Minuteman Missile
National Historic Site

Visitor Study
May - June 2009

Dear Visitor:

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

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.

Sincerely,

Mark E. Herberger
Superintendent
DIRECTIONS

At the end of your visit:

1) Please have the selected individual 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: ☑   ☑

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 personal 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 Minuteman Missile NHS

NOTE: In this questionnaire, your **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.

1. a) Prior to your visit, how did you and your personal group obtain information about Minuteman Missile NHS? Please mark (●) **all** that apply in column (a).

   b) If you were to visit Minuteman Missile NHS 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).

   a) **Prior to this visit**

   - Did not obtain information prior to visit ➔ **Go to part b of this question**
   - Previous visits
   - Friends/relatives/word of mouth
   - Travel guides/tour books (such as AAA, etc.)
   - Maps/brochures
   - Newspaper/magazine articles
   - Email/telephone/written inquiry to park
   - Television/radio programs/videos
   - Minuteman Missile NHS website: www.nps.gov/mimi
   - Other websites
   - School class/program
   - Local businesses (hotels/motels/restaurants, etc.)
   - Chamber of commerce/visitors bureau/state welcome center
   - Information from another park
   - Other (Please specify below)

   This visit ___________________________ Future visit ___________________________

   c) From the sources you used prior to this visit, did you and your personal group receive the type of information about the park that you needed?

   - No
   - Yes ➔ **Go to Question 2**
d) If NO, what type of park information did you and your personal group need that was not available? Please be specific.

2. a) What role did this visit to Minuteman Missile NHS play in your and your personal group’s decision to visit South Dakota? Please mark (●) only one.

- Resident of S. Dakota ➔ Go to Question 3
- Minuteman Missile NHS was the primary reason for visiting S. Dakota
- Minuteman Missile NHS was one of several destinations in S. Dakota
- Minuteman Missile NHS was not a planned destination in S. Dakota

b) Did your visit to Minuteman Missile NHS influence you and your personal group’s decision to spend time in the area (within 30 miles of visitor center) in addition to spending time at the park?

- Yes
- No

3. On this trip, what was the primary reason that you and your personal group came to the Minuteman Missile NHS area (within 30 miles of the visitor center)? Please mark (●) only one.

- Resident of area (within 30 miles of visitor center) ➔ Go to Question 4
- Visit Minuteman Missile NHS
- Visit other attractions in the area
- Visit friends/relatives in the area
- Business
- Other (Please specify)  

4. On this visit, what was the primary reason that you and your personal group visited Minuteman Missile NHS? Please mark (●) only one.

- Obtain NPS Passport Book stamp
- Saw sign on highway
- Visit a National Park Service unit
- Interest in Cold War history
- Recommended by a friend or family member
- Something to do on the way to visit other NPS sites in western South Dakota, such as Badlands and Mt. Rushmore
- Other (Please specify)  

5. On this trip, which of the following national park sites in the Minuteman Missile NHS area (within 100 miles of the park) did you and your personal group visit? Please mark (●) all that apply.

- None  ➔ Go to Question 6
- Badlands National Park
- Devils Tower National Monument
- Jewel Cave National Monument
- Mount Rushmore National Memorial
- Wind Cave National Park

6. a) In what city/town did you and your personal group stay on the night before your arrival at Minuteman Missile NHS? If you stayed at home, please write the name of the city/town and state where you live.

   Nearest city/town ___________________________  State ___________________________

b) In what city/town did you and your personal group stay on the night after your departure from Minuteman Missile NHS? If you stayed at home, please write the name of the city/town and state where you live.

   Nearest city/town ___________________________  State ___________________________

7. a) On this visit to Minuteman Missile NHS, which routes did you use to first arrive at the park? Please mark (●) only one.

- I-90 east only
- I-90 west only
- Hwy 44 from Rapid City
- I-90 east to Badlands Scenic Loop 240
- Badlands Scenic Loop 240 from Wall
- Hwy 44 from Rapid City
- Hwy 44 from Pine Ridge Indian Reservation

b) On this visit to Minuteman Missile NHS, which routes did you use after leaving the park? Please mark (●) only one.

- I-90 east only
- I-90 west only
- Hwy 44 to Rapid City
- Badlands Scenic Loop 240 to I-90 east
- Badlands Scenic Loop 240 to Wall
- Hwy 44 to Pine Ridge Indian Reservation

c) On this visit, how many vehicles did you and your personal group use to arrive at the park?

