



National Park Service  
U.S. Department of the Interior

Visitor Services Project

# Pipestone National Monument

## Visitor Study





## United States Department of the Interior

NATIONAL PARK SERVICE  
Pipestone National Monument  
P.O. Box 727  
Pipestone, Minnesota 56164-1269

IN REPLY REFER TO:

July, 2002

Dear Visitor:

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

This questionnaire is only being given to a select number of visitors, so your participation is very important! It should only take a few minutes after your visit to complete.

When your visit is over, please complete the 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, Cooperative Park Studies Unit, College of Natural Resources, P.O. Box 441133, University of Idaho, Moscow, Idaho 83844-1133, phone 208-885-7863, email: [littlej@uidaho.edu](mailto:littlej@uidaho.edu).

We appreciate your help.

Sincerely,

M. James LaRock  
Superintendent

This visitor study is partially funded by Fee Demonstration Funding.

**DIRECTIONS**

One adult in your group should complete the questionnaire. It should only take a few minutes. When you have completed the questionnaire, please seal it with the stickers provided and drop it in any U.S. mailbox. We appreciate your help.

**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 group on the questionnaire. Data collected through visitor surveys may be disclosed to the Department of Justice when relevant to litigation or anticipated litigation, or to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law. 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 the Information Collection Clearance Officer, WASO Administrative Program Center, National Park Service, 1849 C Street, N.W., Washington, D.C. 20240.

Please go on to the next page 

**YOUR VISIT TO PIPESTONE NATIONAL MONUMENT**

1. a) **Prior to this trip** , how did you and your group obtain information about Pipestone National (Nat'l.) Monument? Please check ( ) **all** that apply in the column on the left.

\_\_\_\_\_ RECEIVED NO INFORMATION PRIOR TO VISIT → **Go on to part b of this question**

b) On future trips to Pipestone Nat'l. Monument, what sources would you and your group prefer to use to obtain information in planning your visit? Please check ( ) **all** that apply in the column on the right.

<u>Prior to this visit? ( √ )</u>	<u>Prior to future visits? ( √ )</u>
_____ PREVIOUS VISIT(S)	_____
_____ FRIENDS/ RELATIVES/ WORD OF MOUTH	_____
_____ TRAVEL GUIDE/ TOUR BOOK	_____
_____ MAPS/ BROCHURES	_____
_____ STATE/ LOCAL TRAVEL INFORMATION	_____
_____ PIPESTONE CHAMBER OF COMMERCE	_____
_____ TELEPHONE INQUIRY TO MONUMENT	_____
_____ WRITTEN INQUIRY TO MONUMENT	_____
_____ NEWSPAPER/ MAGAZINE ARTICLES	_____
_____ INTERNET/ WEB SITE (www.nps.gov/pipe/)	_____
_____ LOCAL CABLE ACCESS TELEVISION (Channel 11)	_____
_____ OTHER (Please specify: _____)	_____

c) From the sources you used **prior** to this visit, did you and your group receive the type of information about the monument that you needed?

\_\_\_\_\_ NO                      \_\_\_\_\_ YES                      \_\_\_\_\_ NOT SURE

↓                                      ↘                                      ▼

**Go on to Question 2**

d) If NO, what type of monument information did you and your group need that was not available? Please be specific.

\_\_\_\_\_

2. Prior to this visit, did you know that Pipestone Nat'l. Monument is sacred to many American Indians?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      \_\_\_\_\_ NOT SURE

3. On this trip, what other places did you visit in addition to Pipestone Nat'l. Monument? Please check ( ) **all** that apply.

\_\_\_\_\_ DID NOT VISIT ANY OF THE FOLLOWING PLACES → **Go on to Question 4**

- |   |   |
|---|---|
| _____ PIPESTONE COUNTY MUSEUM                       | _____ PIPESTONE DOWNTOWN NATIONAL HISTORIC DISTRICT |
| _____ BLUE MOUNDS STATE PARK                        | _____ PRAIRIE BUFFALO FARM                          |
| _____ SPLIT ROCK STATE PARK                         | _____ WIND TOWERS                                   |
| _____ JEFFERS PETROGLYPH HISTORICAL SITE            | _____ LAURA INGALLS WILDER HISTORICAL SITE          |
| _____ END OF THE LINE RAILROAD MUSEUM               | _____ SONG OF HIAWATHA PAGEANT                      |
| _____ FLANDREAU CASINO, SD                          | _____ FLANDREAU MUSEUM, SD                          |
| _____ KEEPERS OF THE SACRED TRADITION OF PIPEMAKERS | _____ LUVERNE, MN                                   |
| _____ LITTLE FEATHER CENTER                         |   |
| _____ OTHER (Please specify _____)                  |   |

