



**National Park Service  
U.S. Department of the Interior**

**Visitor Services Project**

# **Cowpens National Battlefield Visitor Study**



**OMB Approval: #1024- 0224 (NPS #03-)  
Expiration Date: 12/31/03**



**United States Department of the Interior**

NATIONAL PARK SERVICE  
Cowpens National Battlefield  
P.O. Box 308  
Chesnee, South Carolina 29323

IN REPLY REFER TO:

May-June, 2003

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Cowpens National Battlefield. This information will assist us in our efforts to better manage this site and to serve you, the visitor.

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

When your visit is over, please complete the questionnaire. Seal it with the stickers provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, NPS VSP Coordinator, Park Studies Unit, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, Idaho 83844-1139, phone 208-885-7863, email: [littlej@uidaho.edu](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

J. Farrell Saunders  
Superintendent

This visitor study is partially funded by Fee Demonstration Funding.

**DIRECTIONS**

One adult in your group should complete the questionnaire. It should only take a few minutes. When you have completed the questionnaire, please seal it with the stickers provided and drop it in any U.S. mailbox. We appreciate your help.

**PRIVACY ACT and PAPERWORK REDUCTION ACT statement:** 16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. Your name is requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed. Thus the permanent data will be anonymous. Please do not put your name or that of any member of your group on the questionnaire. Data collected through visitor surveys may be disclosed to the Department of Justice when relevant to litigation or anticipated litigation, or to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Burden estimate statement:** Public reporting burden for this form is estimated to average 20 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

Please go on to the next page ➔

### YOUR VISIT TO COWPENS NATIONAL BATTLEFIELD

1. Prior to your visit, were you aware that Cowpens National Battlefield (NB) existed?
- \_\_\_\_\_ YES          \_\_\_\_\_ NO          \_\_\_\_\_ NOT SURE
2. Prior to your visit, were you aware that Cowpens NB is managed by the National Park Service?
- \_\_\_\_\_ YES          \_\_\_\_\_ NO          \_\_\_\_\_ NOT SURE

3. a) **Prior to this trip**, how did you and your group obtain information about Cowpens NB? Please check ( ) **all** that apply.

- \_\_\_\_\_ OBTAINED NO INFORMATION PRIOR TO VISIT → **Go on to Question 4**
- \_\_\_\_\_ LIVE IN LOCAL AREA
- \_\_\_\_\_ PREVIOUS VISIT(S)
- \_\_\_\_\_ FRIENDS/RELATIVES/WORD OF MOUTH
- \_\_\_\_\_ TRAVEL GUIDE/TOUR BOOK
- \_\_\_\_\_ MAPS/BROCHURES
- \_\_\_\_\_ STATE WELCOME CENTER/CHAMBER OF COMMERCE
- \_\_\_\_\_ HIGHWAY SIGNS
- \_\_\_\_\_ CHILD ATTENDING SCHOOL PROGRAM
- \_\_\_\_\_ TELEPHONE/WRITTEN/E-MAIL INQUIRY TO PARK
- \_\_\_\_\_ NEWSPAPER/MAGAZINE ARTICLES
- \_\_\_\_\_ VIDEO/TELEVISION/RADIO PROGRAMS
- \_\_\_\_\_ NATIONAL PARK SERVICE (NPS) INTERNET WEBSITE:  
www.nps.gov/cowp/
- \_\_\_\_\_ OTHER WEB SITE
- \_\_\_\_\_ ANOTHER NATIONAL PARK SERVICE SITE
- \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_ )

b) From the sources you checked for part a of this question, did you and your group receive the information about Cowpens NB that you needed?

\_\_\_\_\_ NO



\_\_\_\_\_ YES



\_\_\_\_\_ NOT SURE

→ **Go on to Question 4**

c) If NO, what information did you and your group need that was not available? Please be specific.

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4. When did you or your group make the decision to visit Cowpens NB? Please check ( ) only **one**.

\_\_\_\_\_ AFTER SEEING HIGHWAY SIGNS

\_\_\_\_\_ LESS THAN 1 MONTH AGO

\_\_\_\_\_ 1-6 MONTHS AGO

\_\_\_\_\_ 7-11 MONTHS AGO

\_\_\_\_\_ 1 YEAR AGO OR MORE

5. On this visit, which of the following routes did you and your group use to **arrive** at Cowpens NB? Please check ( ) **all** that apply.