   _______  Number of vehicles
8. a) On this trip, did you and your personal group stay overnight away from your permanent residence in the Minuteman Missile NHS area (within 30 miles of the visitor center)?
   
   O Yes  O No  ➔ Go to Question 9

b) If YES, please list the number of nights you and your personal group stayed in the Minuteman Missile NHS area.
   
   ______ Number of nights within 30 miles of the visitor center

c) If YES, in which types of lodging did you and your personal group spend the night(s) in the area outside the park (within 30 miles of the visitor center)? Please mark (●) all that apply.
   
   O Lodges, hotels, motels, cabins, B&B, etc.
   O RV/trailer camping
   O Tent camping in developed campground
   O Personal seasonal residence
   O Residence of friends or relatives
   O Other (Please specify) _______________________________

9. a) How many hours in total did you and your personal group spend visiting Minuteman Missile NHS on this visit?
   
   ______ Total number of hours (Please list partial hours as 1/4, 1/2, or 3/4.)

b) On this visit, did you and your personal group visit Minuteman Missile NHS on more than one day?
   
   O Yes  O No  ➔ Go to Question 10

c) If YES, on how many days did you visit the park?
   
   ______ Number of days

d) On this trip, how many times did you and your personal group enter the park?
   
   ______ Number of times entered

10. On this visit to Minuteman Missile NHS, which park sites did you and your personal group visit? Please mark (●) all that apply.
   
   O Visitor center
   O Launch Facility (Missile Silo) Delta-09
   O Launch Control Facility Delta-01
11. a) On this visit to Minuteman Missile NHS, did anyone in your personal group participate in a ranger-led tour?

O Yes  O No ➔ Go to part d of this question

b) If YES, what was the most enjoyable aspect of the tour?

________________________________________________________

_______________________


c) If YES, please rate the length of the tour. Please mark (●) only one.

O Too short  O About right  O Too long

d) During which times of day would you and your personal group prefer to take the tour? Please mark (●) all that apply.

O 9:00 am – 11:00 am  O 1:00 pm – 3:00 pm

O 11:00 am – 1:00 pm  O 3:00 pm – 5:00 pm

O Other (Please specify)_____________________________________

12. a) Prior to this visit, in which activities did you and your personal group expect to participate at Minuteman Missile NHS? Please mark (●) all that apply in column (a).

b) In which activities did you and your personal group actually participate on this visit? Please mark (●) all that apply in column (b).

a) Expected activity

O Attend Open House

O Attend ranger-led tours (other than Open House)

O Painting/drawing/taking photographs

O Participate in Junior Ranger program

O Take self-guided tours

O View visitor center exhibits

O Watch park video/film

O Other (Please specify below)

b) Activity this visit

O

O
c) Which one of the above activities was the primary activity in which you and your personal group participated at Minuteman Missile NHS on this visit? Please list only one.

13. a) During this visit to Minuteman Missile NHS, did you and your personal group learn about the following topics? Please mark (●) all that apply in column (a).

b) If you were to visit in the future, which topics would you and your personal group be interested in learning (or learning more) about? Please mark (●) all that apply in column (b).

a) Learned this visit

b) Learn on a future visit

- Not interested in learning on a future visit
- Missile history – both U.S. and Soviet Union
- Technology and engineering that developed and built the system
- Nuclear weapons and the arms race
- Soviet/Russian perspective on Cold War
- Landowner perspective on missile fields
- Personal and human stories related to missile field (Air Force) personnel
- Nuclear weapons and missiles – at present and in the future
- Effects on local communities and citizens
- Peace protects – Debate on use of nuclear weapons
- The Cold War’s effects on the 21st century
- Other topics (Please specify below)

This visit ___________________________ Future visit ___________________________

14. a) Do you, or does any person in your family or personal group, have a personal connection to the Minuteman Missile field?

- Yes
- No ➔ Go to part c of this question

b) If YES what is the personal connection to the missile field?
c) If YES, would this person be interested in providing the park with an oral or written history of this personal connection?

- Yes
- No

15. a) Please mark (●) all the visitor services and facilities that you or your personal group used at Minuteman Missile NHS 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.