4. a) On this trip, did you and your group stay overnight away from home outside of Pipestone Nat'l. Monument (within 25 miles)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO → **Go on to Question 5**



b) NUMBER OF NIGHTS OUTSIDE MONUMENT (within 25 miles) \_\_\_\_\_

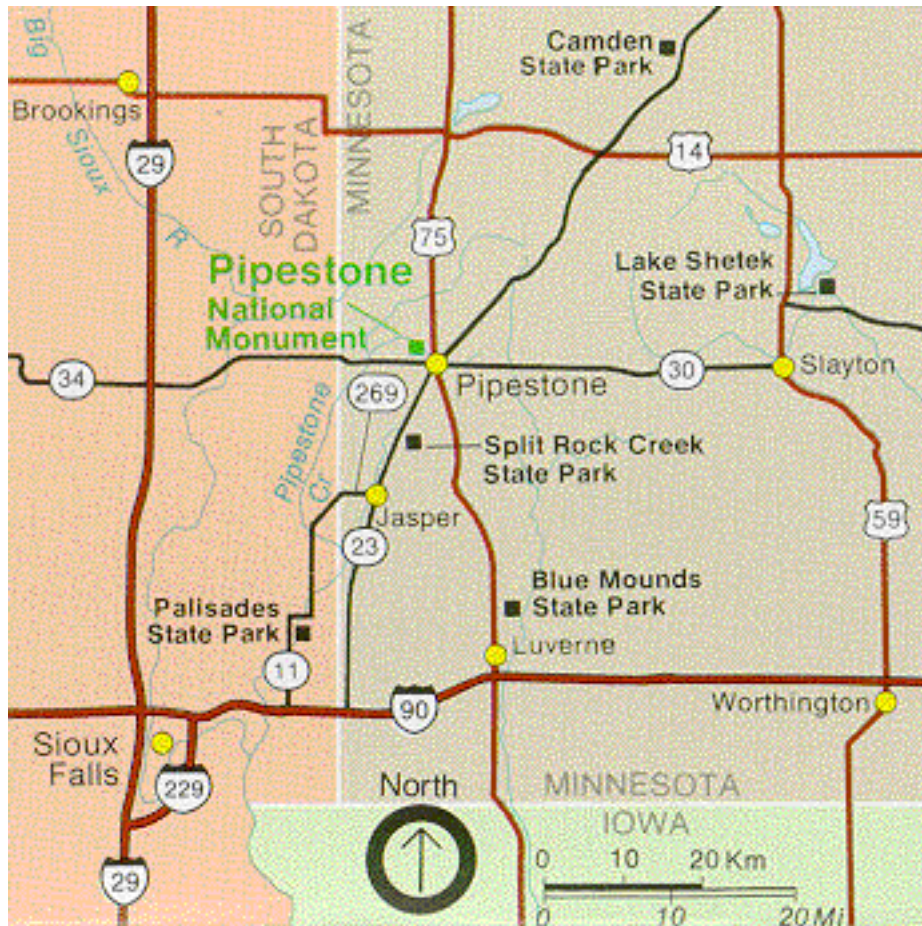
c) In what type of lodging did you and your group spend the night(s)? Please check ( ) all that apply.

- |  |                                 |
|--|---------------------------------|
|  | Within 25 miles of monument ( ) |
| _____ LODGE, MOTEL, CABIN, RENTED CONDO/ HOME, B&B | _____                           |
| _____ CAMPGROUND/ TRAILER PARK                     | _____                           |
| _____ PERSONAL SEASONAL RESIDENCE                  | _____                           |
| _____ RESIDENCE OF FRIENDS OR RELATIVES            | _____                           |
| _____ OTHER (Please specify: _____)                |                                 |

**Please go on to the next page →**

5. a) On this visit, which of the following roads did you and your group use to access Pipestone Nat'l. Monument? Use the map below to help you locate the roads/ highways you used. Please check ( ) **all** that apply.

US 75 (from north)                       US 75 (from south)  
 HIGHWAY 30 (from east)                 HIGHWAY 30 (from west)  
 US 23 (from northeast)                  US 23 (from southwest)  
 I-90     I-29

