



TOURISM FIRST IMPRESSIONS
A Program for Community Improvement
VISITOR'S MANUAL
West Virginia University Extension Service
Community Resources and Economic Development

First Impressions visitor instructions:

Purpose: The purpose of the First Impressions Program is to help a destination learn about existing strengths and weaknesses as seen through the eyes of the first-time visitor. The results of the First Impressions Program can form the basis for future development. This manual has been developed to focus on tourism aspects of the destination.

Team steps:

1. An initial meeting will be held to discuss the destination to be assessed, the First Impressions manual, team assignments, schedule of visits, traveling as a group or independently, etc.
2. Conduct assessment.
3. Submit report.

Be sure to review the manual beforehand. Some of your visit will be done while driving and some will be done while visiting various aspects of the destination.

You are encouraged to use the manual to write your answers while in the field but your answers must be typed into the online manual for submission.

Please complete and submit your report using the online manual within two to three days of your visit

When all of the reports are received, the information will be compiled in a single composite report. The final composite report, including photographs, will then be presented.

Please don't hesitate to contact Doug Arbogast, Rural Tourism Specialist for WVU Extension Service, with questions or concerns.

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Tips:

1. There are 3 components to your assessment: the region you are visiting, the individual accommodations, activities, and attractions you visit, and the downtown business area(s).
2. Turn on your assessor's lens when you reach the outer limits of the facility and while you are at your particular accommodation(s), attraction(s) and/or activities.
3. Develop a story to explain your visit - you get to be an actor for the day. "Just traveling through and decided to explore, looking for a reason to vacation here next summer, I'm looking for a place to visit and bring my family", etc.
4. Remember...there are no "experts." Your opinion is valid and important.
5. Take a pocket notepad or the manual with you everywhere you go so that you can record what you see and experience. (Please keep in mind, however, that writing in the manual may be too obvious.)
6. Take notes because you may (*are likely to*) forget what you were thinking!
7. Use descriptive, complete sentences and give examples and suggestions rather than "Yes" and "No" answers.
8. If a particular question does not apply to your visit please leave it blank.
9. Talk to as many people as you can. This will tell you how well informed employees are about their facility, the local area and if they are good ambassadors for their area.
10. Pick up a local paper and watch the local news.
11. Use a digital camera to take pictures that document particular observations.
12. Look for positives as well as problems...places need to know what they're doing right. If you see a problem, please spend some time thinking about how that problem could be constructively addressed in the form of a recommendation at the end of your report.
13. There is no wrong way to do this. Two people may see the same thing and react differently.
14. Have fun

This Manual is divided into 11 sections:

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Visitor Demographics

1. Name:
2. Destination:
3. Where do you live?
4. What is your gender?
 - Male
 - Female
5. What is your age?
 - 18-32 33-48
 - 49-67 68+
6. In which season are you visiting?
 - Spring
 - Summer
 - Fall
 - Winter
7. How often do you travel for leisure?
 - 1-5 trips/yr. 6-10 trips/yr. 11-15 trips/yr. 16-20 trips/yr. 21+trips/yr.
8. How many miles per trip do you typically travel on leisure?
 - 0-49 201-300 501-800
 - 50-100 301-400 801-1000
 - 101-200 401-500 1000+
9. Which type of trips do you take most often?
 - Day Overnight
10. When you stay overnight, typically, how many nights do you spend at a single destination?
 - 1-2 3-4 5-7 7+

Prior to Your Visit

1. Use a search engine (like Google.com) to search for the destination's name. Which websites are listed first, second, and third in the search results?

First website _____

Second _____

Third _____

2. Were you able to find general information about the destination?

Yes

No

3. If yes, which site was most helpful? _____

a. Why?

4. Which forms of social media do you use, if any?

Facebook

Twitter

Instagram

Pinterest

YouTube

Other

None

If other, please list: _____

5. If you used social media to help plan your visit, please describe.

6. Do you use a mobile device with internet access (like a cell phone or tablet?)

Yes

No

- a. If yes, did you use the device before the trip to find information about your destination?

