

U.S. Department of the Interior National Park Service

> Social Science Program Visitor Services Project



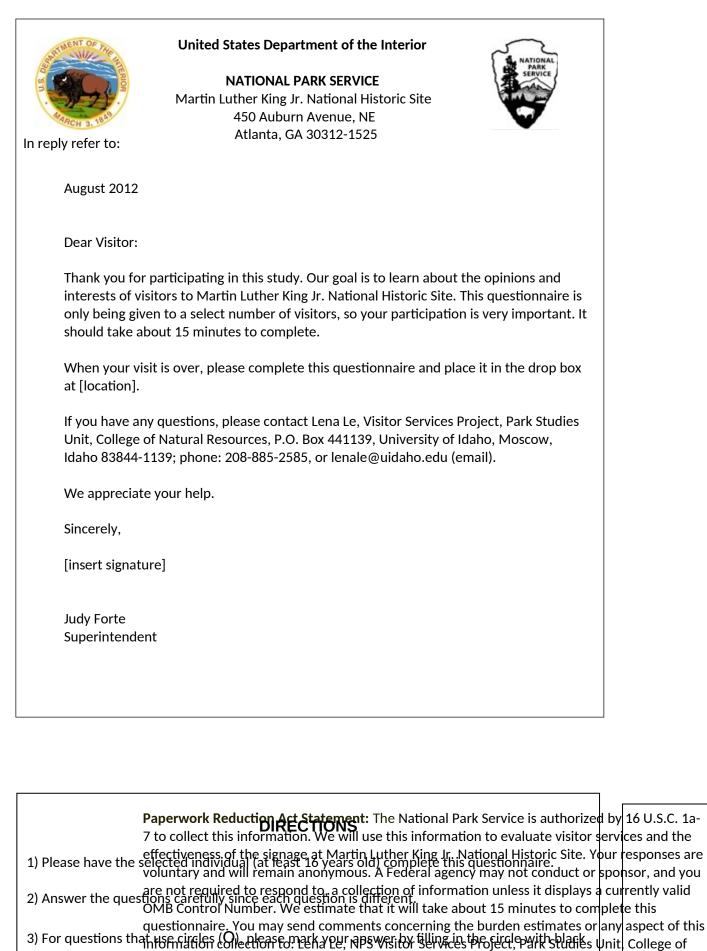
Martin Luther King Jr. National Historic Site

Visitor Study

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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



or blue ink. Please do not use pencil.



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

То	pic 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. 							
	0	Did not obtain information prior to visit → Go to question 2						
		Source of information						
	0	Friends/relatives/word of mouth						
	0	Inquiry to park (phone, mail or email)						
	0	Martin Luther King Jr. NHS website (www.nps.gov/malu)_						
	0	Other websites — which one(s)?						
	0	Information media (newspaper/magazine/TV/radio)						
	0	Previous visits						
	0	School class/program						
	0	Social media (such as Facebook, Twitter, etc.)						
	0	State welcome center/visitors bureau/chamber of commerce						
	0	Travel guides/tour book/map/brochures (such as AAA, etc.)						
	0	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 \rightarrow 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

Martin Luther King Jr. National Historic Site Visitor Study

Topic Area 3 - TRIPC6

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

O No O Yes \rightarrow 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?

0

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

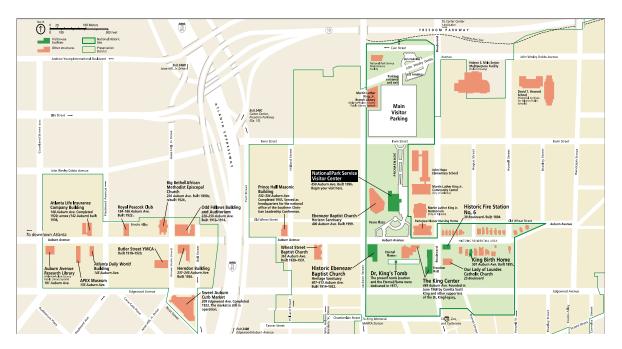
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Topic Area 5 – CROWD8

