



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

Visitor Services Project

# Minuteman Missile National Historic Site

## Visitor Study





IN REPLY REFER TO:

**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](mailto: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 (○), 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: (✓) (X) ( / )

- 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](mailto: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**

**b) Prior to future visits**

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

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.

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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**.

- |  |   |
|--|---|
| <input type="radio"/> I-90 east only         | <input type="radio"/> I-90 east to Badlands Scenic Loop 240     |
| <input type="radio"/> I-90 west only         | <input type="radio"/> Badlands Scenic Loop 240 from Wall        |
| <input type="radio"/> Hwy 44 from Rapid City | <input type="radio"/> 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**.

- |  |   |
|--|---|
| <input type="radio"/> I-90 east only       | <input type="radio"/> Badlands Scenic Loop 240 to I-90 east   |
| <input type="radio"/> I-90 west only       | <input type="radio"/> Badlands Scenic Loop 240 to Wall        |
| <input type="radio"/> Hwy 44 to Rapid City | <input type="radio"/> 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)?

Yes  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.

Lodges, hotels, motels, cabins, B&B, etc.

RV/trailer camping

Tent camping in developed campground

Personal seasonal residence

Residence of friends or relatives

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?

Yes  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.

Visitor center

Launch Facility (Missile Silo) Delta-09

Launch Control Facility Delta-01









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.

	<b>EXPENDITURES</b>	
	<b>a) Inside park</b>	<b>b) Outside park</b>
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 airfare)	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 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       Yes       No
  - b) School/educational group       Yes       No
  - c) Other (scouts, work, church)       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



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.

	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"/>

24. For you and 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.	c) Number of visits to Minuteman Missile NHS since 2004 (including this visit)
Yourself	_____	_____	_____
Member #2	_____	_____	_____
Member #3	_____	_____	_____
Member #4	_____	_____	_____
Member #5	_____	_____	_____
Member #6	_____	_____	_____
Member #7	_____	_____	_____

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             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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](http://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.

**OFFICIAL BUSINESS**

**Visitor Services Project  
Park Studies Unit  
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