

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

Visitor Services Project

Minuteman Missile National Historic Site

Visitor Study



OMB Approval 1024-0224 (NPS# 09-012) Expiration date: 05/01/2010



United States Department of the Interior

NATIONAL PARK SERVICE Minuteman Missile NHS 21280 SD Hwy 240 Philip, SD 57567-7102

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) Prio i	r to this visit b) Prior to future visits
Ο	Did not obtain information prior to visit → Go to par	rt b of this question
Ο	Previous visits	Ο
Ο	Friends/relatives/word of mouth	Ο
Ο	Travel guides/tour books (such as AAA, etc.)	Ο
Ο	Maps/brochures	Ο
Ο	Newspaper/magazine articles	Ο
Ο	Email/telephone/written inquiry to park	Ο
Ο	Television/radio programs/videos	Ο
Ο	Minuteman Missile NHS website: www.nps.gov/mimi	Ο
Ο	Other websites	Ο
Ο	School class/program	Ο
Ο	Local businesses (hotels/motels/restaurants, etc.)	Ο
Ο	Chamber of commerce/visitors bureau/state welcome	e center O
Ο	Information from another park	Ο
Ο	Other (Please specify below)	Ο
This	visitFuture visit	
	om the sources you used prior to this visit, did you and ceive the type of information about the park that you ne	
Ο	No O Yes → Go to	Question 2

		NO, what type is not available				ou and	you	r personal group need th	nat
2.								ay in your and your ase mark (●) only one.	_
	С) Resident	of S. Dakota	a → (Go to (Questi	on 3	•	
	С) Minutema	an Missile N	HS wa	s the p	rimary	rea	son for visiting S. Dakot	а
	С) Minutema	an Missile N	HS wa	s one	of seve	ral d	destinations in S. Dakota	э
	С) Minutema	an Missile N	HS wa	s not a	plann	ed d	lestination in S. Dakota	
	de		time in the					ou and your personal gro visitor center) in additio	
	С) Yes	C) No)				
3.	the M	nis trip, what wa linuteman Miss nly one.	as the prima sile NHS are	ary rea ea (with	ason th hin 30	at you miles c	and of the	your personal group ca e visitor center)? Please	me to mark
	0	Resident of a	area (within	30 mile	es of vi	sitor ce	ente	r) -> Go to Question 4	4
	0	Visit Minuten	nan Missile I	NHS					
	0	Visit other at	tractions in t	he are	a				
	0	Visit friends/r	elatives in t	he are	а				
	0	Business							
	0	Other (Pleas	e specify) _						
4.	On th Minut	nis visit, what w teman Missile	as the prim NHS? Pleas	ary re e marl	ason th k (●) o	nat you nly on	and e.	d your personal group vi	sited
	0	Obtain NPS	Passport Bo	ok sta	mp	()	Saw sign on highway	
	0	Visit a Natior	nal Park Ser	vice ur	nit	()	Interest in Cold War h	istory
	0	Recommend	ed by a frier	nd or fa	amily m	nembei	-		
	0	Something to such as Badl		•		ther NI	PS s	sites in western South D	akota
	O	Other (Pleas	e specify)						

5.	area (\			I park sites in the Minuteman Missile NHS and your personal group visit? Please mark
	Ο	None → Go to Question	6	
	Ο	Badlands National Park		
	Ο	Devils Tower National Monu	ument	
	Ο	Jewel Cave National Monur	ment	
	Ο	Mount Rushmore National N	Memori	ial
	Ο	Wind Cave National Park		
6.	arr		∃S? If y	sonal group stay on the night before your you stayed at home, please write the name ye.
	Ne	arest city/town		State
	de		sile NH	sonal group stay on the night after your IS? If you stayed at home, please write the you live.
	Ne	arest city/town		State
7.		this visit to Minuteman Missi park? Please mark (●) only		S, which routes did you use to first arrive at
	Ο	I-90 east only	Ο	I-90 east to Badlands Scenic Loop 240
	0	I-90 west only	0	Badlands Scenic Loop 240 from Wall
	0	Hwy 44 from Rapid City	Ο	Hwy 44 from Pine Ridge Indian Reservation
		this visit to Minuteman Missi park? Please mark (●) only		S, which routes did you use after leaving
	Ο	I-90 east only	Ο	Badlands Scenic Loop 240 to I-90 east
	Ο	I-90 west only	Ο	Badlands Scenic Loop 240 to Wall
	Ο	Hwy 44 to Rapid City	Ο	Hwy 44 to Pine Ridge Indian Reservation
	,	this visit, how many vehicles park?	did yo	ou and your personal group use to arrive at
		Number of vehicles		