\_\_\_\_\_ I-85, EXIT 83

\_\_\_\_\_ SC 11 FROM EAST

\_\_\_\_\_ I-85, EXIT 92

\_\_\_\_\_ SC 11 FROM WEST

\_\_\_\_\_ I-26, EXIT 5

\_\_\_\_\_ SC 110

\_\_\_\_\_ US 221

6. On this visit, were the signs directing you to Cowpens NB adequate? Please check ( ) one answer for each of the following roads/places.

SIGNS ON INTERSTATE \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ NOT SURE

SIGNS ON STATE HIGHWAYS \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ NOT SURE

SIGNS IN COMMUNITIES \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ NOT SURE

**Please go on to the next page →**

7. How did this visit to Cowpens NB fit into your travel plans? Please check ( ) only **one**.

\_\_\_\_\_ COWPENS NB WAS PRIMARY DESTINATION

\_\_\_\_\_ COWPENS NB WAS ONE OF SEVERAL DESTINATIONS

\_\_\_\_\_ COWPENS NB WAS NOT A PLANNED DESTINATION

8. On this visit, what was the **primary** reason you and your group visited Cowpens NB? Please check ( ) only **one**.

\_\_\_\_\_ VISIT COWPENS NATONAL BATTLEFIELD

\_\_\_\_\_ SHOP, INCLUDING OUTLET MALLS

\_\_\_\_\_ VISIT PICNIC SHELTER/ATTEND FAMILY REUNION

\_\_\_\_\_ DRIVING THROUGH THE AREA

\_\_\_\_\_ VISIT OTHER ATTRACTIONS IN AREA

\_\_\_\_\_ VISIT FRIENDS OR RELATIVES IN THE AREA

\_\_\_\_\_ EXERCISE/RECREATION

\_\_\_\_\_ BUSINESS OR OTHER REASONS

9. a) On this visit, how much time did you and your group spend at Cowpens NB? Please list partial hours as 1/2, 1/4, etc.

\_\_\_\_\_ NUMBER OF HOURS

- b) On this trip, did you and your group visit Cowpens NB on more than one day?

\_\_\_\_\_ YES

\_\_\_\_\_ NO → **Go on to Question 10**



- c) If YES, on how many days did you visit?

\_\_\_\_\_ NUMBER OF DAYS

10. How did the amount of time you and your group spent at Cowpens NB compare with the time you had planned to stay there? Please check ( ) **one**.

\_\_\_\_\_ SPENT LONGER TIME THAN PLANNED

\_\_\_\_\_ SPENT ABOUT THE TIME PLANNED

\_\_\_\_\_ SPENT LESS THAN PLANNED

11. It is the National Park Services' responsibility to protect Cowpens National Battlefield's cultural and natural resources while at the same time providing for public enjoyment. How important are the following programs/resources/qualities in the park to you? Please circle **one** response for each item.

<b>Program/Resource/Quality</b>	Not important	Somewhat important	Moderately important	Very important	Extremely important	No opinion/ Don't know
INTERPRETIVE/ INFORMATIONAL PROGRAMS	1	2	3	4	5	DK
HISTORIC LANDSCAPE	1	2	3	4	5	DK
MUSEUM EXHIBITS	1	2	3	4	5	DK
NATIVE PLANTS	1	2	3	4	5	DK
SOLITUDE	1	2	3	4	5	DK
WILDLIFE	1	2	3	4	5	DK
LIVING HISTORY/ SPECIAL EVENTS	1	2	3	4	5	DK

Please go on to the next page ➡

12. a) On this visit, in what activities did you and your group participate? Please check ( ) **all** that apply. On past visits, in what activities did you and your group participate? Please check ( ) **all** that apply.

