

Social Science Program National Park Service U.S. Department of the Interior

Visitor Services Project

Kalaupapa National Historical Park Visitor Study



OMB Approval 1024-0224 (NPS# 10-010)

Expiration date: 12/31/2010



United States Department of the Interior

NATIONAL PARK SERVICE Kalaupapa National Historical Park POB 2222 Kalaupapa, Hawai'i 96742

April 2010

Dear Visitor:

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

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take about 20 minutes after your visit to complete.

When your visit is over, please complete this 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, P.O. Box 441139, University of Idaho, Moscow, Idaho 83844-1139, phone: 208-885-7863, email: littlej@uidaho.edu.

We appreciate your help.

Steple Robys

Sincerely,

Stephen Prokop Superintendent

Kalaupapa National Historical Park

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, or a pencil with dark (e.g. #2) lead.

Like this:

Not like this:

X

- 4) Seal it with the stickers provided.
- 5) Drop it in a U.S. mailbox.

Thank you!

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. 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 Margaret Littlejohn, NPS Visitor Services Project, College of Natural Resources, University of Idaho, P.O. Box 441139, Moscow, ID, 83844-1139; email: littlej@uidaho.edu.

Your Visit To Kalaupapa National Historical Park

NOTE: In this questionnaire "personal group" is defined as anyone that you are visiting the park with, such as spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as school, church, scouts, or tour group.

- a) Prior to your visit, how did you and your personal group obtain information about Kalaupapa National Historical Park (NHP)? Please mark (●) all that apply in column (a).
 - b) If you were to visit Kalaupapa NHP in the future, how would you and your personal group prefer to obtain information about the park? Please mark (●) all that apply in column (b).

<u>a) Pric</u>	or to this visit	<u>) Prior to future visits</u>
Ο	Did not obtain information prior to visit → Go to part b	of this question
0	Chamber of commerce/visitors bureau/state welcome ce	enter O
0	Inquiry to park via phone, mail, or email	Ο
Ο	Friends/relatives/word of mouth	Ο
Ο	Information from another National Park Service site	Ο
Ο	Kalaupapa NHP website: www.nps.gov/kala	Ο
Ο	Other websites	Ο
Ο	Local businesses (hotels/motels/restaurants, etc.)	Ο
Ο	Maps/brochures	Ο
Ο	Newspaper/magazine articles	Ο
Ο	Previous visits	Ο
Ο	School class/program	Ο
0	Social media (such as Facebook, Twitter, etc.)	Ο
Ο	Television/radio programs/videos	Ο
0	Travel guides/tour books (such as AAA, etc.)	Ο
Ο	Other (Please specify below)	Ο
This	s visit Future visit	

					n (a), did you and your personal group receive ark that you needed?
	0	No	0	Yes →	Go to Question 2
	,		pe of park i able? Pleas		n did you and your personal group need that ific.
2.			•		personal group aware that Kalaupapa NHP is pepartment of Health?
	0	Yes	0	No	
3.			t were the r ? Please m		nat you and your personal group visited I that apply.
	0	Learn abo	out the gene	eral histor	y of the Kalaupapa Peninsula
	Ο	Learn abo	out the patie	ent commi	unity of Kalaupapa
	Ο	Learn abo	out Hansen'	s Disease	e (leprosy)
	Ο	Learn abo	out Saint Da	ımien (Jos	seph De Veuster)
	Ο	Learn abo	out Mother I	Marianne	
	Ο	Learn abo	out Native H	lawaiian h	nistory
	Ο		out Kalaupa resources)	pa's natu	ral features (such as wildlife, plants, geology and
	0	Visit a pa	tient resider	nt	
	0	Visit for a	spiritual or	religious	pilgrimage
	0	Visit a gra	avesite		
	Ο	Other (Pl	ease specify	/)	
4.		w did this v ease mark (ıрара NH	P fit into your personal group's travel plans?
	0	Kalaup	apa NHP w	as the pri	mary destination
	Ο	Kalaup	apa NHP w	as one of	several destinations
	0	Kalaup	apa NHP w	as not a r	planned destination