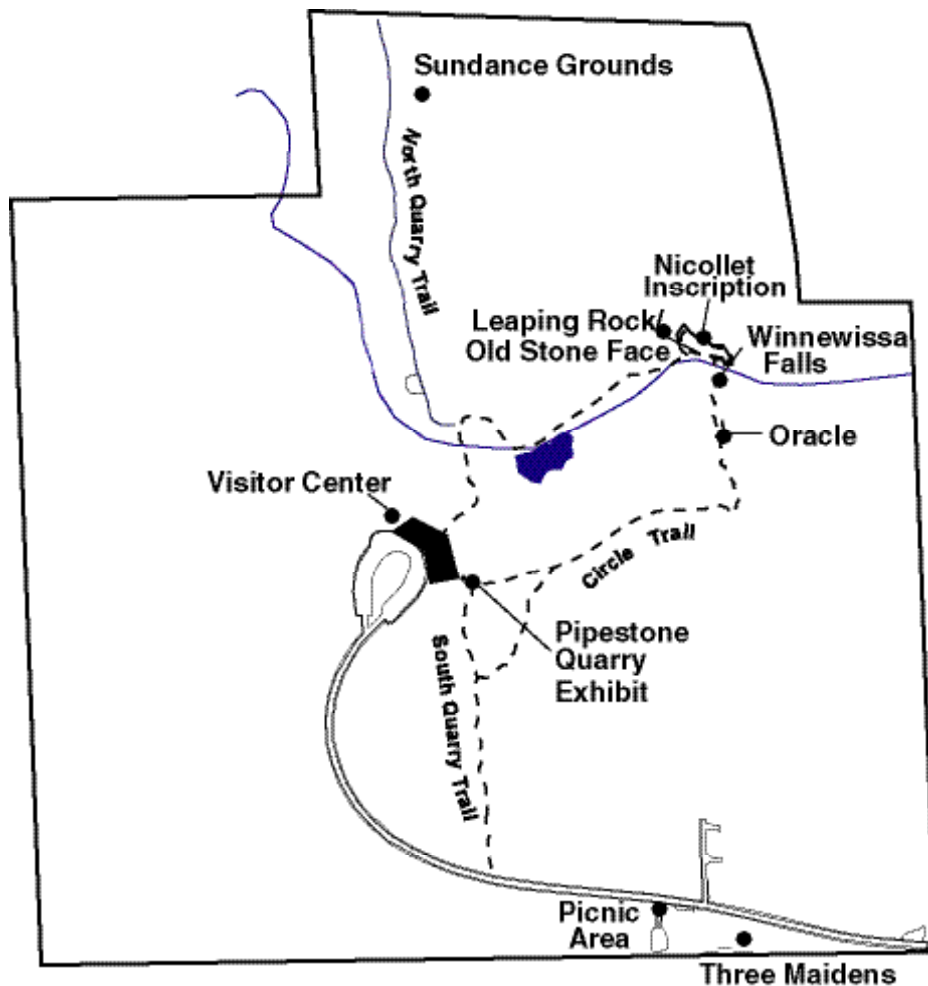


- b) Were the signs directing you to Pipestone Nat'l. Monument adequate? Please check ( ) **one** answer for each of the following roads/places.

SIGNS ON INTERSTATES     YES     NO     NOT SURE  
 SIGNS ON STATE HIGHWAYS  YES     NO     NOT SURE  
 SIGNS IN COMMUNITIES     YES     NO     NOT SURE

6. During this visit which of the following sites in Pipestone Nat'l. Monument did you and your group visit? Use the map below to help you locate the sites. Please check ( ) **all** that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> PICNIC AREA                  | <input type="checkbox"/> NICOLLET INSCRIPTION             |
| <input type="checkbox"/> THREE MAIDENS                | <input type="checkbox"/> ORACLE                           |
| <input type="checkbox"/> CIRCLE TRAIL                 | <input type="checkbox"/> PIPESTONE QUARRY EXHIBIT         |
| <input type="checkbox"/> NORTH QUARRY TRAIL           | <input type="checkbox"/> SUNDANCE GROUNDS                 |
| <input type="checkbox"/> SOUTH QUARRY TRAIL           | <input type="checkbox"/> WINNEWISSA FALLS                 |
| <input type="checkbox"/> LEAPING ROCK/ OLD STONE FACE | <input type="checkbox"/> SWEAT LODGES                     |
| <input type="checkbox"/> VISITOR CENTER               | <input type="checkbox"/> OTHER (Please specify:<br>_____) |



