

SEM VISITOR INTERCEPT SURVEY

INTERCEPT OPENING SCRIPT

"Hello, I am working with Korean War Veterans Memorial 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 Korean War Veterans Memorial recently?"

- ☐ No - visitor is eligible for survey
- ☐ Yes - previously participated in survey
- ☐ Yes - park employee
- ☐ 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 Korean War Veterans Memorial 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 Korean War Veterans Memorial?"
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 5/31/2023. 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 Korean War Veterans Memorial 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 Korean War Veterans Memorial. 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.

1. Are you a permanent or seasonal/second home resident of the local area around Korean War Veterans Memorial? (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 Korean War Veterans Memorial

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 Korean War Veterans Memorial the primary purpose for your overall trip away from home?

☐ Yes

☐ No

➤ **Was your visit to Korean War Veterans Memorial...?** _____

☐ 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 Korean War Veterans Memorial) 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

☐ Camping outside Korean War Veterans Memorial in the local area

➤ _____ **# of nights**

- Lodging outside Korean War Veterans Memorial 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 Korean War Veterans Memorial?

Note: Your personal group is you and companions with whom you visited Korean War Veterans Memorial 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 split the trip expenses?

_____ number of people

11. On this trip, do you plan to visit Korean War Veterans Memorial for more than one day?

☐ Yes

➤ **How many days do you plan to spend within Korean War Veterans Memorial on this trip?**

_____ Days

➤ **On how many different days do you expect to enter the park?**

_____ Different Days Entered Korean War Veterans Memorial (*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

➤ **Do you plan to spend one hour or more within Korean War Veterans Memorial today?**

☐ Yes

➤ **How many hours do you plan to spend within Korean War Veterans Memorial today?**

_____ hours (*validation requires a number between 1 and 24, whole numbers only*)

☐ No

➤ **How many minutes do you plan to spend within Korean War Veterans Memorial today?**

_____ minutes (*validation requires a number between 1 and 59, whole numbers only*)

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

☐ Yes

➤ **How many times?**

_____ # of Times

☐ No

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

☐ Southwest entrance

☐ Northwest entrance

☐ Northeast access across lawn

☐ Southeast access across lawn

☐ Other (please specify: _____)

14. Considering your visit *today*, have you been to or do you plan to visit any of the following locations within Korean War Veterans Memorial? Please mark (●) all that apply

☐ Korean War Veterans Memorial Kiosk

☐ Lincoln Memorial Refreshment and Gift Shop

15. Which of the following forms of transportation did you personally use to enter Korean War Veterans Memorial today?

- | | |
|---|--|
| ☐ Car, truck, or SUV (e.g., standard private vehicle)
➤ Number of people _____ | ☐ Electric Bicycle
☐ Motorcycle
➤ Number of people _____ |
| ☐ Recreational vehicle or motorhome
➤ Number of people _____ | ☐ Walk/hike
☐ Other (Please specify: _____) |
| ☐ Commercial tour bus | |
| ☐ Commercial tour van | |
| ☐ Shuttle | |
| ☐ School bus or church bus/van | |
| ☐ City bus or subway | |
| ☐ Train or long-distance passenger bus | |
| ☐ Bicycle | |

16. (If COMMERCIAL TOUR BUS OR VAN = SELECTED) Was your commercial tour bus or tour van booked as a package vacation?

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

17. Are you a first-time visitor to Korean War Veterans Memorial?

- ☐ Yes
☐ No
➤ Including this visit, how many visits have you made to Korean War Veterans Memorial over the past 12 months? _____ visits
➤ Including this visit, how many visits have you made to Korean War Veterans Memorial 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)

18. 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 Korean War Veterans Memorial 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: _____