		this visit, how many vehicles did you and your personal group use to arrive side" of the park? Please write 0 if you did not arrive by vehicle.
		Number of vehicles
5.	On this to the i	s trip, what was the primary reason that you and your personal group came island of Moloka`i? Please mark (●) only one .
	Ο	Resident of Moloka`i → Go to Question 6
	Ο	Visit Kalaupapa NHP
	Ο	Visit other attractions on Moloka`i
	Ο	Visit friends/relatives on Moloka`i
	Ο	Unplanned visit
	0	Business
	Ο	Other (Please specify)
6.	,	this trip, did you and your personal group stay overnight away from your manent residence at Kalaupapa NHP or on Moloka`i?
	Ο	Yes O No → Go to Question 7
		ES, please list the number of nights you and your personal group stayed at aupapa NHP or on Moloka`i.
		Number of nights at Kalaupapa NHP
		Number of nights on topside Moloka`i
	c) If YE nigh	ES, in which types of lodging did you and your personal group spend the t(s) at Kalaupapa NHP or on Moloka`i? Please mark (●) all that apply.
	Ο	Lodges, hotels, motels, cabins, B&B, etc. on Moloka`i
	Ο	Tent camping in developed campground on Moloka`i
	Ο	Personal seasonal residence on Moloka`i
	Ο	Residence of friends or relatives on Moloka`i
	Ο	Residence of friends or relatives at Kalaupapa NHP
	Ο	Visitor Quarters at Kalaupapa NHP
	O	Other (Please specify)

7.	,	a) Did you and your personal group obtain the services (e.g., information, food services, lodging, groceries, gas, etc.) that you needed topside Moloka`i?									
	0	No	Ο	Yes -	Go to Qu	estion 8					
	b) If NO	b) If NO, what needed services were not available?									
	8	Service (List)		Con	nments (Ple	ase be sp	ecific)				
8.	the nig	s trip, where did that after visiting of the town/city	g Kalaupapa	a NHP? If	you stayed						
a) BEFOI	RE visit: Town/	city			Stat	te				
b) AFTEF	R visit: Town/	city			Stat	te				
9.	availab	were to visit ag ble to the public o stay overnigh	at Kalaupa	ipa NHP, v		_					
	0 \	es, likely	0	No, not li	kely	0 1	Not sure				
10.		nany hours in t o papa NHP on th	•	, ,							
		Total numbe	er of hours								
11.		this visit, how s wing activities?					hile enga	ged in the			
			Very unsafe	Unsafe	Neither safe nor unsafe	Safe	Very safe	Did not participate			
	alk/hike Γrail	on Kalaupapa	0	Ο	0	0	0	Ο			
	ule ride (Trail	on Kalaupapa	Ο	Ο	Ο	Ο	0	Ο			
To	ouring th	e park	Ο	0	O	O	O	O			

your	you were planning your trip to Kalaupapa NHP, which personal group expect to include on this visit? Pleas y in column (a).	
	hich activities did you and your personal group actua ? Please mark (●) all that apply in column (b).	Ily participate on this
<u>a) Exp</u>	ected activity) Activity this visit
0	Attending ranger-led tours	Ο
0	Creative arts (painting/drawing/taking photographs) O
0	Hiking/walking	Ο
0	Picnicking	Ο
0	Shopping in park bookstore	Ο
Ο	Taking "Damien Tour"	Ο
Ο	Taking a chartered flight	0
Ο	Taking commercial flight	Ο
Ο	Taking mule ride on Kalaupapa Trail	Ο
0	Viewing exhibits	Ο
0	Visiting a friend or relative of staff	0
Ο	Visiting a patient resident	0
0	Visiting historically significant sites at the park	0
0	Visiting Kalaupapa Overlook	0
0	Other (Please specify below)	Ο
pected _	This visit	

- 14. a) Please mark (●) **all** the visitor services and facilities that you or your personal group **used** at Kalaupapa NHP during this visit.
 - b) Next, for only those services and facilities that you or your personal group **used**, please rate their importance to your visit from 1-5.
 - c) Finally, for only those services and facilities that you or your personal group **used**, please rate their quality from 1-5.

	a) Vis Mark	sitor services/facilities used (●)	b) If used, how important? 1=Not important 2=Somewhat important 3=Moderately important 4=Very important 5=Extremely important	c) If used, what quality? 1=Very poor 2=Poor 3=Average 4=Good 5=Very good
	Ο	Access for people with disabilities		
	Ο	Assistance from park staff		
	0	Damien Tour		
	0	Outdoor exhibits		
	0	Park brochure/map		
	0	Park website: www.nps.gov/kala used before or during visit		
	0	Parking at trailhead		
	0	Picnic areas		
	0	Restrooms		
	0	Visitor center bookstore		
	0	Visitor center exhibits		
15.		is the most important thing you and aupapa NHP?	your personal group lear	rned on this visit
16.		100 visitors per day are allowed to v d visitation continue to be limited to		
	0	Yes O No	O No	ot sure

0

17. It is the National Park Service's responsibility to protect Kalaupapa NHP's cultural, natural and scenic resources and values and visitor experiences that depend on these. How important is protection of the following to you and your group? Please mark (●) one answer for each attribute/resource/experience.

Attribute/resource/experience	Not important	Somewhat important	Moderately important	Very important	Extremely important
Cemeteries	Ο	Ο	Ο	0	Ο
Historic buildings associated with the Hansen's Disease settlement	Ο	Ο	0	Ο	Ο
Historic landscape associated with the Hansen's Disease settlement	Ο	Ο	0	Ο	Ο
Lifestyle and privacy of patient resident community	Ο	Ο	Ο	Ο	Ο
Marine resources	Ο	Ο	Ο	Ο	0
Native Hawaiian features	Ο	Ο	0	Ο	0
Natural features, such as wildlife, plants, clean air	Ο	Ο	Ο	Ο	0
Scenic views	0	0	0	0	0
Spirituality	Ο	Ο	Ο	Ο	Ο

18.	If you were to visit when there is no longer a living patient community at Kalaupapa
	NHP, in which of the following activities would you and your personal group be
	interested in participating? Please mark (●) all that apply.

O	Not interested in tours/programs → Go to Question 19
Ο	Bicycle tour (self-guided or guided)
Ο	Concession operated tours/programs
Ο	Ranger-led tours/programs
0	Self-quided tour

Other (Please specify) _

19.	persor	f you were to visit Kalaupapa NHP in the future, which topics would you and your personal group be interested in learning (or learning more) about? Please mark (●) all that apply.					
	Ο	Not interested in learning about the park → Go to Question 20					
	0	Hansen's Disease (leprosy)					
	Ο	History of the Kalaupapa and Kalawao Settlements					
	0	Native Hawaiian culture and traditions in Kalaupapa					
	0	Natural features, such as wildlife, plants, and geology					
	0	Personal and human stories related to Kalaupapa					
	0	Saint Damien, Mother Marianne, and other religious figures					
	0	Other topics (Please specify)					
20.	20. If you were to visit Kalaupapa NHP in the future, how would you and your persor group prefer to learn about cultural and natural features of the park? Please mar (●) all that apply.						
	0	Not interested in learning about the park → Go to Question 21					
	0	Audiovisual programs (DVD, video, or movie)					
	0	Electronic media/devices for visitors (downloadable digital files, podcasts, cell phone tours, interactive computer programs/tours, audio, etc.)					
	0	Indoor exhibits					
	0	Outdoor exhibits					
	Ο	Park website: www.nps.gov/kala					
	Ο	Printed materials (brochures, books, maps, etc.)					
	Ο	Ranger-led tours/programs					
	Ο	Self-guided tours/programs					
	Ο	Other (Please specify)					

- 21. For you and your personal group, please estimate all expenditures for the items listed below for this visit to Kalaupapa NHP and topside Moloka`i. Please write "0" if no money was spent in a particular category.
 - a) Please list your group's total expenditures inside Kalaupapa NHP.
 - b) Please list your group's total expenditures topside Moloka'i.

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to Kalaupapa NHP.

	EXPENDITURES a) Inside park b) Topside Molok				
Lodges, hotels, motels, cabins, B&B, etc.	\$ Visitor Quarters o	\$			
Camping fees and charges	n/a	\$			
Guide fees and charges	\$	\$			
Restaurants and bars	\$	\$			
Groceries and takeout food	n/a	\$			
Gas and oil (auto, boat, etc.)	n/a	\$			
Other transportation expenses (rental cars, taxis, auto repairs, but NOT a	n/a irfare)	\$			
Admission, recreation, entertainment fees	n/a	\$			
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$	\$			
Donations	\$	\$			
All air travel expenditures from home	\$	\$			
c) How many people do the above exper	nditures cover?				
Adults (18 years or over) Please write "0" if no childre		,			
22. a) What did you and your personal group NHP?	like most about	your visit to Kalaupap			

