



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

Visitor Services Project

# Manzanar National Historic Site

## Visitor Study



**United States Department of the Interior**

NATIONAL PARK SERVICE  
Manzanar National Historic Site  
PO. Box 426

Independence, California 93526-0426

IN REPLY REFER TO:

August/September 2004

Dear Visitor:

Thank you for participating in this important study. Our goal is to learn about the expectations, opinions, and interests of visitors to Manzanar National Historic Site. This information will assist us in our efforts to better manage this historic 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 20 minutes after your visit to complete.

When your visit is over, please complete the 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](mailto:littlej@uidaho.edu).

Thank you for your assistance and insights.

Sincerely,

Frank R. Hays  
Superintendent

This visitor study is partially funded by Fee Demonstration Funding.

**DIRECTIONS**

One adult in your group should complete the questionnaire. It should only take 20 minutes. After you have completed the questionnaire, please seal it with the stickers 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. 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 the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

Please go on to the next page ➡



c) How much of the information that you needed about Manzanar NHS did you and your group receive from the sources used prior to this visit?

ALL



**Go on to Question 3**

SOME



NONE



d) What information did you and your group need that was not available? Please be specific.

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3. How did this visit to Manzanar NHS fit into your travel plans? Please check ( ) only **one**.

MANZANAR NHS WAS THE PRIMARY DESTINATION

MANZANAR NHS WAS ONE OF SEVERAL DESTINATIONS

MANZANAR NHS WAS NOT A PLANNED DESTINATION

4. Which of the following destinations did/will you and your group visit on this trip? Please check ( ) **all** that apply.

DEATH VALLEY NATIONAL PARK

DEVILS POSTPILE NATIONAL MONUMENT

YOSEMITE NATIONAL PARK

EASTERN SIERRA INTERAGENCY VISITOR CENTER (Lone Pine, CA)

EASTERN CALIFORNIA MUSEUM (Independence, CA)

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

5. On this trip, what was the **primary** reason that you and your group visited the Manzanar NHS/Owens Valley area (including Bishop, Big Pine, Independence, and Lone Pine)? Please check ( ) only **one**.

LIVE IN AREA → **Go on to Question 6**

VISIT MANZANAR NHS

RECREATION (fishing, camping, hiking, climbing, etc.)

VISIT FRIENDS/RELATIVES IN THE AREA

DRIVING THROUGH

BUSINESS

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

**Please go on to the next page ➡**

6. a) On this trip, what was the total amount of time you and your group spent at Manzanar NHS? (Please list partial hours as 1/4, 1/2, 3/4).

\_\_\_\_\_ NUMBER OF HOURS

- b) On this trip, did you and your group visit Manzanar NHS on more than one day?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO → **Go on to Part (d) of this Question**



- c) If YES, on how many days did you and your group visit?

\_\_\_\_\_ NUMBER OF DAYS

7. a) On this trip, did you and your group stay overnight away from home within the Manzanar NHS/Owens Valley area (including Bishop, Big Pine, Independence, and Lone Pine)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO → **Go on to Question 8**



- b) Please list the number of nights you and your group stayed in the Manzanar NHS/Owens Valley area (including Bishop, Big Pine, Independence, and Lone Pine)

NUMBER OF NIGHTS \_\_\_\_\_

- c) In what type of lodging did you and your group spend the night(s)? Please check ( ) **all** that apply.

**Overnight stay in area ( )**

LODGE, MOTEL, CABIN, RENTED CONDO/HOME, OR  
BED & BREAKFAST \_\_\_\_\_

RV/TRAILER CAMPING \_\_\_\_\_

TENT CAMPING \_\_\_\_\_

PERSONAL SEASONAL RESIDENCE \_\_\_\_\_

RESIDENCE OF FRIENDS OR RELATIVES \_\_\_\_\_

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

- d) In what town/city did you and your group stay on the **night before your arrival** at Manzanar NHS?

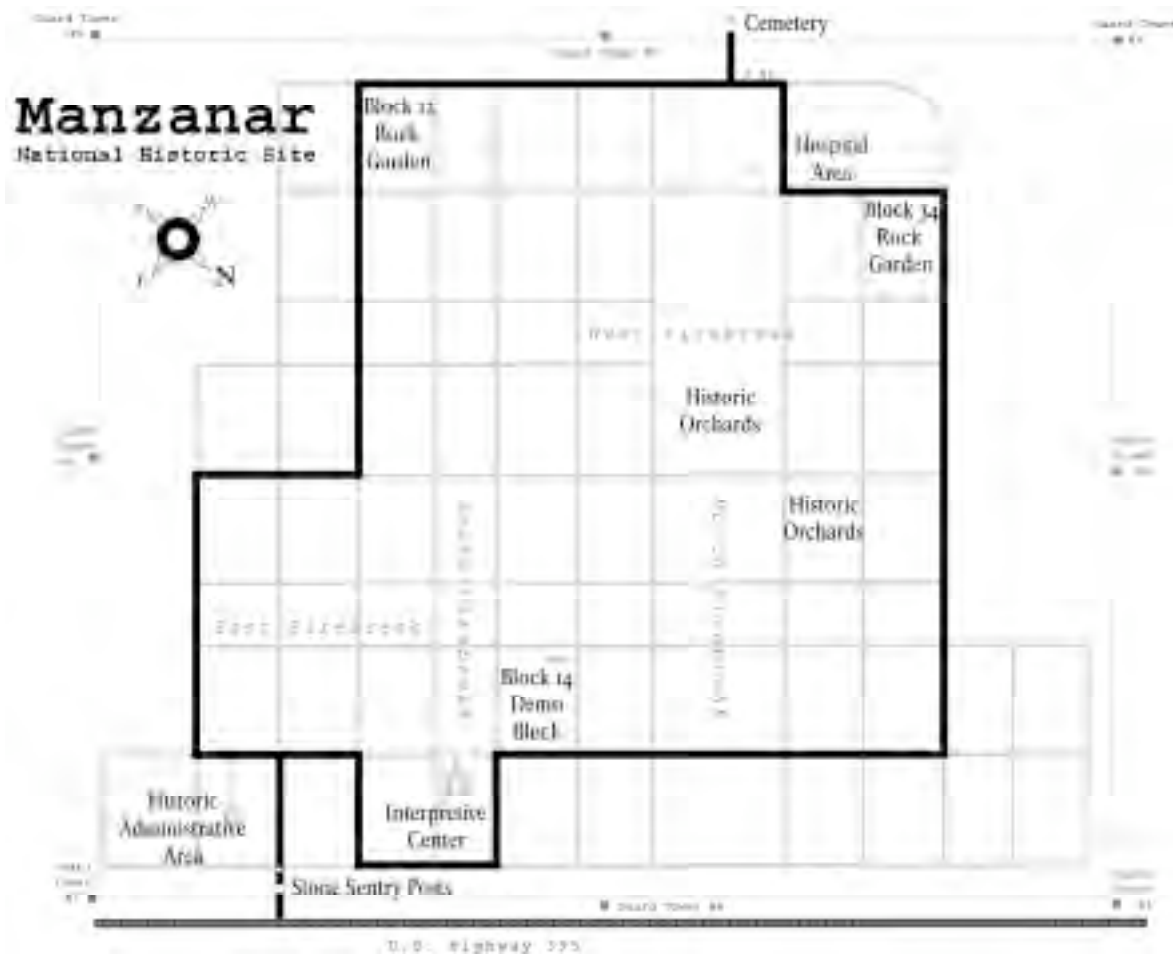
TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_

- e) In what town/city did you and your group stay on the **night after your departure** from Manzanar NHS?

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_

8. For this visit, please check ( ) the sites you and your group visited (got out of your car) at Manzanar NHS. If you did not visit a site, please leave that line blank. Use the map below to help you locate the areas you visited.

- |   |                          |
|---|--------------------------|
| _____ INTERPRETIVE CENTER   | _____ CEMETERY           |
| _____ ROCK GARDEN IN BLOCK 12   | _____ HOSPITAL AREA      |
| _____ ROCK GARDEN IN BLOCK 34   | _____ STONE SENTRY POSTS |
| _____ HISTORIC ADMINISTRATIVE AREA  | _____ HISTORIC ORCHARDS  |
| _____ BLOCK 14 DEMONSTRATION BLOCK/HISTORIC MESS HALL   |                          |
| _____ EASTERN CALIFORNIA MUSEUM—Did you visit before or after Manzanar NHS? Please check ( ) <b>one</b> . |                          |
| _____ VISITED BEFORE  | _____ VISITED AFTER      |
| _____ OTHER (Please specify: _____)   |                          |



Please go on to the next page ➡

9. What were your reasons for visiting the interpretive center at Manzanar NHS?  
Please check (✓) **all** that apply.

\_\_\_\_\_ DID NOT VISIT THE INTERPRETIVE CENTER → **Go on to Question 10**

\_\_\_\_\_ VIEW EXHIBITS

\_\_\_\_\_ OBTAIN A MAP

\_\_\_\_\_ PURCHASE BOOKS/SALES ITEMS

\_\_\_\_\_ OBTAIN INFORMATION FROM PARK STAFF

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

10. a) What did you and your group like **most** about the interpretive center exhibits on this visit to Manzanar NHS?

\_\_\_\_\_

\_\_\_\_\_

- b) What did you and your group like **least** about the interpretive center exhibits on this visit to Manzanar NHS?

\_\_\_\_\_

\_\_\_\_\_

11. It is the National Park Service's responsibility to protect Manzanar NHS's cultural and natural resources while at the same time provide for public enjoyment. How important is protection of the following resources/qualities in the park for you? Please circle **one** response for each resource/quality.

<b>Quality/resource</b>	Not important	Somewhat important	Moderately important	Very important	Extremely important	Don't know/ No opinion
ROCK GARDENS	1	2	3	4	5	DK
HISTORIC ORCHARDS	1	2	3	4	5	DK
HISTORIC STRUCTURES	1	2	3	4	5	DK
CEMETERY	1	2	3	4	5	DK
ROADS	1	2	3	4	5	DK
ARCHIVES/MUSEUM COLLECTIONS	1	2	3	4	5	DK
OTHER (Please specify: _____)	1	2	3	4	5	DK



12. a) Were you or any members of your group interned in any War Relocation Center or other facility during World War II?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO → **Go on to Question 12**  
 ↓

b) Please list which facilities: \_\_\_\_\_

c) Has the person who was interned ever returned to visit that site?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      \_\_\_\_\_ NOT SURE

13. a) Please check ( ) the visitor services and facilities that you or your group used during this visit to Manzanar NHS.

b) For those services and facilities that you or your group used, please rate their **importance** from 1-5.

c) For those services and facilities that you or your group used, please rate their **quality** from 1-5.

**a) Use service/facility?**

**b) If used,  
how important?**  
 Not                      Extremely  
 important                      important  
 1 2 3 4 5

**c) If used,  
What quality?**  
 Very                      Very  
 poor                      good  
 1 2 3 4 5

Check ( ) _____	1	2	3	4	5	1	2	3	4	5
_____ PARK BROCHURE/MAP										
_____ INTERPRETIVE CENTER EXHIBITS										
_____ INTRODUCTORY MOVIE: "Remembering Manzanar"										
_____ ASSISTANCE FROM UNIFORMED PARK STAFF										
_____ RANGER-LED PROGRAMS										
_____ BOOKSTORE ITEMS (selection, quality, price, etc.)										
_____ PARKING AREAS										
_____ RESTROOMS										
_____ ACCESS FOR DISABLED PERSONS										
_____ WEB SITE < <a href="http://www.nps.gov/manz">www.nps.gov/manz</a> > used before or during visit										

**Please go on to the next page ➡**



18. a) Are you Hispanic or Latino?

- YES—HISPANIC OR LATINO
- NO—NOT HISPANIC OR LATINO

b) Which of these categories best indicates your race? Please check ( ) **all** that apply.

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN → **Go on to Part c of this question**
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE

c) If you are of Asian race, which of the following best describes your background? Please check ( ) **all** that apply.

- JAPANESE                       VIETNAMESE
- CHINESE                         PHILIPPINO
- KOREAN                          OTHER ASIAN (Specify:\_\_\_\_\_)

19. a) Is English the **primary** language you and your group prefer to speak and write?

- NO                       YES → **Go on to Question 20**



b) If NO, what **one** language do you and your group prefer to speak and write?

\_\_\_\_\_

c) What services in the park would you like to have provided in languages other than English?

\_\_\_\_\_

d) Which languages?\_\_\_\_\_

20. a) Does anyone in your group have any disabilities/impairments that affected their visit to Manzanar NHS?

- YES                       NO → **Go on to Question 21**



b) If YES, what kind of disability/impairment? Please check ( ) **all** that apply.

- HEARING                       VISUAL
- MOBILITY                       LEARNING
- MENTAL
- OTHER (Please specify:\_\_\_\_\_)

**Please go on to the next page ➡**

c) Because of the disability/impairment, did you and your group encounter any access or service problems during this visit to Manzanar NHS?

\_\_\_\_\_ YES          \_\_\_\_\_ NO      → **Go on to Question 21**



d) If YES, what were the problems? \_\_\_\_\_

\_\_\_\_\_

21. a) Manzanar NHS has limited buildings, facilities and services. In your opinion, how adequate is this level of development at Manzanar NHS? Please check ( ) **one**.

\_\_\_\_\_ OVERDEVELOPED

\_\_\_\_\_ ABOUT RIGHT

\_\_\_\_\_ UNDERDEVELOPED

b) Please make comments about the level of development. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Ranger-led interpretive programs at Manzanar NHS highlight the topics listed below.

a) During this visit, did you and your group learn about any of these topics?

b) Please indicate how much your level of understanding of each topic improved during your visit. Please circle **one** answer for each topic that you learned.

Learn topic? ( )	Level of understanding improvement				
	Not at all	A little	Somewhat	A lot	Don't know
_____ WAR RELOCATION CENTERS	1	2	3	4	DK
_____ WORLD WAR II HISTORY	1	2	3	4	DK
_____ SETTLEMENT OF OWENS VALLEY	1	2	3	4	DK
_____ OWENS VALLEY PAIUTE LIFE	1	2	3	4	DK
_____ EARLY HISTORY OF MANZANAR AREA	1	2	3	4	DK
_____ JAPANESE AMERICAN CULTURE/ HISTORY	1	2	3	4	DK

23. For this visit to the Manzanar NHS/Owens Valley **area** (including Bishop, Big Pine, Independence, and Lone Pine), please estimate all of your group's expenditures for the items listed below. Please write "0" if you spent no money in a particular category.

- a) Please list your group's total expenditures inside Manzanar NHS.
- b) Please list your group's total expenditures in the **surrounding area**, including Bishop, Big Pine, Independence, and Lone Pine.

NOTE: Surrounding area residents should only include expenditures that were **directly related** to this visit to this park.

**EXPENDITURES**

**a) Inside park    b) In surrounding area**

HOTELS, MOTELS, CABINS, B&B, etc.		\$ _____
CAMPING FEES AND CHARGES		\$ _____
RESTAURANTS AND BARS		\$ _____
GROCERIES AND TAKE-OUT FOOD		\$ _____
GAS AND OIL (auto, RV, boat, etc.)		\$ _____
OTHER TRANSPORTATION EXPENSES (rental cars, auto repairs, taxis, but not including airfare)		\$ _____
ADMISSION, RECREATION, AND ENTERTAINMENT FEES		_____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____
DONATIONS	\$ _____	\$ _____

c) How many people do the above expenses cover?

ADULTS (18 years or over) \_\_\_\_\_ CHILDREN (under 18 years) \_\_\_\_\_

**Please go on to the next page ➡**



27. On a future visit to Manzanar NHS, please list any subjects you and your group would be interested in learning about.

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28. If you were a manager planning for the future of Manzanar NHS, 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 Manzanar NHS?

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30. Overall, how would you rate the quality of the visitor services provided to you and your group at Manzanar NHS during this visit? Please circle only **one**.

VERY GOOD      GOOD      AVERAGE      POOR      VERY POOR

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

**OFFICIAL BUSINESS**

**Visitor Services Project  
Park Studies Unit  
College of Natural Resources  
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