

Hawaii Volcanoes: Attended Listening

Today we are conducting a visitor survey that includes a listening portion which directs your attention to the sounds of the park. If you are interested in participating, you will be asked to fill out a checklist to identify sounds you heard today. This survey will be used to help management understand the effects of natural and human sounds in the park. This exercise is voluntary and anonymous. It will take approximately 5-10 minutes to complete.

Step 1: The listening portion of this survey will be led by an NPS volunteer. Remember that all sounds are included, both human and natural.

Step 2: Close your eyes and relax, and keep track of each individual sound that you hear. Listen until you are told by the leader to stop.

Step 3: While holding your concentration, focus on the sounds you have heard. Now, please take a moment to fill out the attached worksheets before speaking with other participants about what you have heard. This exercise begins on the next page.

Step 4: Please put a ✓ check mark next to each sound that you heard during the exercise. If the sounds are not listed, please write the sound(s) in the blank spaces provided at the bottom of the **SOUNDS** column on page 4.

Step 5: Under the **FEELINGS OR EMOTIONS ASSOCIATED WITH SOUNDS** column, please list any feelings or emotions that you associated with each of the sounds you checked ✓.

Examples: I felt *relaxed* because the stream was soothing to me.
I felt *annoyed* because the bird was beeping like an alarm clock.
I felt *frustrated* because the dog was barking when I wanted peace and quiet.

Step 6: Under the **ACCEPTABILITY OF SOUNDS AT THIS LOCATION** column, please circle one number which best describes how unacceptable or acceptable the sound was for this location in the park: The scale is on a continuum from: - 4 as very unacceptable, - 2 as slightly unacceptable, 0 as neutral, +2 as slightly acceptable, and + 4 as very acceptable.

Step 7: Under the **PERSONAL INTERPRETATION** column, please circle one number which best describes how pleasing or annoying the sound was to you: The scale is on a continuum from: -4 as very annoying, - 2 as slightly annoying, 0 as neutral, +2 as slightly pleasing, and + 4 as very pleasing.

Step 8: Please answer a few questions about yourself and your group on page 5.

Thank you for your participation

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SOUNDS	√	FEELINGS OR EMOTIONS ASSOCIATED WITH SOUND	ACCEPTABILITY OF SOUND AT THIS LOCATION					PERSONAL INTERPRETATION OF SOUND												
			Very unacceptable	Slightly unacceptable	Neutral	Slightly acceptable	Very acceptable	Very annoying	Slightly annoying	Neutral	Slightly pleasing	Very pleasing								
Aircraft, Jet			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4
Aircraft, Propeller			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4
Aircraft, Helicopter			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4
Aircraft, Unknown			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4
Automobile (cars, vans, trucks & buses)			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4
Motorcycle			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4
Trail Work/Maintenance			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4
Walking sounds			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4
Walking sticks			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4
Leaves Rustling			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4

SOUNDS	√	FEELINGS OR EMOTIONS ASSOCIATED WITH SOUND	ACCEPTABILITY OF SOUND AT THIS LOCATION										PERSONAL INTERPRETATION OF SOUND									
			Very unacceptable	Slightly unacceptable	Neutral	Slightly acceptable	Very acceptable	Very annoying	Slightly annoying	Neutral	Slightly pleasing	Very pleasing										
Group, talking			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Group, loud or yelling			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Adult(s), talking			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Adult(s), loud or yelling			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Child/children, talking			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Child/children, loud or yelling			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Child/children, crying			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Technology, cell phone			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Technology, radio headset or IPOD			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Technology Sounds, Unknown			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Camera			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		

SOUNDS	√	FEELINGS OR EMOTIONS ASSOCIATED WITH SOUND	ACCEPTABILITY OF SOUND AT THIS LOCATION										PERSONAL INTERPRETATION OF SOUND									
			Very unacceptable	Slightly unacceptable			Neutral	Slightly acceptable			Very acceptable	Very annoying	Slightly annoying			Neutral	Slightly pleasing			Very pleasing		
Wind			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Thunder			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Rainfall			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Shifting Rocks & Sand			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Bird song			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Insect (s)			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Horses			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Animal, unknown			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Other (Please specify):			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Other (Please specify):			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		
Other (Please specify):			-4	-3	-2	-1	0	+1	+2	+3	+4	-4	-3	-2	-1	0	+1	+2	+3	+4		

1. Have you visited Hawaii Volcanoes National Park before? (Check one.)

- Yes (CONTINUE TO QUESTION 2)
- No (SKIP TO QUESTION 3.)

2. Approximately how many times have you visited Hawaii Volcanoes National Park before today?

Approximate number of visits: _____ **OR** Don't know/Not sure

3. How many people are in your personal group (family/friends) today?

Number of people in group: _____

4. Is your personal group part of a commercial tour in the park today? (Check one.)

- Yes
- No

5. What is your gender? (Check one.)

- Male
- Female

6. In what year were you born?

Year born: _____

7. Do you live in the United States? (Check one.)

- Yes (What is your zip code? _____)
- No (What country do you live in? _____)

8. What is the highest level of formal education you have completed? (Check one.)

- Some high school
- High school graduate or GED
- Some college, business or trade school
- College, business or trade school
- Some graduate school
- Master's, doctoral or professional degree

9. Are you Hispanic or Latino? (Check one.)

- Yes
- No

10. What is your race? (Check all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian
- Pacific Islander other than Native Hawaiian
- White

11. How would you describe your hearing? (Check one.)

- My hearing is normal.
- I am somewhat hearing impaired.
- I am very hearing impaired.
- I don't know about my hearing capacity.

Thank you for your participation.

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. The permanent data will be anonymous. 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 15 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to:

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