey will only take about six minutes of your time today.

[Continue by showing the following statement regarding the Paperwork Reduction and Privacy Act.].

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 Ninety Six NHS in future initiatives related to visitor use and resource management within the site. The data collected will be summarized to evaluate visitor uses and expectations during their visit at Ninety Six NHS. 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 purpose. 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. We estimate that it will take about 6 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 Social Science Program Manager, at bret_meldrum@nps.gov (email).

1. **Are you a first-time visitor to Ninety Six NHS?**
   - ○ Yes
   - ○ No
     - ➢ **Including this visit, how many visits have you made to Ninety Six NHS over the past 12 months?** _____ visits
     - ➢ **Including this visit, how many visits have you made to Ninety Six NHS 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)*

2. **How many visits have you made to other National Park Service sites over the past 12 months?**

   _____ visits

3. **Are you a permanent or seasonal/second home resident of the local area around Ninety Six NHS? (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 Ninety Six NHS

4. **(If Permanent or Seasonal Resident = NO) 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

5. **(If Permanent or Seasonal Resident = NO) Was visiting Ninety Six NHS the primary purpose for your overall trip away from home?**
   - ○ Yes
   - ○ No
     - ➢ **Was visiting Ninety Six NHS…?**_____
       - ○ The primary reason you came to the local area
       - ○ One of several reasons you came to the local area
       - ○ An incidental or spontaneous stop

   (If Permanent or Seasonal Resident = YES) Was visiting Ninety Six NHS the primary purpose for your trip away from home today?
   - ○ Yes
   - ○ No
     - ➢ **Was visiting Ninety Six NHS…?**_____
       - ○ One of several reasons for your trip away from home today
       - ○ An incidental or spontaneous stop

6. **(If Permanent or Seasonal Resident = NO) How many total days will you spend away from home on your overall trip that includes your visit to Ninety Six NHS?**

   _____ days

7. **(If Permanent or Seasonal Resident = NO) How many days will you spend in the local area (including the days you spend in Ninety Six NHS) on your trip? (Please refer to map of local area)** *(tablet includes custom validation – days in local area must be less than or equal to total days away from home, above)*

   _____ days

8. **On your trip, will you stay overnight away from your permanent residence within the local area? (Please refer to map of local area).**

   ○ Yes
   ○ No

9. **(If Overnight = YES) On this trip, what type(s) of accommodations will you 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 Ninety Six NHS in the local area
   ➢ _____**# of nights**

   ○ Lodging outside Ninety Six NHS in the local area (e.g., hotels, cabins, vacation rentals, glamping)
   ➢ _____**# of nights**

   ○ Unpaid accommodations (e.g., family and friends)
   ➢ _____**# of nights**

10. **Including yourself, how many people are in your personal group as you visit Ninety Six NHS?**

    Note: Your personal group is you and companions with whom you visited Ninety Six NHS 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)

11. **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)						

12. **(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)							

13. **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')**

    _____ people

14. **[VERSION B] As you know, some of the costs of travel such as gasoline, hotels, rental cars, and airline tickets often increase. If your share of the total trip costs were $X more, would you still have taken this trip to Ninety Six NHS? Please mark (●) one.**

    ○ Yes, I would still take this trip.
    ○ No, I would not take this trip.

15. **On this trip, will you visit Ninety Six NHS for more than one day?**

- ○ Yes
  - **How many days will you spend within Ninety Six NHS on this trip?**
    _____ days
  - **On how many different days will you enter the park?**
    _____ different days *(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

16. Will you spend one hour or more within Ninety Six NHS today?

- ○ Yes
  - **How many hours will you spend within Ninety Six NHS today?**
    _____ hours *(validation requires a number between 1 and 24, whole numbers only)*
- ○ No
  - **How many minutes will you spend within Ninety Six NHS today?**
    _____ minutes *(validation requires a number between 1 and 59, whole numbers only)*

17. Will you leave and re-enter the park today?

- ○ Yes
  - **How many times?**
    _____ times
- ○ No

18. Which was the most recent entrance you used to enter Ninety Six NHS? (Please refer to park map)

- ○ Main Entrance (1)
- ○ Pond Gate Entrance (2)
- ○ PCF Property (3)
- ○ Equestrian Parking Lot (4)
- ○ Other (please list): _____

19. Considering your visit *today*, will you visit any of the following locations within Ninety Six NHS? Please mark (●) all that apply.

- ○ Main Entrance (1)
- ○ Pond Gate Entrance (2)
- ○ PCF Property (3)
- ○ Equestrian Parking Lot (4)
- ○ Other (please list): _____

20. From the list below, select all forms of transportation you personally used to travel from your home to Ninety Six NHS on this trip. Please mark (●) all that apply.

- ○ Car, truck, or SUV (e.g., standard private vehicle)
- ○ Recreational vehicle or motorhome
- ○ 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
- ○ Motorcycle
- ○ Walk/hike
- ○ Other (Please specify: _____)

21. (Carry forward selected options from previous question) Which form of transportation did you personally use to enter Ninety Six NHS today?

- **(If private vehicle) How many people were traveling in your vehicle when you entered Ninety Six NHS?** _____
- **(If RV or motorhome) How many people were traveling in your RV when you entered Ninety Six NHS?** _____
- **(If water-based) Which form of water-based transportation did you use to enter Ninety Six NHS today?**
  - ○ Cruise ship
  - ○ Ferry
  - ○ Tour boat
  - ○ Personal boat
  - ○ Sailboat
  - ○ Canoe/kayak
  - ○ Other (Please specify: _____)
- **(If motorcycle) How many people were traveling on your motorcycle when you entered Ninety Six NHS?_____**

22. Was your visit to Ninety Six NHS 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 tour for your personal group?** $_____
  - **What is the total length of your package tour?** _____ days
  - **Did your package tour include lodging (e.g., hotels, lodges, house)?**
    - ○ Yes
    - ○ No
    - ○ Unsure
  - **Including yourself, how many people in your personal group were on the package tour?** _____people
- ○ No

23. On this visit to Ninety Six NHS, which one of the following entrance fees applied to you personally? *(Note: Ninety Six NHS does not charge an entrance fee)*

- ○ Did not pay a fee or use a pass to enter the park
- ○ 7-day entrance pass
- ○ Annual pass for Ninety Six NHS
- ○ America the Beautiful—National Parks and Federal Lands Pass (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): _____

Surveyor script:

Thank you for your time. To record a more complete picture of your Ninety Six NHS 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: _____