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 ($_{\bullet}$) **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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Number of signs was adequate	0	0	0	0	0
Signs were visually appealing	0	0	0	0	0
Signs were easy to read (size, condition)	0	0	0	0	0
Signs were easy to understand	0	0	0	0	0
Signs provided information of interest	0	0	0	0	0
Signs provided useful/ helpful information	0	0	0	0	0

 \Box I did not notice or see any signs \rightarrow Go to next section

For Directional Signs (way-finding)

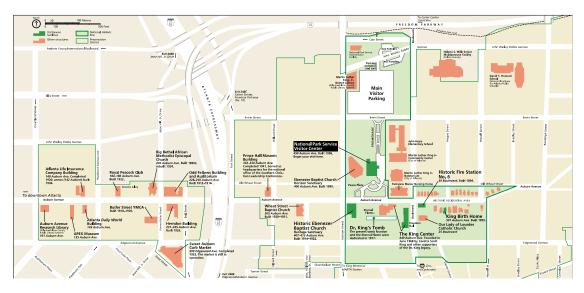
 \Box I did not notice or see any signs \Rightarrow Go to next section

	Strongly disagree	Disagree	Neither agree nor	Agree	Strongly agree
			disagree		
Number of signs was adequate	0	0	0	0	0
Signs were visually appealing	0	0	0	0	0
Signs were easy to read (size, condition)	0	0	0	0	0
Signs were easy to understand	0	0	0	0	0
Signs provided useful/ helpful information	0	0	0	0	0

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

	Strongly	Disagree	Neither	Agree	Strongly
	disagree		agree nor		agree
			disagree		
Number of signs was adequate	0	0	0	0	0
Signs were visually appealing	0	0	0	0	0
Signs were easy to read (size, condition)	0	0	0	0	0
Signs were easy to understand	0	0	0	0	0
Signs provided useful/ helpful information	0	0	0	0	0

 \Box I did not notice or see any signs \rightarrow Go to next section



[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** answer for each of the following.

a) State highway signs	0	Yes O	No	O Did not use
b) Signs in the city of Atlanta	Ο	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	0	0	0	0	0	0
Visiting park buildings	0	0	0	0	0	0
In parking area	0	0	0	Ο	0	0

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 \rightarrow 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
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10				Martin Luth	ner Kin	g Jr. National Historic Site Visitor Stud
13.		is visit, what kind o you with? Please	-		ded to	our/school/other organized group)
	0	Alone			0	Friends
	0	Family			0	Family and friends
	ο	Other (Please s	pecify)			
Торі	c Area 1	- GR3				
		his visit, how man Number of pe			sonal	group, including yourself?
Торі	ic Area 1	– AGE3				
14. \	What is yo	our age?				
Торі	ic Area 1	- AGE1				
15. a	a) What is	s your U.S. Zip cod	e?			
	b) If not	from the U.S., ple	ase specify	the name of ye	our co	untry
Торі	ic Area 1	- AGE1				
16.	Including	-	any times h	ave you visited	l Mart	in Luther King NHS?
Торі	c Area 1	- RACE/ETH2				
17.	a) Are yo	ou Hispanic or Lati	no?			
	0	Yes	0	No		
Торі	ic Area 1	- RACE/ETH3				
	b) What	is your race? Plea	se mark ($_{ullet}$)	one or more.		
0 0 0		can Indian or Alask or African America		O Asian O Native H	awaiia	an or other Pacific Islander
Торі	ic Area 1	- ED1				
18.	What is	the highest level o	of education	you have com	pleteo	d? Please mark () one.
0 0 0		nigh school chool diploma/GEI college	D	O Bachelor O Graduat	-	
Торі	ic Area 7	- ECON1				

19. a) Which category best represents your annual **household** income? Please mark ($_{\bullet}$) **one**.

0	Less than \$24,999	0	\$50,000-\$74,999	0	\$150,000-\$199,999
0	\$25,000-\$34,999	0	\$75,000-\$99,999	0	\$200,000 or more
0	\$35,000-\$49,999	0	\$100,000-\$149,999	0	Do not wish to answer
b) How many people are in you	_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.

Did not use	Very poor	Poor	Average	Good	Very good
о	о	о	о	о	О
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
	use 0 0 0 0 0 0 0 0	use poor 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	use poor Poor O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O	use poor Poor Average O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O	use poor Poor Average Good 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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
0	0	0	0	0

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]

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