

# USS *Arizona* Memorial Visitor Study



The  
Visitor Services  
Project

**United States Department of the Interior****NATIONAL PARK SERVICE**

USS *Arizona* Memorial  
1 Arizona Memorial Place  
Honolulu, Hawaii 96818

IN REPLY REFER TO:

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to the USS *Arizona* Memorial. This will assist us in our efforts to better manage this site and to serve you, the visitor.

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

When your visit is over, please complete the questionnaire. Seal it with the sticker provided on the last page and drop it in any U.S. mailbox.

If you have any questions, please contact Margaret Littlejohn, VSP Coordinator, Cooperative Park Studies Unit, College of Natural Resources, University of Idaho, Moscow, Idaho 83844-1133.

We appreciate your help.

Sincerely,

Kathleen Billings  
Superintendent

**DIRECTIONS**

One adult in your group should complete the questionnaire. It should only take a few minutes. When you have completed the questionnaire, please seal it with the sticker provided and drop it in any U.S. mailbox. We appreciate your help.

**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. Data collected through visitor surveys may be disclosed to the Department of Justice when relevant to litigation or anticipated litigation, or to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law. 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 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Office of Information and Regulatory Affairs of OMB, Attention Desk Officer for the Interior Department, Office of Management and Budget, Washington, D.C. 20503; and to the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

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3. On this visit, what forms of transportation did you and your group use to arrive at the USS *Arizona* Memorial? Please check ( ) **all** that apply.

\_\_\_\_\_ PRIVATE CAR/ VEHICLE                      \_\_\_\_\_ SHUTTLE  
\_\_\_\_\_ RENTAL CAR/ VEHICLE                      \_\_\_\_\_ WALK  
\_\_\_\_\_ GROUP TOUR BUS/ SCHOOL BUS                      \_\_\_\_\_ BICYCLE  
\_\_\_\_\_ HONOLULU CITY BUS                      \_\_\_\_\_ TAXI  
\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

4. How long did you and your personal group stay at the USS *Arizona* Memorial on this visit?

\_\_\_\_\_ NUMBER OF HOURS (Please list partial hours as 1/4, 1/2, etc.)

5. a) Are you and **all** members of your personal group (not tour group) full-time residents of the **Hawaiian Islands**?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES → **GO ON TO QUESTION 6**



- b) If you are not all full-time residents of the Hawaiian Islands, how long did the non-residents stay in the Hawaiian Islands on this visit?

\_\_\_\_\_ NUMBER OF DAYS (Please list partial days as 1/4, 1/2, etc.)

6. a) Are you and **all** members of your personal group full-time residents of **Oahu**?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES → **GO ON TO QUESTION 8**



- b) If you are not all full-time Oahu residents, how long did the non-residents stay on Oahu on this visit?

\_\_\_\_\_ NUMBER OF DAYS (Please list partial days as 1/4, 1/2, etc.)

**PLEASE GO ON TO NEXT PAGE**





9. On this visit, what other nearby attractions did you and your group visit on Oahu?  
Please check ( ) all that apply.

\_\_\_\_\_ THE BATTLESHIP *MISSOURI*

\_\_\_\_\_ THE USS *BOWFIN* SUBMARINE MUSEUM

\_\_\_\_\_ NATIONAL MEMORIAL CEMETERY OF THE PACIFIC (Punchbowl)

\_\_\_\_\_ BISHOP MUSEUM

\_\_\_\_\_ FORT DERUSSY ARMY MUSEUM

\_\_\_\_\_ HAWAII MARITIME CENTER

\_\_\_\_\_ POLYNESIAN CULTURAL CENTER

\_\_\_\_\_ SEALIFE PARK

\_\_\_\_\_ WAIMEA FALLS PARK

\_\_\_\_\_ DOLE PLANTATION

\_\_\_\_\_ WAIKIKI AQUARIUM

\_\_\_\_\_ WAIKIKI ZOO

\_\_\_\_\_ ALOHA STADIUM ACTIVITIES

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

PLEASE GO ON TO NEXT PAGE



10. On this visit, what kind of personal group (not guided tour/ school group) were you with? Please check ( ) only **one**.

\_\_\_\_\_ ALONE

\_\_\_\_\_ FAMILY

\_\_\_\_\_ FRIENDS

\_\_\_\_\_ FAMILY AND FRIENDS

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

11. On this visit, how many people were in your personal group, including yourself?

\_\_\_\_\_ NUMBER OF PEOPLE

12. On this visit, were you and your **personal** group with a guided tour group?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

13. For you and your personal group on this visit, please indicate:

	CURRENT AGE	U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY	NUMBER OF VISITS TO THE USS <i>ARIZONA</i> MEMORIAL (INCLUDING THIS VISIT)	
			DURING PAST 12 MONTHS	MORE THAN 1 YEAR AGO
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____



14. For you and each of the **adults** (age 18 or over) in your personal group on this visit, please indicate the highest level of education received. Please check ( ) only **one** for each person.