Yes

No

- b. If yes, please describe how you used the device.

7. How did you visualize the destination prior to visiting?

Initial Impression

1. The "five-minute" impression: Upon entering the destination what was your initial impression?

Please indicate how much you agree or disagree with the following:

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
I would feel compelled to stop if I were randomly passing by	<input type="checkbox"/>					

Community Information

Please indicate how much you agree or disagree with the following:

Community Information and Marketing:	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
Directions were accurate	<input type="checkbox"/>					
It was easy to find a visitor center	<input type="checkbox"/>					
Visitor center hours were conducive to visitors	<input type="checkbox"/>					
Visitor center staff were helpful	<input type="checkbox"/>					
It was easy to find a community/regional tourist brochure	<input type="checkbox"/>					
It was easy to find a map of the town or community	<input type="checkbox"/>					
The local/regional newspaper was informative	<input type="checkbox"/>					
Information booths/kiosks exist to help tourists locate attractions and services	<input type="checkbox"/>					

Visitor Motives

Please indicate how much you agree or disagree with the following:

In your opinion, visitors come to the destination to:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Relax	<input type="checkbox"/>				
2. Enjoy the weather	<input type="checkbox"/>				
3. Seek adventure	<input type="checkbox"/>				
4. Engage in sports activities	<input type="checkbox"/>				
5. Be in nature	<input type="checkbox"/>				
6. Get away from people	<input type="checkbox"/>				
7. Visit historical sites	<input type="checkbox"/>				
8. Visit friends and family	<input type="checkbox"/>				
9. Experience a unique culture	<input type="checkbox"/>				
10. Shop	<input type="checkbox"/>				
11. Experience the nightlife	<input type="checkbox"/>				
12. Get entertained/for entertainment	<input type="checkbox"/>				
13. Engage in business activities	<input type="checkbox"/>				
14. In transit to somewhere else	<input type="checkbox"/>				
15. Engage in religious activities	<input type="checkbox"/>				

Destination Attribute Performance Evaluation

Please rate the destination's attributes on a scale of poor to excellent.

Tourism Performance Evaluation:	Poor	OK	Neutral	Good	Excellent	N/A
1. Hospitality	<input type="checkbox"/>					
2. Customer service	<input type="checkbox"/>					
3. Safety and security	<input type="checkbox"/>					
4. Cleanliness	<input type="checkbox"/>					
5. Conveniently located	<input type="checkbox"/>					
6. Accessibility of destination	<input type="checkbox"/>					
7. Variety of activities to do	<input type="checkbox"/>					
8. Activities for children	<input type="checkbox"/>					
9. Directional signage	<input type="checkbox"/>					
10. Road conditions	<input type="checkbox"/>					
11. Value for money	<input type="checkbox"/>					
12. Variety and quality of accommodations	<input type="checkbox"/>					
13. Variety and quality of restaurants	<input type="checkbox"/>					
14. Variety and quality of shopping options	<input type="checkbox"/>					
15. Nature-based activities	<input type="checkbox"/>					
16. Adventure-based activities	<input type="checkbox"/>					
17. Historic/heritage attractions	<input type="checkbox"/>					
18. Architecture	<input type="checkbox"/>					
19. Cultural attractions	<input type="checkbox"/>					
20. Festivals and events	<input type="checkbox"/>					
21. Wifi and Cell Service	<input type="checkbox"/>					
22. Pedestrian travel infrastructure	<input type="checkbox"/>					
23. Authenticity of attractions	<input type="checkbox"/>					
24. Aesthetics	<input type="checkbox"/>					
25. Interpretation	<input type="checkbox"/>					
26. Sustainability	<input type="checkbox"/>					

27. Tourism management policies	<input type="checkbox"/>					
28. Community involvement in tourism	<input type="checkbox"/>					
29. Crowd management	<input type="checkbox"/>					

In your opinion, what stage of the Tourism Area Lifecycle (Butler, 1980) is this destination currently?