8.	peri	this trip, did you ar manent residence or center)?						the
	0	Yes	Ο	No =	Go to	Question 9)	
		ES, please list the nuteman Missile N		nights y	ou and	your person	al group stayed ir	า the
		Number of nig	ghts within 3	30 mile	s of the	visitor cente	r	
	nigh	ES, in which types it(s) in the area ou k (●) all that apply	tside the pa	did you ark (with	and you nin 30 m	ur personal onlines of the vi	group spend the sitor center)? Plea	ase
	Ο	Lodges, hotels	s, motels, ca	abins, E	B&B, etc			
	Ο	RV/trailer cam	ping					
	0	Tent camping	in develope	ed camp	oground			
	0	Personal seas	onal reside	nce				
	Ο	Residence of f	riends or re	latives				
	Ο	Other (Please	specify)					
9.		v many hours in to uteman Missile NH			ur perso	onal group sp	pend visiting	
		Total number	of hours (PI	ease lis	st partial	hours as 1/	4, 1/2, or 3/4.)	
		this visit, did you a e than one day?	nd your pei	rsonal (group vis	sit Minutema	ın Missile NHS on	l
	Ο	Yes		Ο	No →	Go to Que	stion 10	
	c) If YE	ES, on how many	days did yo	u visit t	he park	?		
		Number of day	/S					
	d) On t	this trip, how many	times did y	you and	d your p	ersonal grou	p enter the park?	
		Number of tim	es entered					
10		is visit to Minutem visit? Please mar				k sites did y	ou and your perso	onal
	Ο	Visitor center						
	Ο	Launch Facility (I	Missile Silo)) Delta-	.09			
	\cap	Launch Control F	acility Delta	a_∩1				

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		·

	this visit to Minut ticipate in a range			, did a	nyor	ne in your	personal group
0	Yes	Ο	No	→ G	o to	part d of	this question
b) If Y	/ES, what was the	e most enjo	yable as	spect o	of the	e tour?	
c) If Y	′ES, please rate tl	ne length o	f the tou	ır. Plea	ase ı	mark (●) o	only one.
0	Too short	0	About ri	ght		0	Too long
d) Du tou	ring which times or Ir? Please mark (•	of day woul) all that a	d you ar pply.	nd you	ır pe	rsonal gro	oup prefer to take the
0	9:00 am – 11:	00 am			O	1:00 pm	– 3:00 pm
0	11:00 am – 1:	00 pm			Ο	3:00 pm	– 5:00 pm
0	Other (Please	specify)					
paı b) In v	rticipate at Minute	man Missilo d you and y	e NHS? our pers	Pleas sonal	se ma grou	ark (๋●) all p actually	nal group expect to that apply in column (a). participate on this
<u>a) Ex</u>	pected activity					b)	Activity this visit
0	Attend Open I	House					Ο
Ο	Attend ranger	-led tours (other th	an Op	en F	louse)	Ο
Ο	Painting/draw	ing/taking រុ	ohotogra	aphs			Ο
Ο	Participate in	Junior Ran	ger prog	gram			Ο
0	Take self-guid	led tours					Ο
0	View visitor ce	enter exhib	its				Ο
0	Watch park vi	deo/film					Ο
Ο	Other (Please	specify be	low)				Ο
Expected			_ This	visit _			

