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|  | **U.S. Department of the Interior** National Park ServiceSocial Science Program **Visitor Services Project** |

# Martin Luther King Jr.

# National Historic Site

### Visitor Study

[insert image here]

**NATIONAL PARK SERVICE**

**Martin Luther King Jr. National Historic Site**

**450 Auburn Avenue, NE   
Atlanta, GA 30312-1525**

OMB Control Number: 1024-0224

Current Expiration Date: 8-31-2014

|  |  |  |
| --- | --- | --- |
| doi_logo  In reply refer to: | **United States Department of the Interior**  **NATIONAL PARK SERVICE**  Martin Luther King Jr. National Historic Site  450 Auburn Avenue, NE  Atlanta, GA 30312-1525 |  |
| August 2012  Dear Visitor:  Thank you for participating in this study. Our goal is to learn about the opinions and interests of visitors to Martin Luther King Jr. National Historic Site. This questionnaire is only being given to a select number of visitors, so your participation is very important. It should take about 15 minutes to complete.  When your visit is over, please complete this questionnaire and place it in the drop box at [location].  If you have any questions, please contact Lena Le, Visitor Services Project, Park Studies Unit, College of Natural Resources, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139; phone: 208-885-2585, or lenale@uidaho.edu (email).  We appreciate your help.  Sincerely,  [insert signature]  Judy Forte  Superintendent | | |

**Paperwork Reduction Act Statement:** The National Park Service is authorized by 16 U.S.C. 1a-7 to collect this information. We will use this information to evaluate visitor services and the effectiveness of the signage at Martin Luther King Jr. National Historic Site. Your responses are voluntary and will remain anonymous. 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 15 minutes to complete this questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Lena Le, NPS Visitor Services Project, Park Studies Unit, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139;or lenale@uidaho.edu (email).

**DIRECTIONS**

1) Please have the selected individual (at least 16 years old) complete this questionnaire.

2) Answer the questions carefully since each question is different.

3) For questions that use circles (O), please mark your answer by filling in the circle with black or blue ink. Please do not use pencil.



4) Place it in the drop box at [location].

Thank you!

**Please tell us about your visit to Martin Luther King Jr. National Historic Site**

**Topic Area 2** - TPLAN1

1. a) Prior to this visit, how did you obtain information to plan your visit to Martin Luther King Jr. National Historic Site (NHS)? Please mark (•) **all** that apply.

O Did not obtain information prior to visit 🡺 **Go to question 2**

|  |  |
| --- | --- |
|  | **Source of information** |
| O | Friends/relatives/word of mouth |
| O | Inquiry to park (phone, mail or email) |
| O | Martin Luther King Jr. NHS website (www.nps.gov/malu)\_ |
| O | Other websites — which one(s)? |
| O | Information media (newspaper/magazine/TV/radio) |
| O | Previous visits |
| O | School class/program |
| O | Social media (such as Facebook, Twitter, etc.) |
| O | State welcome center/visitors bureau/chamber of commerce |
| O | Travel guides/tour book/map/brochures (such as AAA, etc.) |
| O | Other (Please specify) |

**Topic Area 2** – TPLAN2

b) From the sources you marked above, did you receive the information about the park that you needed?

O No O Yes 🡺 **Go to Question 2**

**Topic Area 2** – TPLAN3

c) If NO, what was the information you needed that was not available? Please be specific.

**Topic Area 3** – TRIPC8

2. a) **On this visit** to Martin Luther King Jr. NHS, how much time in **total** did you spend visiting park sites? (Please list partial hours as ¼, ½, ¾)

Total number of hours

**Topic Area 3** – TRIPC6

b) Did you visit the site on more than one day?

O No O Yes 🡺 c) If YES, how many days?

**Topic Area 3** – TRIPC1

3. On this visit and previous visits, what were your reasons for visiting this location? Please mark (•) **all** that apply.

O To honor Martin Luther King Jr.

O Just passing through – unplanned visit

O To learn more about Martin Luther King Jr.

O Part of school/educational program

O Personal significance

O To relax

O Suggested/recommended by friends/relatives

O Visit a unit of the National Park Service

O Other (Please specify)

**Topic Area 3** – TRANS1

4. a) On this visit, which forms of transportation did you use to travel to this site? Please mark (•) **all** that apply.

O Private or rental vehicle (car, SUV, pickup, RV, motorcycle, etc.)

O Public or group transportation (city bus, senior center van, school bus, etc.)

O Other (Please specify)

**Topic Area 3** – TRANS13

b) If you came by private or rental vehicle, where did you park?

**Topic Area 1** – KNOW9

5. a) Were you aware that Martin Luther King Jr. NHS maintains a parking lot for its visitors?

O Yes O No 🡺 **Go to Question 6**

**Topic Area 3** – TRIPC12

b) If YES, did you experience any difficulty finding the visitor parking lot?

O Yes O No 🡺 **Go to Question 6**

**Topic Area 5** – CROWD8

c) If YES, what problems did you experience?

**Topic Area 3** – ITIN5

6. a) For this visit, please list the **order** in which you visited the following sites at by writing the numbers 1, 2, 3, etc. on the map below.



[*NOTE: This is a place holder for the map we will use. A detailed map will be developed by GIS specialist prior to printing of the questionnaire*]

**Topic Area 3** - ITIN6

b) Why did you choose to visit in the order you chose? Please mark (•) **one.**

O Began with site closest to where I parked

O Followed directions on a map, GPS, MapQuest, etc.

O No particular reason – just walking around

O Saw street signs or highway signs

O Suggested by friends/relatives

O Suggested by park ranger

O Other (Please specify)

**Topic Area 3** – ITIN1

c) Please list any other facilities or buildings within in the Historic Preservation District that you visited

In the section below we would like to know more about the effectiveness and how visitor view and use the on-site signage.

**Topic Area 6** – EVALSERV4 (*Variation*)

7. For the signs that you viewed at this site, please indicate your level of agreement with each statement about the signs. Please mark one answer for each statement.

For Educational Signs

□ I did not notice or see any signs 🡺 Go to next section

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| Number of signs was adequate | O | O | O | O | O |
| Signs were visually appealing | O | O | O | O | O |
| Signs were easy to read (size, condition) | O | O | O | O | O |
| Signs were easy to understand | O | O | O | O | O |
| Signs provided information of interest | O | O | O | O | O |
| Signs provided useful/ helpful information | O | O | O | O | O |

For Directional Signs (way-finding)

□ I did not notice or see any signs 🡺 Go to next section

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| Number of signs was adequate | O | O | O | O | O |
| Signs were visually appealing | O | O | O | O | O |
| Signs were easy to read (size, condition) | O | O | O | O | O |
| Signs were easy to understand | O | O | O | O | O |
| Signs provided useful/ helpful information | O | O | O | O | O |

For safety and emergency signs (caution, pedestrian crossing, emergency instructions etc.)

□ I did not notice or see any signs 🡺 Go to next section

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| Number of signs was adequate | O | O | O | O | O |
| Signs were visually appealing | O | O | O | O | O |
| Signs were easy to read (size, condition) | O | O | O | O | O |
| Signs were easy to understand | O | O | O | O | O |
| Signs provided useful/ helpful information | O | O | O | O | O |



[*NOTE: This is a place holder for the map we will use. A detailed map will be developed by GIS specialist prior to printing of the questionnaire*]

**Topic Area 6** – EVALSERV7 (*Variation*)

8. a) On the map above, please write:

“**E**” at each point where you think there should be an **educational** sign.

“**D**” where there should be a **directional** sign

**“S”** where there should be a **safety** sign

**Topic Area 6** – OPMGMT3

b) Is there anything else you would like to tell us about signs within Martin Luther King Jr. NHS?

**Topic Area 6** – EVALSERV4

9. On this visit, please tell us if the signs **directing you to** Martin Luther King Jr. NHS were effective? Please mark (•) **one** answerfor each of the following.

a) State highway signs O Yes O No O Did not use

b) Signs in the city of Atlanta O Yes O No O Did not use

**Topic Area 6** – EVALSERV5

c) If you answered NO for either of the above, how would you improve the signs?