- Exploration
- Involvement
- Development
- Consolidation
- Stagnation
- Rejuvenation
- Decline

Please explain:

This destination should be attractive to: (check all that apply)

- Millennials (age 18-32)
- Gen X (age 33-48)
- Baby Boomers (age 49-67)
- Silent Gen (age 68+)

Please explain:

Are there any tourist attractions that this destination is known for?

- Yes
- No

If yes, please list:

Are there any special events that this destination is known for?

- Yes
- No

If yes, please list:

Are there specialty shops or attractions that would bring you back to visit?

- Yes
- No

If yes, which one(s)?

Are there other places that you did not visit that you would feel compelled to visit if you returned?

- Yes
- No

If yes, please list and explain why you didn't visit them on this trip:

Residential Areas

On a scale from poor to excellent please "X" the box that best represents your answer.

Residential Areas:	Poor	Fair	Good	Very Good	Excellent
1. Please rate the overall appearance of the destination's residential areas	<input type="checkbox"/>				

Comments:

Tourism Assets You Visited

On a scale from poor to excellent rate the tourism assets you personally experienced during your trip.
For each item please "X" the box that best represents your answer

Tourism Assets	Poor	Fair	Good	Very Good	Excellent
1. Lodging (Name: _____) Please explain your rating:	<input type="checkbox"/>				
2. Food/Drink (Name: _____) Please explain your rating:	<input type="checkbox"/>				
3. Grocery/Market (Name: _____) Please explain your rating:	<input type="checkbox"/>				
4. Farm (Name: _____) Please explain your rating:	<input type="checkbox"/>				
5. Lake/River/Waterfall (Name: _____) Please explain your rating:	<input type="checkbox"/>				
6. Trail/Hike (Name: _____) Comments:	<input type="checkbox"/>				
7. Cultural Attraction (Name: _____) Please explain your rating:	<input type="checkbox"/>				
8. Shopping (Name: _____) Please explain your rating:	<input type="checkbox"/>				
9. Park/Forest/Wilderness (Name: _____) Please explain your rating:	<input type="checkbox"/>				
10. Public Service (Name: _____) Please explain your rating:	<input type="checkbox"/>				
11. Festival/Event (Name: _____) Please explain your rating:	<input type="checkbox"/>				

On a scale from poor to excellent rate the tourism assets you personally experienced during your trip.
 For each item please "X" the box that best represents your answer

Tourism Assets	Poor	Fair	Good	Very Good	Excellent
12. Arts/Crafts (Name: _____) Please explain your rating:	<input type="checkbox"/>				
13. Adventure (Name: _____) Please explain your rating:	<input type="checkbox"/>				
14. Guide or Outfitter (Name: _____) Please explain your rating:	<input type="checkbox"/>				
15. Scenic Drive/Train (Name: _____) Please explain your rating:	<input type="checkbox"/>				
16. Resort (Name: _____) Please explain your rating:	<input type="checkbox"/>				
17. Entertainment (Name: _____) Please explain your rating:	<input type="checkbox"/>				
18. People (Name: _____) Please explain your rating:	<input type="checkbox"/>				
19. Other (Name: _____) Please explain your rating:	<input type="checkbox"/>				
20. Other (Name: _____) Please explain your rating:	<input type="checkbox"/>				
21. Other (Name: _____) Please explain your rating:	<input type="checkbox"/>				
22. Other (Name: _____) Please explain your rating:	<input type="checkbox"/>				
23. Other (Name: _____) Please explain your rating:	<input type="checkbox"/>				

Lasting Impressions

1. What was your most positive experience?
2. What was your most negative experience?
3. What are the destinations strengths?
4. What are the biggest challenges facing the destination?
5. What would you change about the destination?
6. From your perspective, what additional activities/facilities/services would you suggest to be offered in this destination?
7. What one statement best describes the destination?
8. State two items that should appear on a graphic/visual logo for the destination.
9. What will you remember most about the destination six months from now?

