

### Survey Log Sheet

| When |      | Potential Respondent |                           |                        |     |      |          |                   |                              |                                       |
|------|------|----------------------|---------------------------|------------------------|-----|------|----------|-------------------|------------------------------|---------------------------------------|
| Date | Time | Alone?               | Respondent<br>Volunteered | Respondent<br>Declined | M/F | Race | Location | Purpose of Visit? | Significance of Battlefield? | Reason for Declined<br>Participation? |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |
|      |      |                      |                           |                        |     |      |          |                   |                              |                                       |

## Non-Respondent Survey Questions

Why did you visit Little Bighorn Battlefield today?

What do you think is the significance of Little Bighorn Battlefield?

Why do you decline to participate in the survey?

Gender:  Female  
 Male

Current state or country of residency:

\_\_\_\_\_

What is your race? (check one or more)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Are you Hispanic or Latino? (check one)

- Yes
- No