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may	I ask you some questions about your visit today? [if they didn't look at exhibits, discontinue]				
1.	Have you been here before? $\square$ no (1 <sup>st</sup> time) $\square$ yes $\rightarrow$ How many times?				
2.	Where do you live? [town if Big Isl. / island if other HI / state if mainland US / country if not US]				
2	[town if Big isi. / island if other Hi / state if mainland US / country if not US]				
3.	Thinking about your <b>experience here today</b> , would you say this was ☐ great ☐ good ☐ OK ☐ fair or ☐ disappointing?				
b.	What did YOU PERSONALLY like the most here? [check ☐ if parent asks child/ren, who answer]				
4.	Did you think the exhibits here were $\square$ about any place specifically, or were they $\square$ about Hawaii and the Pacific IN GENERAL?  [if specific place:] What place?				
5.	In your opinion, what's the <b>main idea or theme</b> of the exhibits here? (whatever you think)				
	☐ no main idea; there are different exhibits on different topics ☐ didn't see enough to figure that out				
6.	Using a 10-point scale, how <b>worthwhile</b> do you think these exhibits are, for people like yourself (yourselves) – '1' would be the lowest: not at all worthwhile, '10' would be the highest: very worthwhile – what number would you say?				
	[if rating # less than 5, ask this] Is there anything worthwhile about them?				
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7.	[otherwise, ask:] What's "worthwhile" about them?				
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8. [use a)	[otherwise, ask:] What's "worthwhile" about them?  If you were to come back again, is there an exhibit that you would like to spend more time at, or not really? □ yes □ no  [if yes] Which one?  Which of these exhibits did you see(or have you seen) [circle Yes or No; incl. prior visits] photo board]  Yes No large map on the wall, showing a chain of islands				
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Hi, we're talking with people to help us consider whether to CHANGE or ADD TO these exhibits –

Expires: xx/xx/xxxx

PLEASE RETURN CLIPBOARD TO THE INTERVIEWER.

Thank you for taking the time to share your opinions!				
Person interviewed:	man	woman	□ ESL/LEP	
Date:	Day	of week:	Time: Interviewer:	