<table>
<thead>
<tr>
<th>a) Visitor services/facilities used</th>
<th>b) If used, how important?</th>
<th>c) If used, what quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark (●)</td>
<td>1=Not important</td>
<td>1=Very poor</td>
</tr>
<tr>
<td></td>
<td>2=Somewhat important</td>
<td>2=Poor</td>
</tr>
<tr>
<td></td>
<td>3=Moderately important</td>
<td>3=Average</td>
</tr>
<tr>
<td></td>
<td>4=Very important</td>
<td>4=Good</td>
</tr>
<tr>
<td></td>
<td>5=Extremely important</td>
<td>5=Very good</td>
</tr>
</tbody>
</table>

- Access for people with disabilities
- Assistance from park staff
- Visitor contact station
- Indoor exhibits
- Outdoor exhibits
- Junior Ranger program
- Park brochure/map
- Park newspaper
- Park video/film
- Park website: www.nps.gov/mimi used before or during visit
- Parking
- Ranger-led tour
- Restrooms
- Self-guided tour
16. For you and your personal group, please estimate all expenditures for the items listed below for this visit to Minuteman Missile NHS area (within 30 miles of the park). **Please write "0" if no money was spent in a particular category.**

a) Please list your group’s total expenditures inside Minuteman Missile NHS.

b) Please list your group's total expenditures in the area outside the park (within 30 miles of the park).

**NOTE:** Surrounding area residents should only include expenditures that were just for this trip to Minuteman Missile NHS.

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>a) Inside park</th>
<th>b) Outside park</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lodges, hotels, motels, cabins, B&amp;B, etc.</td>
<td>n/a</td>
<td>$__________</td>
</tr>
<tr>
<td>Camping fees and charges</td>
<td>n/a</td>
<td>$__________</td>
</tr>
<tr>
<td>Guide fees and charges</td>
<td>n/a</td>
<td>$__________</td>
</tr>
<tr>
<td>Restaurants and bars</td>
<td>n/a</td>
<td>$__________</td>
</tr>
<tr>
<td>Groceries and takeout food</td>
<td>n/a</td>
<td>$__________</td>
</tr>
<tr>
<td>Gas and oil (auto, RV, boat, etc.)</td>
<td>n/a</td>
<td>$__________</td>
</tr>
<tr>
<td>Other transportation expenses</td>
<td>n/a</td>
<td>$__________</td>
</tr>
<tr>
<td>Admissions, recreation, entertainment fees</td>
<td>n/a</td>
<td>$__________</td>
</tr>
<tr>
<td>All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>Donations</td>
<td>$__________</td>
<td>$__________</td>
</tr>
</tbody>
</table>

c) How many people do the above expenses cover?

______ Adults (18 years or over) ______ Children (under 18 years)

Please write “0" if no children were covered by the expenditures.

17. On this visit, were you and your personal group part of the following types of organized groups?

a) Commercial guided tour group | O Yes O No

b) School/educational group | O Yes O No

c) Other (scouts, work, church) | O Yes O No

d) If you were with one of these organized groups, how many people, including yourself, were in this group?

______ Number of people in organized group
18. a) On this visit, which type of personal group (not commercial guided tour/school/other organized group) were you with? Please mark (•) **only one**.

- O Alone
- O Friends
- O Family
- O Family and friends
- O Other (Please specify) __________________________________________

b) On this visit, how many people were in your personal group, including yourself? 

______ Number of people

19. For you only, what is your gender?

- O Male
- O Female

20. For you only, what is the highest level of education you have completed? Please mark (•) **only one**.

- O Some high school
- O Bachelor’s degree
- O High school diploma/GED
- O Graduate degree
- O Some college

21. a) Does anyone in your personal group have a physical condition that made it difficult to access or participate in park activities or services?

- O Yes
- O No ➔ **Go to Question 22**

b) If YES, which services or activities were difficult to access/participate in?

__________________________________________________________

22. Would you or your personal group be likely to visit Minuteman Missile NHS in the future?

- O Yes, likely
- O No, unlikely
- O Not sure

23. a) Are you or members of your group Hispanic or Latino? Please mark (•) **one** for each group member.