On a scale from poor to excellent please "X" the box that best represents your answer.

Lasting Impressions:	Poor	Fair	Good	Very Good	Excellent
10. What is your overall rating of this location as a tourism destination	<input type="checkbox"/>				

Comments:

Do you agree or disagree with the following statements? For each statement please "X" the box that best represents your answer.

	Never	Most unlikely	Unlikely	Neutral	Likely	Most Likely	Definitely
I would recommend the destination to my friends and family	<input type="checkbox"/>						
I would visit the destination on a pleasure trip in the future	<input type="checkbox"/>						

Comments:

After Your Trip

1. Did your online research prior to the trip help with the visit?

- Yes
- No

Comments:

2. Did the information accessed online match what you found when you arrived?

- Yes
- No

Comments:

3. How did the facility's online presence impact your visit?

4. Did you access the Internet to search for information during your visit?

- Yes
- No

a. If so, please describe how you used the Internet, including sites visited and any mobile apps you may have used.

b. Please make any suggestions or additional comments about the community/destination's web presence.

5. Did you use social media during your visit?

- Yes
- No

a. If yes, which social media sites did you use?

Facebook	Twitter	Instagram	Pinterest	YouTube	Other	None
<input type="checkbox"/>						

b. Please describe how you used social media during the visit.

Appendix A: Main Downtown Business Area

Downtown Business Area: To be pre-determined

On a scale from poor to excellent for each item please "X" the box that best represents your answer.

	Poor	Fair	Good	Very Good	Excellent	Not Applicable
1. Benches	<input type="checkbox"/>					
2. Water fountains	<input type="checkbox"/>					
3. Public restrooms	<input type="checkbox"/>					
4. Waste receptacles	<input type="checkbox"/>					
5. Recycling receptacles	<input type="checkbox"/>					

Do you agree or disagree with the following statements? For each statement please "X" the box that best represents your answer.

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
6. The grounds have been landscaped with flowers, trees, shrubs, and bushes	<input type="checkbox"/>					
7. There are areas of green space	<input type="checkbox"/>					
8. Hanging baskets are displayed on the exterior of businesses	<input type="checkbox"/>					
9. Flags/banners are displayed on the exterior of businesses	<input type="checkbox"/>					
10. Walking sidewalks are well maintained	<input type="checkbox"/>					
11. Additional walking paths are available	<input type="checkbox"/>					
12. There are walker/biker friendly signs	<input type="checkbox"/>					
13. Vehicle traffic is managed to encourage pedestrian movement, via foot or bike	<input type="checkbox"/>					

Do you agree or disagree with the following statements? For each statement please "X" the box that best represents your answer.

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
14. Bike lanes exist on roadways	<input type="checkbox"/>					
15. Parking is centrally located	<input type="checkbox"/>					
16. Parking is secure	<input type="checkbox"/>					
17. Parking charges are reasonable	<input type="checkbox"/>					
18. The downtown business area is handicapped accessible	<input type="checkbox"/>					
19. There is pedestrian traffic (foot and bike)	<input type="checkbox"/>					
20. Customers are greeted warmly when they walk through the door	<input type="checkbox"/>					
21. There is a gateway point to enter/leave town (piece of art, mural, sign, etc.)	<input type="checkbox"/>					
22. People come in groups	<input type="checkbox"/>					
23. People are talking with each other	<input type="checkbox"/>					
24. People are smiling	<input type="checkbox"/>					
25. There is a mix of ages	<input type="checkbox"/>					
26. There is a mix of ethnic groups	<input type="checkbox"/>					
27. The main downtown business area feels distinct or special	<input type="checkbox"/>					
28. The main downtown business area is a major tourist draw for the area	<input type="checkbox"/>					

Comments: