



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

July 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.

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### 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"/> | E-mail/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 time spent 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

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- 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      |

- Hwy 44 to Rapid City       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

c) On this trip, how many times did you and your personal group enter the park?

\_\_\_\_\_ Number of times entered

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  
 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 days/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

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

\_\_\_\_\_ Number of days

10. On this visit to Minuteman Missile NHS, which park sites did you and your personal group visit? Please mark (●) **all** that apply.

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- Visitor center
- Launch Facility (Missile Silo) Delta-09
- 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?

- Yes  
 ↓
- No → **Go to part d of this question**

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

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

- Too short       About right       Too long

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

- 9:00 am – 11:00 am       1:01 pm – 3:00 pm  
 11:01 am – 1:00 pm       3:01 pm – 5:00 pm  
 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) What activities did you and your personal group actually participate in on this visit? Please mark (●) **all** that apply in column (b).

**a) Expected activity** \_\_\_\_\_ **b) Activity this visit**

- |   |                       |
|---|-----------------------|
| <input type="radio"/> Attend Open House                               | <input type="radio"/> |
| <input type="radio"/> Attend ranger-led tours (other than Open House) | <input type="radio"/> |
| <input type="radio"/> Painting/drawing/taking photographs             | <input type="radio"/> |
| <input type="radio"/> Participate in Junior Ranger program            | <input type="radio"/> |
| <input type="radio"/> Take self-guided tours                          | <input type="radio"/> |
| <input type="radio"/> View visitor center exhibits                    | <input type="radio"/> |
| <input type="radio"/> Watch park video/film                           | <input type="radio"/> |
| <input type="radio"/> Other (Please specify below)                    | <input type="radio"/> |

Expected \_\_\_\_\_ This visit \_\_\_\_\_

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                                 | <input type="radio"/> |
| <input type="radio"/> | Missile history – both U.S. and Soviet Union                                 | <input type="radio"/> |
| <input type="radio"/> | Technology and engineering that developed and built the system               | <input type="radio"/> |
| <input type="radio"/> | Nuclear weapons and the arms race  | <input type="radio"/> |
| <input type="radio"/> | Soviet/Russian perspective on Cold War                                       | <input type="radio"/> |
| <input type="radio"/> | Landowner perspective on missile fields                                      | <input type="radio"/> |
| <input type="radio"/> | Personal and human stories related to missile field<br>(Air Force) personnel | <input type="radio"/> |
| <input type="radio"/> | Nuclear weapons and missiles – at present and in the future                  | <input type="radio"/> |
| <input type="radio"/> | Effects on local communities and citizens                                    | <input type="radio"/> |
| <input type="radio"/> | Peace protects – Debate on use of nuclear weapons                            | <input type="radio"/> |
| <input type="radio"/> | The Cold War's effects on the 21 <sup>st</sup> century                       | <input type="radio"/> |
| <input type="radio"/> | Other topics (Please specify below)  | <input type="radio"/> |

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** of 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.

	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
a) <b>Visitor services/facilities used?</b> Mark (●)		
<input type="radio"/> Access for people with disabilities	_____	_____
<input type="radio"/> Assistance from park staff	_____	_____
<input type="radio"/> Visitor contact station	_____	_____
<input type="radio"/> Indoor exhibits	_____	_____
<input type="radio"/> Outdoor exhibits	_____	_____
<input type="radio"/> Junior Ranger program	_____	_____
<input type="radio"/> Park brochure/map	_____	_____
<input type="radio"/> Park newspaper	_____	_____
<input type="radio"/> Park video/film	_____	_____
<input type="radio"/> Park website: <a href="http://www.nps.gov/mimi">www.nps.gov/mimi</a> used before or during visit	_____	_____
<input type="radio"/> Parking	_____	_____
<input type="radio"/> Ranger-led tour	_____	_____
<input type="radio"/> Restrooms	_____	_____
<input type="radio"/> 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.**

	<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	<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, what **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**.

None     Service \_\_\_\_\_

26. If you were to visit Minuteman Missile NHS in the future, what 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.

\_\_\_\_\_



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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 demonstration/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?

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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

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

 Printed on recycled paper

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<b>Services Project Unit Natural Resources Idaho 441139 83844-1139</b>	<b>Visitor Park Studies College of University of P.O. Box Moscow, Idaho</b>
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