



U.S. Department of the Interior

National Park Service
Social Science Program
Visitor Services Project



Mount Rushmore National Memorial Visitor Study





IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
Mount Rushmore National Memorial
13000 Highway 244, Building 31, Suite 1
Keystone, SD 57751-0268



June 2013

Dear Visitor:

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

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 in the postage-paid envelope provided and drop it in any U.S. mailbox.

If you have any questions, please contact Lena Le, Director Visitor Services Project, Park Studies Unit, College of Natural Resources, University of Idaho, 875 Perimeter Drive MS1139, Moscow, Idaho 83844-1139, 208-885-2585 (phone), lenale@uidaho.edu (email).

We appreciate your help.






Sincerely,

Cheryl A. Schreier
Superintendent

DIRECTIONS

At the end of your visit:

1. Please have the selected individual (at least 16 years old) 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**. Please do not use pencil.

Like this:  Not like this:    

4. Seal it in the postage-paid envelope provided.
5. Drop it in a U.S. mailbox.

Paperwork Reduction Act Statement: The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have an obligation to respond. This information will be used by the National Park Service as authorized by 16 U.S.C. 1a-7. We will use this information to evaluate visitor services managed by Mount Rushmore National Memorial. Your response is voluntary. Your name and contact information have been requested for follow-up mailing purposes only. When analysis of the questionnaire is completed, all name and address files will be destroyed and will in no way be connected with the results of this survey. A Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number.

We estimate that it will take about 20 minutes to complete this questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Lena Le, Director Visitor Services Project, Park Studies Unit, College of Natural Resources, University of Idaho, 875 Perimeter Drive MS1139, Moscow, Idaho 83844-1139, 208-885-2585 (phone), lenale@uidaho.edu (email).

Your Visit To Mount Rushmore National Memorial

NOTE: In this questionnaire, your **personal group** is defined as anyone with whom you are visiting the park, such as a spouse, family, friends, etc. This does not include the larger group that you might be traveling with, such as a school, church, scout, or tour group.

1. a) Did your personal group obtain information from the park website (<http://www.nps.gov/moru/>) to plan your trip to Mount Rushmore National Memorial?

Yes No → **Go to Question 2**

- b) If your personal group used the Mount Rushmore National Memorial website (www.nps.gov/moru/), please rate how helpful the website was in planning your visit. Please mark **one** (●) response below.

Not at all helpful	Somewhat helpful	Helpful	Very helpful	Extremely helpful
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- c) If the park website was not helpful, what type of information did your personal group need that was not available? Please be specific.

2. On this trip, which other places in the Black Hills **area** did your personal group visit prior to arrival at Mount Rushmore National Memorial or plan to visit after departure from the memorial? Please mark (●) **all** that apply.

- Only Mount Rushmore National Memorial → **Go on to Question 3**
- | | |
|--|---|
| <input type="radio"/> Crazy Horse Memorial | <input type="radio"/> Badlands National Park |
| <input type="radio"/> Custer State Park | <input type="radio"/> Bear Butte State Park |
| <input type="radio"/> Devils Tower National Monument | <input type="radio"/> Black Hills National Forest |
| <input type="radio"/> Jewel Cave National Monument | <input type="radio"/> Wind Cave National Park |
| <input type="radio"/> Mammoth Site of Hot Springs, SD | |
| <input type="radio"/> Minuteman Missile National Historic Site | |
| <input type="radio"/> Other (Please specify) _____ | |

3. a) Was every member in your personal group a resident (year-round or part-time) of the Black Hills **area** (within a 100-mile drive of the memorial)?

No Yes → **Go on to Question 4**

b) For the nonresident members in your personal group, what was their **primary** reason for coming to the Black Hills **area** (within a 100-mile drive of the memorial) on this trip? Please mark (●) **one**.

- Visit Mount Rushmore National Memorial
- Visit other attractions in the area
- Visit friends/relatives in the area
- Business/attend convention or special event
- Other (Please specify) _____

c) For the nonresident members in your personal group, what was the method of transportation used to travel most of the distance from home to the Black Hills **area** (within a 100-mile drive of the memorial)? Please mark (●) **only one**.

- Car Motorcycle SUV/truck/van
- Motorhome Airplane Bus/train
- Other (Please specify) _____

4. a) On this trip, did your personal group stay overnight away from home in the Black Hills **area** (within a 100-mile drive of the memorial)?

- Yes No → **Go to Question 5**

b) If YES, please list the number of nights your personal group stayed in the following types of accommodations.

Accommodation used	b) Number of nights in Black Hills area
Lodge, motel, cabin, rented condo/home, or bed & breakfast	_____
Tent camping in a developed campground	_____
RV camping in a developed campground	_____
Personal seasonal residence	_____
Residence of friends or relatives	_____
Other (Please specify) _____	_____

5. a) On this visit, how much time **in total** did your personal group spend visiting Mount Rushmore National Memorial? Please list partial hours as ¼, ½, ¾.

_____ Total number of hours spent at Mount Rushmore National Memorial

b) On this visit, did your personal group visit Mount Rushmore National Memorial on more than one day?

- Yes No → **Go to Question 6**

c) If YES, on how many days did your personal group spend visiting the memorial?

_____ Number of days

6. a) On this visit, in which activities did your personal group participate while at Mount Rushmore National Memorial? Please mark (●) **all** that apply.

- Attending ranger-led talks/programs
- Eating in park restaurant/Carvers Cafe
- Learning about the four Presidents
- Listening to audio tour
- Shopping in bookstores (sells books, DVDs, etc.)
- Shopping in park gift shop (sells T-shirts, souvenirs, etc.)
- Studying nature (viewing plants/wildlife, including birds)
- Viewing/learning about the memorial
- Visiting historic Sculptor's Studio
- Visiting Information Center and Bookstore
- Visiting Lakota, Nakota, and Dakota Heritage Village
- Visiting Lincoln Borglum Visitor Center
- Walking the Presidential Trail (1/2-mile loop)
- Hiking other than the Presidential Trail
- Other – (Please specify) _____

b) Which one of the activities from the list above was the **primary** reason for visiting Mount Rushmore National Memorial on this visit? Please list only **one**.

7. What is the most important (educational, interesting, useful) information you learned while visiting Mount Rushmore National Memorial on this visit?

8. a) Please mark (●) **all** the information services that your personal group **used** at Mount Rushmore National Memorial during this visit.
- b) For only those services that your personal group **used**, please use the scale below to rate their importance to your visit from 1-5.
- c) For only those services that your personal group **used**, please rate their quality from 1-5.

**b) If used,
how important?**

- 1=Not at all important
- 2=Slightly 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

a) Information services used

Mark (●)

- | | | |
|--|-------|-------|
| <input type="radio"/> Audio Tour | _____ | _____ |
| <input type="radio"/> Artist-in-Residence/Sculptor-in-Residence program | _____ | _____ |
| <input type="radio"/> Evening lighting ceremony | _____ | _____ |
| <input type="radio"/> Film shown in visitor center | _____ | _____ |
| <input type="radio"/> Junior Ranger program (ages 5-12) | _____ | _____ |
| <input type="radio"/> Lakota, Nakota, & Dakota Heritage Village (exhibits, displays, programs/talks, etc.) | _____ | _____ |
| <input type="radio"/> Lincoln Borglum Visitor Center exhibits | _____ | _____ |
| <input type="radio"/> Trailside exhibits | _____ | _____ |
| <input type="radio"/> Park brochure/map | _____ | _____ |
| <input type="radio"/> Park newspaper | _____ | _____ |
| <input type="radio"/> Presidential Trail - ranger-led walk | _____ | _____ |
| <input type="radio"/> Presidential Trail - self guided walk | _____ | _____ |
| <input type="radio"/> Sculptor's Studio talk | _____ | _____ |
| <input type="radio"/> Ranger-led talks (other than Sculptor's Studio talk and Presidential Trail) | _____ | _____ |

d) Do you have any comments about the above information services?

Service/facility	Comment
_____	_____
_____	_____

9. a) Please mark (●) **all** the visitor services and facilities that your personal group **used** at Mount Rushmore National Memorial during this visit.
- b) For only those services and facilities that your personal group **used**, please rate their importance to your visit from 1-5.
- c) For only those services and facilities that your personal group **used**, please rate their quality from 1-5.

a) Services/facilities used Mark (●)	b) If used, how important? 1=Not at all important 2=Slightly 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
--	--	---

- | | | |
|---|-------|-------|
| <input type="radio"/> Emergency services/visitor assistance | _____ | _____ |
| <input type="radio"/> Information Center (overall) | _____ | _____ |
| <input type="radio"/> Lakota, Dakota, Nakota Heritage Village (overall facility) | _____ | _____ |
| <input type="radio"/> Lincoln Borglum Visitor Center (overall) | _____ | _____ |
| <input type="radio"/> Restrooms | _____ | _____ |
| <input type="radio"/> Sales items in bookstores (books/DVDs, etc. (in visitor center, information center, or Sculptor's Studio) | _____ | _____ |
| <input type="radio"/> Sculptor's Studio (overall facility) | _____ | _____ |

d) Do you have any comments about the above visitor services and facilities?

Service/facility	Comment
_____	_____
_____	_____

10. a) On this visit, did your personal group use the parking facility or gift shop?

- Yes No, did not use any service → **Go to Question 11**

b) If YES, please rate the following aspects of your personal group’s parking or shopping experience. If you did not use a certain service, please mark “did not use” and move to the next service.

Did not use	Aspect of service	Satisfaction level				
		Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very Satisfied
<input type="radio"/>	Parking facility					
	Appearance of facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Ease of use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interactions with staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Length of wait: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Gift shop					
	Appearance of facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Choice of sales items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interactions with staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Length of wait: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Quality of sales items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c) Please make any comments about the above services (for example: gift shop, unable to find the item I wanted). Please be specific.

Service	Comment
_____	_____
_____	_____

11. a) During this visit to Mount Rushmore National Memorial, did your personal group obtain information from a uniformed National Park Service employee (park ranger, staff, or volunteer)?

Yes No → **Go to Question 12**

b) If YES, using the scale below, please rate the quality of your interaction. Please mark (●) **one** response for each item.

Element	Very poor	Poor	Average	Good	Very good
Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courteousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of information provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. a) On this visit, did your personal group use the Carvers Cafe or the ice cream/fudge shop?

- Yes No, did not use any service → **Go on to Question 13**

b) If YES, please rate the following aspects of your personal group’s dining experience. If you did not use a certain service, please mark “did not use” and move to the next service.

Did not use	Aspect of service	Satisfaction level				
		Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very Satisfied
<input type="radio"/>	Indoor food service					
	Appearance of facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Choice of menu items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interactions with staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Length of wait: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Preparation of menu items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Outdoor food service					
	Appearance of facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Choice of menu items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interactions with staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Length of wait: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Preparation of menu items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c) Please make any comments about the above services. Please be specific.

Service	Comment
_____	_____
_____	_____

13. a) For you only, if you had NOT been able to visit Mount Rushmore National Memorial on this trip, would you have visited at another time?

- No, unlikely Yes, likely → **Go to Question 14**

b) If NO, what would you have done with the time you spent on this trip? Please mark (●) **one**.

- Gone somewhere else → Distance from home _____ miles
 - OR -
 Location _____
- Vacated at home (Place, city, & state)
- Gone to work at my regular job
- Not sure/none of these

14. a) Please mark (●) **all** the facilities that your personal group used during this visit to Mount Rushmore National Memorial.

b) Please rate your satisfaction level (from 1 to 5) with the **cleanliness** of the facilities that your personal group used.

c) Please rate your satisfaction level (from 1 to 5) with the **state of repair and maintenance**.

Satisfaction level	
1= Very dissatisfied	2=Dissatisfied
3= Neither dissatisfied nor satisfied	
4= Satisfied	5= Very satisfied

a) Facility used	Facility	b) Cleanliness	c) State of repair and maintenance
<input type="radio"/>	Amphitheater	_____	_____
<input type="radio"/>	Avenue of Flags	_____	_____
<input type="radio"/>	Information Center	_____	_____
<input type="radio"/>	Lincoln Borglum Museum	_____	_____
<input type="radio"/>	Main restrooms	_____	_____
<input type="radio"/>	Trail-side restrooms	_____	_____
<input type="radio"/>	Presidential Trail	_____	_____
<input type="radio"/>	Roadways	_____	_____
<input type="radio"/>	Sculptor's Historic Studio	_____	_____

d) Please make any comments about the cleanliness or state of repair and maintenance of the above facilities.

Facility	Comment

15. For your personal group, please estimate all expenditures for the items listed below for this visit to Mount Rushmore National Memorial and the surrounding area (within a 100-mile drive of the memorial).

a) Please list your personal group's total expenditures inside Mount Rushmore National Memorial.

b) Please list your personal group's total expenditures in the **surrounding area** outside the memorial (within a 100-mile drive of the memorial).

NOTE: Surrounding area residents should only include expenditures that were **just for this trip** to Mount Rushmore National Memorial.

EXPENDITURES

a) **Inside memorial** b) **Outside memorial**

	<input type="radio"/> → Go to (b)	<input type="radio"/> → Go to (c)
Spent no money (●)	<input type="radio"/>	<input type="radio"/>
Lodge, hotel, motel, cabin, B&B, etc.	n/a	\$ _____
Camping fees and charges	n/a	\$ _____
Guide fees and charges (including audio tour fee)	\$ _____	\$ _____
Restaurants and bars	\$ _____	\$ _____
Groceries and takeout food	\$ _____	\$ _____
Gas and oil (auto, RV, boat, etc.)	n/a	\$ _____
Other transportation expenses (Concession parking fee, rental cars, taxis, auto repairs, but NOT airfare)	\$ _____	\$ _____
Admission, recreation, entertainment fees	n/a	\$ _____
All other expenditures (souvenirs, books, sporting goods, clothing, donations, etc.)	\$ _____	\$ _____

c) How many people do the above expenses cover? Please write "0" if no children were covered by the expenditures.

_____ Adults (18 years or over)

_____ Children (under 18 years)

16. On this visit, was your personal group part of the following types of organized groups? Please mark (●) **one** for **each**.

a) Commercial guided tour group Yes No

b) School/educational group Yes No

c) Other (scouts, work, church, etc.) Yes 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

17. a) On this visit, which type of personal group (not guided tour/school/other organized group) were you with? Please mark (●) only **one**.

Alone

Friends

Family

Family and friends

Other (Please specify) _____

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

_____ Number of people in personal group

c) On this visit, how many vehicles did your personal group use to arrive at the memorial? If you did not arrive by vehicle please write "0".

_____ Number of vehicles

d) On this trip, how many times did your personal group enter the memorial?

_____ Number of entries

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

	a) Current age	b) U.S. ZIP code or name of country other than U.S.	Number of visits to Mount Rushmore National Memorial (including this visit)	
			c) Past 12 months	d) Lifetime
Yourself	_____	_____	_____	_____
Member #2	_____	_____	_____	_____
Member #3	_____	_____	_____	_____
Member #4	_____	_____	_____	_____
Member #5	_____	_____	_____	_____
Member #6	_____	_____	_____	_____
Member #7	_____	_____	_____	_____

19. a) For you only, which category best represents your annual **household** income? Please mark (●) only **one**.

- | | | |
|--|---|---|
| <input type="radio"/> Less than \$24,999 | <input type="radio"/> \$50,000-\$74,999 | <input type="radio"/> \$150,000-\$199,999 |
| <input type="radio"/> \$25,000-\$34,999 | <input type="radio"/> \$75,000-\$99,999 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> \$35,000-\$49,999 | <input type="radio"/> \$100,000-\$149,999 | <input type="radio"/> Do not wish to answer |

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

c) How much income did your household forgo to make this trip (due to taking unpaid time off from work)? Please mark (●) "None" or specify the amount forgone.

None **OR** Amount forgone \$ _____

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

- | | |
|---|---|
| <input type="radio"/> Some high school | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> High school diploma/GED | <input type="radio"/> Graduate degree |
| <input type="radio"/> Some college | |

21. a) Are members of your personal group Hispanic or Latino? Please mark (●) **one** for each group member.

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Yes, Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No, not Hispanic or Latino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) What is the race of each member of your personal group? Please mark (●) **one or more** for each group member.

	Yourself	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
American Indian or Alaska Native	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black or African American	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Hawaiian or other Pacific Islander	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Is there anything else your personal group would like to tell us about your visit to Mount Rushmore National Memorial?

23. Overall, how would you rate the quality of the facilities, services, and recreational opportunities provided to your personal group at Mount Rushmore National Memorial during this visit? Please mark (●) **one**.

Very poor	Poor	Average	Good	Very good
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for your help! Please seal the questionnaire in the postage-paid envelope provided and drop it in any U.S. mailbox.

OFFICIAL BUSINESS

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University of Idaho
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