	pers	ch one of the above activities was the primary activity in which you and onal group participated at Minuteman Missile NHS on this visit? Please one.	•
13.		ng this visit to Minuteman Missile NHS, did you and your personal grou It the following topics? Please mark (●) all that apply in column (a).	— Jp learn
	be in	u were to visit in the future, which topics would you and your personal elementer to visit in the future, which topics would you and your personal elementer to visit in the future (or learning more) about? Please mark (or learning more) about? Please mark (or learning more) all that lumn (b).	· .
	a) Lear	ned this visit b) Learn on a futu	<u>ıre visit</u>
		Not interested in learning on a future visit	Ο
	Ο	Missile history – both U.S. and Soviet Union	Ο
	Ο	Technology and engineering that developed and built the system	Ο
	Ο	Nuclear weapons and the arms race	Ο
	Ο	Soviet/Russian perspective on Cold War	Ο
	Ο	Landowner perspective on missile fields	Ο
	Ο	Personal and human stories related to missile field (Air Force) personnel	0
	Ο	Nuclear weapons and missiles – at present and in the future	Ο
	Ο	Effects on local communities and citizens	Ο
	Ο	Peace protects – Debate on use of nuclear weapons	Ο
	Ο	The Cold War's effects on the 21 st century	Ο
	Ο	Other topics (Please specify below)	Ο
Γhi	s visit	Future visit	
14.		ou, or does any person in your family or personal group, have a personection to the Minuteman Missile field?	nal
	Ο	Yes O No → Go to part c of this ques	tion
	b) If YE	S what is the personal connection to the missile field?	

		ES, would this person be interested tory of this personal connection?	d in providing the park wit	th an oral or written
	0	Yes O	No	
15.	,	ease mark (•) all the visitor services up used at Minuteman Missile NHS		your personal
		xt, for only those services and facilitate ase rate their importance to your vis		onal group used ,
	,	ally, for only those services and fac ase rate their quality from 1-5.	ilities that you or your pe	rsonal group used ,
,	Visito ı ark (●)	r 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		
	0	Assistance from park staff		
	0	Visitor contact station		
	Ο	Indoor exhibits		
	0	Outdoor exhibits		
	0	Junior Ranger program		
	Ο	Park brochure/map		
	0	Park newspaper		
	Ο	Park video/film		
	0	Park website: www.nps.gov/mimi used before or during visit		
	Ο	Parking		
	0	Ranger-led tour		
	0	Restrooms		
	0	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.

	a) Insi	EXPENI de park	DITURES b) Outs	S side park
Lodges, hotels, motels, cabins, B&B, etc.		n/a	\$	
Camping fees and charges		n/a	\$	
Guide fees and charges		n/a	\$	
Restaurants and bars		n/a	\$	
Groceries and takeout food		n/a	\$	
Gas and oil (auto, RV, boat, etc.)		n/a	\$	
Other transportation expenses (rental cars, taxis, auto repairs, but NOT ai	rfare)	n/a	\$	
Admission, recreation, entertainment fees		n/a	\$	
All other purchases (souvenirs, film, books, sporting goods, clothing, etc.)	\$		\$	
Donations	\$		\$	
c) How many people do the above expen	ses cov	er?		
Adults (18 years or over) Please write "0" if no childrei				
17. On this visit, were you and your personal organized groups?	group pa	art of the fo	ollowing t	ypes of
a) Commercial guided tour group	Ο	Yes	0	No
b) School/educational group	Ο	Yes	Ο	No
c) Other (scouts, work, church)	Ο	Yes	Ο	No
d) If you were with one of these organized yourself, were in this group?	groups	, how man	y people,	, including
Number of people in organized	group			

18.	,		sit, which typ anized group	•			•		ol/
	0	Alo	ne		0	Friend	ls		
	0	Fai	mily		0	Family	and friend	ls	
	0	Oth	ner (Please	specify)					
	b) Or		isit, how ma lumber of pe	•	were in you	r personal	group, incl	uding yours	elf?
19.	For yo	ou only	, what is you	ur gender?					
	Ο	Male		0	Female	;			
20.	•	-	, what is the	highest le	vel of educa	ation you h	ave comple	eted? Pleas	e
	0	Some	high schoo	I	0	Bache	elor's degre	е	
	0	High	school diplo	ma/GED	0	Gradu	ate degree	•	
	0	Some	college						
21.			one in your or participa				ondition the	at made it d	lifficult
	0	Ye	S	0	No →	Go to Que	stion 22		
	b) If Y	ES, wł	nich service	s or activitie	es were diff	icult to acc	ess/particip	oate in?	
22.	Would future		r your perso	onal group l	be likely to	visit Minute	eman Missi	le NHS in th	ne
	0	Yes, I	ikely	Ο	No, unlike	ely	O No	ot sure	
23.	a) Are	e you o	r members o	of your grou	up Hispanio	or Latino?	Please ma	ark (●) one	for
			Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
	es, Hisp Latino	oanic or	0	Ο	Ο	0	Ο	0	0
N		Hispanio no	O	Ο	Ο	0	Ο	Ο	0

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.