<table>
<thead>
<tr>
<th>Yourself</th>
<th>Member #2</th>
<th>Member #3</th>
<th>Member #4</th>
<th>Member #5</th>
<th>Member #6</th>
<th>Member #7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, Hispanic or Latino</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>No, not Hispanic or Latino</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
b) What is your race? What is the race of each member of your personal group? Please mark (●) one or more for you and each group member.

<table>
<thead>
<tr>
<th>Race</th>
<th>Yourself</th>
<th>Member #2</th>
<th>Member #3</th>
<th>Member #4</th>
<th>Member #5</th>
<th>Member #6</th>
<th>Member #7</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Asian</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Black or African American</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>White</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

24. For you and your personal group on this visit, please provide the following. (If you do not know the answer, leave blank).

<table>
<thead>
<tr>
<th></th>
<th>a) Current age</th>
<th>b) U.S. ZIP code or name of country other than U.S.</th>
<th>c) Number of visits to Minuteman Missile NHS since 2004 (including this visit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member #2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Member #3</td>
<td></td>
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<tr>
<td>Member #4</td>
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<td>Member #5</td>
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<tr>
<td>Member #6</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Member #7</td>
<td></td>
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</tr>
</tbody>
</table>

25. a) Which one language do you and members of your personal group primarily use to communicate with each other?

○ English       ○ Other (Specify) ____________________________

b & c) When visiting an area such as Minuteman Missile NHS, which one language do you and most members of your personal group prefer to use for the following?

b) Speaking:   ○ English       ○ Other (Specify) ____________________________

c) Reading:     ○ English       ○ Other (Specify) ____________________________
d) In your opinion, which services in the park need to be provided in languages other than English? Please specify a service or mark (●) “None.”

Service ___________________________________________ ○ None

26. If you were to visit Minuteman Missile NHS in the future, which types of sales items would you and your personal group like to have available for purchase in a bookstore/sales area? Please mark (●) all that apply.

○ Not interested in sales items ➔ **Go to Question 27**
○ Bumper stickers (w/park name and/or logo) ○ Children’s toys
○ Children’s books and educational items ○ DVD’s of park film
○ Flags of the Soviet Union ○ Flags of the U.S.
○ Model rockets of nuclear missiles ○ Gifts/souvenir items
○ Playing cards (w/park and missile field logos) ○ Publications
○ Other (Please specify) ____________________________

27. If you were to visit Minuteman Missile NHS in the future, would you and your personal group be willing to pay $6.00/person (ages 16 and over) to take a shuttle bus round trip from the visitor center to the park sites?

○ Yes, likely ○ No, unlikely ○ Not sure

28. Minuteman Missile NHS was established because of its significance to the nation. In your opinion, what is the national significance of the park?

____________________________________________________
____________________________________________________

29. Overall, how would you rate the quality of the visitor facilities, services, and recreational opportunities provided to you and your personal group at Minuteman Missile NHS during this visit? Please mark (●) one.

Very poor ○ Poor ○ Average ○ Good ○ Very good ○

30. What would you and your personal group recommend to improve current visitor services provided at the park? Please be specific.

____________________________________________________
____________________________________________________

____________________________________________________
31. If you were to visit Minuteman Missile NHS in the future, how would you and your personal group prefer to learn about cultural and natural history features of the park? Please mark (●) all that apply.

○ Not interested in learning about the park  ➔ Go on to Question 32

○ Civic engagements and discussions ○ In-depth lectures by experts

○ Interactive computer programs/tours ○ Indoor exhibits

○ Park website: www.nps.gov/mimi ○ Outdoor exhibits

○ Ranger-led tours/programs ○ Self-guided tours

○ Audiovisual programs (DVD, video, or movie)

○ Electronic media/devices available to visitors (downloadable podcasts, MP3, Windows Media™, etc.)

○ Living history demonstrations/costumed interpretive programs

○ Printed materials (brochures, books, maps, etc.)

○ Other (Please specify) ____________________________

32. Is there anything else you and your personal group would like to tell us about your visit to Minuteman Missile NHS?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

33. a) Which category best represents your annual household income? Please mark (●) only one.

○ Less than $24,999 ○ $50,000-$74,999 ○ $150,000-$199,999

○ $25,000-$34,999 ○ $75,000-$99,999 ○ $200,000 or more

○ $35,000-$49,999 ○ $100,000-$149,999 ○ Do not wish to answer

b) How many people are in your household? _____ Number of people

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