	b) What did you and your personal group like least about your visit to Kalaupapa NHP?								
23.	entrar	nce fee may b	es not currently e considered, w rochures, exhib	ith the fun	ds used	to maintain p	future, an oark facilitie	es and	
	If you pay a one .	were to visit in entrance fee	n the future, wo e of \$15/adult (N	uld you ar IPS passe	d your pos s would l	ersonal grou be honored)'	p be willing ? Please m	g to nark (●)	
	Ο	Yes, likely	Ο	No, unlik	ely	Ο	Not sure		
24.	On th organ	is visit, were y ized groups?	ou and your pe Please mark (●	rsonal gro) one for e	up part o	f the followin	g types of		
	a) Co	mmercial guid	ed tour group	() Ye	s O	No		
	b) Scl	hool/education	al group	() Ye	s O	No		
	c) Oth	ner (work, chui	rch)	() Ye	s O	No		
			one of these org this organized		oups, hov	w many peop	ole, includir	ng	
		Number	of people in org	ganized gr	oup				
25.	,	•	ch type of perso group) were you		`	_	ed tour/sch	nool/	
	Ο	Alone		() Fri	ends			
	Ο	Family		() Fa	mily and frie	nds		
	0	Other (Ple	ase specify)					_	
	b) Or	n this visit, hov	v many people	were in yo	ur persor	nal group, in	cluding you	ırself?	
		Number	of people in pe	rsonal gro	nb				
26.	For yo	ou only, what i	s your gender?						
	0	Male	0	Fema	le				
27.	,	•	our personal g or participate i	•			hat made i	it	
	0	Yes	0	No →	Go to C	Question 28			

	b) If `	YES, wh	ich service	es or activ	ities were o	difficult to	o acces	s/part	icipate in?	
28.	. For you only, what is the highest level of education you have completed? Please mark (●) one.									
	Ο	Some	high scho	ol		Ов	Bachelo	r's de	gree	
	Ο	High s	chool diplo	oma/GED		O G	Graduat	e deg	ree	
	О	Some	college							
29.			members member.		roup Hispa	nic or La	itino? P	lease	mark (●) o	ne for
		-	Yourself	Member #2	Member #3	Membe #4	_	mber #5	Member #6	Member #7
Yes, Hispanic or Latino No, not Hispanic or Latino		Ο	Ο	0	Ο		0	0	0	
		Ο	Ο	Ο	Ο		0	Ο	Ο	
					e race of ea for you and				ersonal gro	oup?
			Yourself	Member #2	Member #3	Membe #4		mber #5	Member #6	Member #7
		– n Indian ka Native	0				#			
	r Alas		0	#2	#3	#4	#	4 5	#6	#7
o Asi Bla	r Alas an	ka Native African	0	#2 O	#3	#4 O	#	4 5	#6 O	#7
o Asi Bla	r Alas an ck or a Americ	ka Native African	0	#2 O	#3	#4 O	#	4 5	#6 O	#7
Asi Bla Nat	r Alasi an ck or A Americ tive Ha	ka Native African can awaiian cific	0 0	#2 O O	#3 O O O	#4 O O	#	# <u>5</u> O O	#6 O O	#7
Asi Bla Nat	r Alas an ck or A Americ tive Ha ander	ka Native African can awaiian cific	0 0 0	#2 O O O	#3 O O O	#4 O O O	#	#5 O O O	#6 O O O	#7
O Asi Bla Nat Oth Isl	r Alasi an ck or A Americ tive Ha aner Pa ander iite	ka Native African can awaiian cific	O O O O O egory bes	#2 O O O O O	#3 O O O O	#4 O O O O O	#	#5 O O O O	#6 O O O O	#7 O O O O
O Asi Bla Nat Oth Isl Wh	r Alasi an ck or A Americ tive Ha ner Pa ander iite	African can awaiian cific	O O O O O egory bes	#2 O O O O O t represer	#3 O O O O	#4 O O O O O nual hou	#	#5 O O O O O	#6 O O O O	#7 O O O O O O e mark
O Asi Bla Nat Oth Isl Wh	r Alasi an ck or A Americ tive Ha ner Pa ander iite	African can awaiian cific	O O O O O egory besone.	#2 O O O O t represer	#3 O O O O O onts your an	#4 O O O O O nual hou	ıseholo	#5 O O O O d incor	#6 O O O O O O The? Please	#7 O O O O O O e mark

	do not know the answer, leave blank).						
31.							
_		a) Current age	b) U.S. ZIP code or name of country othe than U.S.	c) Number of visits to Kalaupapa NHP r (including this visit) lifetime			
	Yourself						
	Member #2						
	Member #3						
	Member #4						
	Member #5						
	Member #6						
	Member #7			·			
32.		manager planning ease be specific.	g for the future of Kalaupa	pa NHP, what would you			
33.	Is there anyth visit to Kalaup		your personal group woul	d like to tell us about your			
34.	 Overall, how would you rate the quality of the visitor facilities, services, and recreational opportunities provided to you and your personal group at Kalaupar NHP during this visit? Please mark (•) one. 						
	Very poor	Poor	Average Go	ood Very good			
	Ο	0	0 (0			

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

Printed on recycled paper

OFFICIAL BUSINESS

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