**Highest level of education**

	SOME HIGH SCHOOL	HIGH SCHOOL GRADUATE/GED	SOME COLLEGE	BACHELOR'S DEGREE	GRADUATE DEGREE
YOURSELF	_____	_____	_____	_____	_____
ADULT #2	_____	_____	_____	_____	_____
ADULT #3	_____	_____	_____	_____	_____
ADULT #4	_____	_____	_____	_____	_____
ADULT #5	_____	_____	_____	_____	_____
ADULT #6	_____	_____	_____	_____	_____
ADULT #7	_____	_____	_____	_____	_____

15. Please check ( ) **all** of the languages which you and members of your personal group read and speak fluently.

- \_\_\_\_\_ CHINESE
- \_\_\_\_\_ ENGLISH
- \_\_\_\_\_ FRENCH
- \_\_\_\_\_ GERMAN
- \_\_\_\_\_ HAWAIIAN
- \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)
- \_\_\_\_\_ JAPANESE
- \_\_\_\_\_ KOREAN
- \_\_\_\_\_ SPANISH
- \_\_\_\_\_ TAGALOG

**PLEASE GO ON TO NEXT PAGE** 

16. a) Please check ( ) the information services which you or your group **used** during this trip to the USS *Arizona* Memorial.
- b) Next, for only those services which you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those services which you or your group used, please rate their **quality** from 1-5.

Use information service?  Check (√)	If used, how important?					If used, what quality?				
	Not important 1	2	3	Extremely important 4	5	Very poor 1	2	3	4	Very good 5
_____ PARK BROCHURE/ MAP										
_____ TRANSLATED BROCHURES										
_____ BULLETIN BOARDS										
_____ VISITOR CENTER INFORMATION DESK										
_____ VISITOR CENTER BOOKS/SALES ITEMS										
_____ VISITOR CENTER MUSEUM EXHIBITS										
_____ OUTDOOR EXHIBITS										
_____ MOVIE ON PEARL HARBOR ATTACK										
_____ ASSISTANCE FROM PARK STAFF										
_____ RANGER TALKS										
_____ JUNIOR RANGER PROGRAM										
_____ NAVY SHUTTLE BOAT SERVICE										
_____ RECORDED BOAT MESSAGE/ PROGRAM										
_____ HEADSET TRANSLATIONS (theater & boat)										
_____ TALKED WITH PEARL HARBOR SURVIVOR										
_____ SNACK SHOP										

17. a) Please check ( ) the visitor facilities which you or your group **used** during this trip to the USS *Arizona* Memorial.
- b) Next, for only those facilities which you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those facilities which you or your group used, please rate their **quality** from 1-5.

Use facility? Check (√)	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
	1	2	3	4	5	1	2	3	4	5
_____ ROAD DIRECTIONAL SIGNS										
_____ PARKING LOTS										
_____ RESTROOMS										
_____ ACCESS FOR DISABLED PERSONS										
_____ BENCHES/ SEATING AREAS										

18. Approximately how much money did you and your group spend for travel, commercial tours, food, donations and other items associated with this visit to the USS *Arizona* Memorial? Please write "0" if you and your group spent no money.

	Money spent while visiting the USS <i>Arizona</i> Memorial
TRAVEL (city bus fare, gas, etc.)	\$ _____
COMMERCIAL TOUR TO MEMORIAL	\$ _____
FOOD AT CONCESSION AREA	\$ _____
DONATIONS	\$ _____
OTHER ITEMS (books, souvenirs, film, gifts, etc.)	\$ _____

PLEASE GO ON TO NEXT PAGE



19. a) Please use the scale below to indicate from 1 to 5 how **crowded** by other people you and your group felt during this visit to the USS *Arizona* Memorial. Please circle only **one**.

Not at all crowded		Crowded		Extremely crowded
1	2	3	4	5

- b) If you rated the above question by circling 3, 4 or 5, where in the park were you when you felt crowded? Please be as specific as possible.

- c) What time of day did you feel crowded? Please circle **all** that apply.

8 - 11 a.m.      11 a.m. - 1 p.m.      1 - 4 p.m.      CAN'T REMEMBER

20. a) Please use the scale below to rate (from 1 to 5) how **hurried** you and your group felt during this visit to the USS *Arizona* Memorial. Please circle **only one**.

Not at all hurried		Hurried		Extremely hurried
1	2	3	4	5

- b) If you rated the above question by circling 3, 4 or 5, where in the park were you when you felt hurried? Please be as specific as possible.

- c) What improvements to prevent the hurrying do you suggest in the orientation and instructions provided by the park, the movie/boat ticket lines, or physical layout of the facility? Please be as specific as possible.

21. On a future visit to the USS *Arizona* Memorial, what types of items would you and your group like to have available for purchase in the bookstore sales area? Please check ( ) **all** that apply.

- \_\_\_\_\_ NOT INTERESTED IN SALES ITEMS → **GO ON TO QUESTION 22**
- \_\_\_\_\_ PUBLICATIONS ON PEARL HARBOR HISTORY
- \_\_\_\_\_ PUBLICATIONS ON WORLD WAR II HISTORY
- \_\_\_\_\_ PUBLICATIONS ON OTHER NATIONAL PARK UNITS IN HAWAII
- \_\_\_\_\_ CHILDREN'S/ EDUCATIONAL ITEMS
- \_\_\_\_\_ VIDEOS/ AUDIO CASSETTES/ CDs/ DVDs
- \_\_\_\_\_ GIFT/ SOUVENIR ITEMS
- \_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

22. a) Have you or any of your group members used the USS *Arizona* Memorial bookstore web site ([www.weblane.com/arizonamemorial/bookstore/](http://www.weblane.com/arizonamemorial/bookstore/))?

\_\_\_\_\_ YES

\_\_\_\_\_ NO → **GO ON TO QUESTION 23**



b) Do you and your group have any comments about the above bookstore web site? Please be specific.

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23. In your opinion, what is the special significance of the USS *Arizona* Memorial?

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24. During a future visit to the USS *Arizona* Memorial, what type of informational/interpretive program would you prefer to attend? Please check ( ) **all** that apply.

\_\_\_\_\_ NONE → **GO ON TO QUESTION 25**

\_\_\_\_\_ BASIC INFORMATION ABOUT THE MEMORIAL (15 minute program)

\_\_\_\_\_ MORE IN-DEPTH INFORMATION ON SIGNIFICANCE OF PEARL HARBOR BOMBING (30 minute program)

\_\_\_\_\_ DETAILED PROGRAM HIGHLIGHTING JAPANESE AND UNITED STATES INVOLVEMENT IN WORLD WAR II ( 1 hour program)

25. On a future visit to the USS *Arizona* Memorial, what subjects would you and your group be most interested in learning about? Please check ( ) **all** that apply.

\_\_\_\_\_ NONE → **GO ON TO QUESTION 26**

\_\_\_\_\_ PEARL HARBOR HISTORY

\_\_\_\_\_ WORLD WAR II HISTORY

\_\_\_\_\_ PEOPLE ABOARD USS *ARIZONA* WHEN IT SANK

\_\_\_\_\_ SHIPS IN PEARL HARBOR ON DECEMBER 7, 1941

\_\_\_\_\_ JAPANESE AND AMERICAN HISTORY LEADING TO PEARL HARBOR BOMBING

\_\_\_\_\_ PRESERVATION OF SUNKEN SHIPS SUCH AS USS *ARIZONA*

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

**PLEASE GO ON TO NEXT PAGE** →

26. On a future visit, how would you and your group prefer to learn about the history of the USS *Arizona* Memorial? Please check ( ) **all** that apply.

\_\_\_\_\_ NOT INTERESTED IN LEARNING ➔ **GO ON TO QUESTION 27**

\_\_\_\_\_ VISITOR CENTER EXHIBITS

\_\_\_\_\_ PRINTED MATERIALS (brochures, books, maps, etc.)

\_\_\_\_\_ AUDIOVISUAL PROGRAMS (videos, movies, slide shows, etc.)

\_\_\_\_\_ INTERACTIVE COMPUTER

\_\_\_\_\_ RANGER-LED TALKS

\_\_\_\_\_ COSTUMED INTERPRETATION

\_\_\_\_\_ CHILDREN'S PROGRAMS

\_\_\_\_\_ STAFF VISIT TO SCHOOL/ SENIOR CENTER

\_\_\_\_\_ INTERNET/ WEB SITE

\_\_\_\_\_ LECTURE SERIES

\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

27. a) What did you and your group like **most** about your visit to the USS *Arizona* Memorial?

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b) What did you and your group like **least** about your visit to the USS *Arizona* Memorial?

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28. If you were a manager planning for the future of the USS *Arizona* Memorial, what would you propose? Please be specific.

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29. Is there anything else you and your group would like to tell us about your visit to the USS *Arizona* Memorial?

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30. Overall, how would you rate the quality of the visitor services provided to you and your group at the USS *Arizona* Memorial during this trip? Please circle only **one**.

VERY GOOD      GOOD      AVERAGE      POOR      VERY POOR

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

**OFFICIAL BUSINESS**

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