On this visit ( )	On past visits ( )
<input type="checkbox"/> VISITING ROBERT SCRUGGS HOUSE	<input type="checkbox"/>
<input type="checkbox"/> VISITING VISITOR CENTER	<input type="checkbox"/>
<input type="checkbox"/> ATTENDING SPECIAL LIVING HISTORY PROGRAMS	<input type="checkbox"/>
<input type="checkbox"/> CONDUCTING HISTORICAL RESEARCH	<input type="checkbox"/>
<input type="checkbox"/> WALKING ON INTERPRETIVE TRAIL	<input type="checkbox"/>
<input type="checkbox"/> READING INTERPRETIVE TRAIL SIGNS	<input type="checkbox"/>
<input type="checkbox"/> WALKING ON NATURE TRAIL	<input type="checkbox"/>
<input type="checkbox"/> JOGGING/WALKING/BICYCLING FOR EXERCISE	<input type="checkbox"/>
<input type="checkbox"/> WALKING PET(S)	<input type="checkbox"/>
<input type="checkbox"/> VIEWING WILDLIFE/BIRDS (nature study)	<input type="checkbox"/>
<input type="checkbox"/> HORSEBACK RIDING	<input type="checkbox"/>
<input type="checkbox"/> PICNICKING	<input type="checkbox"/>
<input type="checkbox"/> PHOTOGRAPHY/PAINTING/DRAWING	<input type="checkbox"/>
<input type="checkbox"/> JUNIOR RANGER PROGRAM	<input type="checkbox"/>
<input type="checkbox"/> OTHER (Please specify: _____)	<input type="checkbox"/>

- b) On this visit, which three of the above activities were the most important to your visit to Cowpens NB?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

- c) If you did not go inside Cowpens NB Visitor Center on this visit, is there anything which would have encouraged you to go inside?

\_\_\_\_\_

\_\_\_\_\_



13. a) Please check ( ) the information services and facilities that you or your group **used** during this visit to Cowpens NB.
- b) Next, for only those services and facilities that you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those services and facilities that you or your group used, please rate their **quality** from 1-5.

Use service/ facility?  Check ( )	if used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/MAP										
_____ ASSISTANCE FROM VISITOR CENTER STAFF										
_____ VISITOR CENTER MUSEUM EXHIBITS										
_____ VISITOR CENTER BOOKSTORE SALES ITEMS (selection, quality, price, etc.)										
_____ "DAYBREAK AT THE COWPENS" (video)										
_____ TOUCH SCREEN PROGRAMS										
_____ BATTLEFIELD MAP PROGRAM										
_____ JUNIOR RANGER PROGRAM										
_____ BATTLEFIELD TRAIL/EXHIBITS (1.5 mile)										
_____ BULLETIN BOARDS										
_____ RESTROOMS										
_____ ACCESS FOR DISABLED PERSONS										
_____ LOOP ROAD DRIVE										
_____ NATURE TRAIL										

Please go on to the next page ➡

14. On this visit, what kind of **personal** group (not tour/school group) were you with?  
Please check ( ) only **one**.

- ALONE
- FAMILY
- FRIENDS
- FAMILY AND FRIENDS
- OTHER (Please describe: \_\_\_\_\_)

15. On this visit, were you and your personal group with the following types of groups?

- Tour group  YES  NO
- School/educational group  YES  NO

16. On this visit, how many people were in your personal group, including yourself?

NUMBER OF PEOPLE

17. For you and your personal group, please indicate:

	<b>Current age</b>	<b>U.S. Zip Code or name of country other than U.S.</b>	<b>Number of visits made to Cowpens NB (including this visit) past 12 months</b>
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

18. a) Does anyone in your group have any disabilities/impairments that affected their visit to Cowpens NB?

YES       NO → **Go on to Question 19**



b) If YES, what kind of disability/impairment? Please check ( ) **all** that apply.

HEARING

VISUAL

MOBILITY

MENTAL

LEARNING

OTHER (Please specify: \_\_\_\_\_)

c) Because of the disability/impairment, did you and your group encounter any access and/or service problems during this visit to the battlefield?

YES       NO → **Go on to Question 19**



d) If YES, what were the problems? \_\_\_\_\_

\_\_\_\_\_

19. Are you Hispanic or Latino?

YES—HISPANIC OR LATINO

NO—NOT HISPANIC OR LATINO

20. Which of these categories best indicates your race? Please check ( ) **all** that apply.

ASIAN

BLACK OR AFRICAN AMERICAN

AMERICAN INDIAN OR ALASKA NATIVE

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

WHITE

DO NOT WISH TO ANSWER

**Please go on to the next page →**

21. a) Did you walk/jog/bicycle the park loop road on this visit?