00.00	mark (°) on	00.0	.o. you une	. Gao g. Ga	p		
	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American India or Alaska Native	O	0	0	0	0	0	0
Asian	Ο	Ο	Ο	0	0	0	0
Black or Africa American	n O	0	0	0	0	0	0
Native Hawaiia or other Pacifi Islander	_	0	0	Ο	0	Ο	Ο
White	0	0	Ο	0	0	0	0
_	nd your pers ow the answ	• .	lank).		c) Nu	mber of vis	sits to
		o		ZIP code country oth		eman Missi since 2004	
	a) Curre	nt age	than	U.S.	(inc	luding this v	risit)
Yourself							
Member #	2						
Member #	3						
Member #	4	<u></u>					
Member #	5						
Member #	6						
Member #	7						
25.a) Which o commur	ne language icate with ea		d members	of your pe	rsonal grou	ıp primarily	use to
ОЕ	nglish	(Othe	r (Specify)			
	nen visiting a and most m						
b) Speaking :	•	glish		her (Specif			J

0

Other (Specify)

0

English

c) Reading:

	an English?		•		_	
Se	rvice				O	None
wou	ld you and	your personal	n Missile NHS in the fut group like to have ava e mark (●) all that appl	ilable for p		
Ο	Not inte	rested in sales	items -> Go to Ques	stion 27		
Ο	Bumper	stickers (w/pa	ark name and/or logo)	0	Child	dren's toys
Ο	Children	n's books and	educational items	0	DVD	s of park film
Ο	Flags of	the Soviet Un	iion	0	Flag	s of the U.S.
Ο	Model ro	ockets of nucle	ear missiles	0	Gifts	s/souvenir iter
0	Playing	cards (w/park	and missile field logos)) O	Publ	lications
0	Other (F	Please specify)			
			established because of ational significance of the	_	icance	to the nation
		, what is the fi	ational significance of t	ene park:		
——————————————————————————————————————	erall, how v	vould you rate pportunities pr	the quality of the visitorovided to you and your? Please mark (•) one	or facilities		
9. Ov	erall, how v	vould you rate pportunities pr	the quality of the visito	or facilities	group	
9. Ov	erall, how vereational of saile NHS d	vould you rate pportunities pr luring this visit	the quality of the visitorovided to you and your? Please mark (•) one	or facilities r personal	group	at Minutemar

❸ Printed on recycled paper

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.									
	Ο	Not interested in learning about the park → Go on to Question 32								
0		Civic engagement	nents and discussions		0	In-depth lectures by experts				
	0	O Interactive comput		programs/tours		Indoor exhibits				
	0	Park website: www.nps.gov/r		gov/mimi	Ο	Outdoor exhibits				
	O Ranger-led tours/p		orogra	ams O S		Self-guided tours				
	0	Audiovisual programs (DVD, video, or movie)								
	Ο	Electronic media/devices available to visitors (downloadable podcasts, MP3, Windows Media™, etc.)								
	0	Living history demonstrations/costumed interpretive programs								
	0	Printed materials (brochures, books, maps, etc.)								
	0	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.		hich category best i) only one .	repres	ents your annual h	nouseh	old income? Please mark				
() L	ess than \$24,999	Ο	\$50,000-\$74,999	С	\$150,000-\$199,999				
() (\$25,000-\$34,999	Ο	\$75,000-\$99,999	С	\$200,000 or more				
() (\$35,000-\$49,999	Ο	\$100,000-\$149,999) C	Do not wish to answer				
b) How many people are in your household? Number of people										
		ı for your help! Ple t in any U.S. mailbo		eal the questionnai	re with	the stickers provided				

OFFICIAL BUSINESS

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