State highway signs

Signs in Atlanta

**Topic Area 6** – EVALSERV8

10. a) Please indicate how safe you felt at the following locations during this visit to Martin Luther King Jr. NHS. Please mark (**•**) **one** answer for each location.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Location** | **n/a** | **Very unsafe** | **Unsafe** | **Neither safe nor unsafe** | **Safe** | **Very safe** | |
| Street crossings | O | O | O | O | O | O |
| Visiting park buildings | O | O | O | O | O | O |
| In parking area | O | O | O | O | O | O |

**Topic Area 6** – EVALSERV9

b) If you marked “very unsafe” or “unsafe” for any of the above locations, please explain why.

**Topic Area 3** – FVIS5

11. On a future visit, which methods would you prefer to use to learn about Martin Luther King Jr.? Please mark (**•**) **all** that apply.

O Not interested in learning 🡺 **Go to Question 12**

O Ranger talk/guided walk

O Self-guided cell phone tour

O Self-guided walk with brochure

O Self-guided pod-cast tour

O Other (Please specify)

**Topic Area 1** – GR2

12. On this visit, were you a part of a larger organized group (such as tour group, school, scout, church, etc.)?

O Yes O No

**Topic Area 1** – GR1

13. a) On this visit, what kind of personal group (not guided tour/school/other organized group) were you with? Please mark (•) **one.**

O Alone O Friends

O Family O Family and friends

O Other (Please specify)

**Topic Area 1** – GR3

b) On this visit, how many people were in your personal group, including yourself?

Number of people in personal group

**Topic Area 1** – AGE3

14. What is your age? \_\_\_\_\_\_\_\_\_\_\_\_

**Topic Area 1** – AGE1

15. a) What is your U.S. Zip code? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) If not from the U.S., please specify the name of your country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topic Area 1** – AGE1

16. Including this visit, how many times have you visited Martin Luther King NHS?

\_\_\_\_\_\_ times

**Topic Area 1** – RACE/ETH2

17. a) Are you Hispanic or Latino?

O Yes O No

**Topic Area 1** – RACE/ETH3

b) What is your race? Please mark (•) **one or more.**

|  |  |
| --- | --- |
| O American Indian or Alaska Native | **O** Asian |
| O Black or African American | O Native Hawaiian or other Pacific Islander |
| O White |  |

**Topic Area 1** – ED1

18. What is the highest level of education you have completed? Please mark (•) **one.**

|  |  |
| --- | --- |
| O Some high school | **O** Bachelor’s degree |
| O High school diploma/GED | O Graduate degree |
| O Some college |  |

**Topic Area 7** – ECON1

19. a) Which category best represents your annual **household** income? Please mark (**•**) **one**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| O | Less than $24,999 | O | $50,000-$74,999 | O | $150,000-$199,999 |
| O | $25,000-$34,999 | O | $75,000-$99,999 | O | $200,000 or more |
| O | $35,000-$49,999 | O | $100,000-$149,999 | O | Do not wish to answer |

b) How many people are in your household? Number of people

**Topic Area 6** – EVALSERV13

20. For each service or facility you used on this visit, please rate its quality. Please mark (**•**) **one** for each service or facility.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service/facility** | **Did not use** | **Very poor** | **Poor** | **Average** | **Good** | **Very good** |
| Assistance from park staff | O | O | O | O | O | O |
| Bookstore sales items | O | O | O | O | O | O |
| Indoor exhibits | O | O | O | O | O | O |
| Park brochure | O | O | O | O | O | O |
| Parking lot | O | O | O | O | O | O |
| Ranger-led tours/talks | O | O | O | O | O | O |
| Restrooms | O | O | O | O | O | O |
| Visitor center movie/video | O | O | O | O | O | O |

**Topic Area 6** – EVALSERV1

21. Overall, how would you rate the quality of the facilities, services, and visitor experience provided to you at Martin Luther King Jr. NHS during this visit? Please mark (•) **one**.

Very poor Poor Average Good Very good

O O O O O

**Topic Area 6** – OPMGMT3

22. Is there anything else you would like to tell us about your visit to Martin Luther King Jr. NHS?

Thank you for your help!

Please place the questionnaire in the drop box at [Print drop box location here]

 Printed on recycled paper