YES       NO → **Go on to part d of this Question**  
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b) If YES, did you encounter any safety issues?

YES       NO  
 ↓

c) If YES, please explain: \_\_\_\_\_

d) Overall, how safe did you and your group feel while visiting Cowpens NB?  
 Please circle **one** number.

VERY SAFE	SAFE	NEITHER SAFE NOR UNSAFE	UNSAFE	VERY UNSAFE	NO OPINION
1	2	3	4	5	NO

e) If you rated the safety as 3 or 4, please explain why. \_\_\_\_\_

\_\_\_\_\_

22. In some units of the National Park System, the National Park Service follows a prescribed burn policy. This policy involves using mechanical reduction of fuels as well as setting fires under specific weather and fire conditions to reduce the buildup of undergrowth and help prevent catastrophic fires. Prior to this visit to Cowpens NB, were you aware of this burn policy?

YES       NO       NOT SURE

23. Cowpens NB is restoring the landscape to appear much as it did in 1781 with native grasses and trees. Which of the following maintenance options would you prefer in the future? Please check ( ) **one**.

MAINTAIN THIS AREA AS IT IS NOW

MOW GRASSY AREAS FOR A MORE MANICURED APPEARANCE

NO OPINION/DON'T CARE

24. On this visit to Cowpens NB, please indicate how the following elements may have affected your park experience. Please check ( ) **one** for each element.

Affect your park experience?	Added to	No effect	Detracted from
PARKING AVAILABILITY	_____	_____	_____
VEHICLE EXHAUST FUMES	_____	_____	_____
OTHER VISITORS' PETS	_____	_____	_____
OTHER (Please specify: _____)	_____	_____	_____

25. On a future visit to Cowpens NB, how would you and your group prefer to learn about the cultural and natural history of the battlefield? Please check ( ) **all** that apply.

- \_\_\_\_\_ TRAVEL GUIDES/GUIDEBOOKS
- \_\_\_\_\_ OTHER PRINTED MATERIALS (books, brochures, maps, etc.)
- \_\_\_\_\_ INTERNET/WEB SITES
- \_\_\_\_\_ AUDIO-VISUAL PROGRAMS (videos, movies, slide shows, etc.)
- \_\_\_\_\_ RANGER-GUIDED WALKS/TOURS
- \_\_\_\_\_ ROVING RANGERS AVAILABLE TO ANSWER QUESTIONS
- \_\_\_\_\_ LIVING HISTORY (ranger-in-costume programs)
- \_\_\_\_\_ INDOOR EXHIBITS
- \_\_\_\_\_ OUTDOOR EXHIBITS
- \_\_\_\_\_ ROADS/TRAILSIDE EXHIBITS
- \_\_\_\_\_ OTHER (Please specify \_\_\_\_\_)

**Please go on to the next page ➡**

26. In your opinion, what was the most important information you learned during this visit to Cowpens NB?

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27. On a future visit to Cowpens NB, what types of interpretive programs would you and your group prefer to attend? Please check ( ) **all** that apply.

\_\_\_\_\_ NOT INTERESTED IN ATTENDING INTERPRETIVE PROGRAMS

↳ **Go on to Question 28**

\_\_\_\_\_ RANGER-LED BATTLEFIELD WALKS

\_\_\_\_\_ WEAPONS DEMONSTRATIONS

\_\_\_\_\_ SPECIAL LIVING HISTORY PROGRAMS/DEMONSTRATIONS

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

28. a) What did you like **most** about your visit to Cowpens NB?

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- b) What did you like **least** about your visit to Cowpens NB?

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29. If you were a manager planning for the future of Cowpens NB, what would you propose? Please be specific.

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30. Is there anything else you and your group would like to tell us about your visit to Cowpens NB?

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31. Overall, how would you rate the quality of the visitor services provided to you and your group at Cowpens NB during this trip? Please circle only **one**.

VERY GOOD    GOOD    AVERAGE    POOR    VERY POOR

Thank you for your help! Please seal the questionnaire with the stickers provided and drop it in any U.S. mailbox.

**OFFICIAL BUSINESS**

**Visitor Services Project  
Park Studies Unit  
College of Natural Resources  
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