Please go on to the next page ➡

7. How did this visit to Pipestone National Monument fit into your travel plans?
- \_\_\_\_\_ PIPESTONE NAT'L. MONUMENT WAS PRIMARY DESTINATION
- \_\_\_\_\_ PIPESTONE NAT'L. MONUMENT WAS ONE OF SEVERAL DESTINATIONS
- \_\_\_\_\_ PIPESTONE NAT'L. MONUMENT WAS NOT A PLANNED DESTINATION
8. On the list below, please check ( ) **all** of the activities that you and your group participated in at Pipestone Nat'l. Monument during this trip.
- \_\_\_\_\_ VIEW QUARRIES/ QUARRYING PROCESS
- \_\_\_\_\_ PARTICIPATE IN QUARRYING PROCESS
- \_\_\_\_\_ PHOTOGRAPHY
- \_\_\_\_\_ PICNICKING
- \_\_\_\_\_ HIKING/ WALKING
- \_\_\_\_\_ OBSERVING AMERICAN INDIAN DEMONSTRATIONS (pipe and craft)
- \_\_\_\_\_ BIRDING
- \_\_\_\_\_ SPIRITUAL USE/ TRADITIONAL USE (sweat lodge, pipe-making, prayer, offerings, etc.)
- \_\_\_\_\_ SEEKING SOLITUDE
- \_\_\_\_\_ EXERCISING (jogging, dog walking, etc.)
- \_\_\_\_\_ VIEWING MUSEUM EXHIBITS
- \_\_\_\_\_ VIEWING NIGHT SKY OR SUNSETS
- \_\_\_\_\_ STUDYING PRAIRIE ECOLOGY
- \_\_\_\_\_ VIEWING VIDEOS
- \_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)
9. a) On this visit, how much time did you and your group spend at Pipestone Nat'l. Monument?
- \_\_\_\_\_ NUMBER OF HOURS (Please list partial hours as 1/4, 1/2, etc.)
- \_\_\_\_\_ NUMBER OF DAYS (Please list partial days as 1/4, 1/2, etc.)
- b) On this visit, how much time did you and your group spend in the Pipestone Nat'l. Monument **area** ?
- \_\_\_\_\_ NUMBER OF HOURS (Please list partial hours as 1/4, 1/2, etc.)
- \_\_\_\_\_ NUMBER OF DAYS (Please list partial days as 1/4, 1/2, etc.)



10. Did the visitation hours at Pipestone Nat'l. Monument meet your needs?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO                      \_\_\_\_\_ NOT SURE

11. a) Please check ( ) the visitor services and facilities that you or your group **used** during this trip to Pipestone Nat'l. Monument.

b) Next, for only those services and facilities that you or your group used, please rate their **importance** from 1-5.

c) Finally, for only those services and facilities that you or your group used, please rate their **quality** from 1-5.

Use service/ facility?  Check ( )	If used, how important?					If used, what quality?				
	Not important		Extremely important			Very poor		Very good		
	1	2	3	4	5	1	2	3	4	5
_____ VISITOR CENTER										
_____ MONUMENT SLIDE SHOW										
_____ ASSISTANCE FROM PARK STAFF										
_____ RANGER-LED WALKS										
_____ JUNIOR RANGER PROGRAM										
_____ PIPE AND CRAFT DEMONSTRATIONS										
_____ GIFT SHOP										
_____ ASSISTANCE FROM GIFT SHOP STAFF										
_____ VISITOR CENTER RESTROOMS										
_____ ACCESS FOR DISABLED PERSONS										
_____ PARKING										
_____ DIRECTIONAL ROAD SIGNS (outside park)										
_____ PAVED ROADS										
_____ UNPAVED ROADS										

Please go on to the next page ➡

- 12. a) Please check ( ) the visitor areas and facilities that you or your group **used** during this trip to Pipestone Nat'l. Monument.
- b) Next, for only those areas and facilities that you or your group used, please rate their **importance** from 1-5.
- c) Finally, for only those areas and facilities that you or your group used, please rate their **quality** from 1-5.

Use area/ facility?  Check ( )	If used, how important?					If used, what quality?				
	Not important			Extremely important		Very poor			Very good	
	1	2	3	4	5	1	2	3	4	5
_____ QUARRIES VIEWING AREAS										
_____ PRAIRIE VIEWING AREAS										
_____ TRAILS										
_____ ROAD AND TRAILSIDE EXHIBITS										
_____ THREE MAIDENS SITE										
_____ PICNIC AREAS/ RESTROOMS/ WATER SUPPLY _____										

13. On this visit, what kind of **personal** group (not tour/ school group) were you with? Please check ( ) only **one**.

- \_\_\_\_\_ ALONE
- \_\_\_\_\_ FRIENDS
- \_\_\_\_\_ OTHER (Please describe \_\_\_\_\_)
- \_\_\_\_\_ FAMILY
- \_\_\_\_\_ FAMILY AND FRIENDS

14. a) On this visit, were you and your personal group with a guided tour group?  
 \_\_\_\_\_ YES                      \_\_\_\_\_ NO → **Go on to Question 15**



b) If YES, what type of group (school, church, bus, etc.)? \_\_\_\_\_

15. a) Does anyone in your personal group have any disabilities/impairments that limited their ability to visit Pipestone Nat'l. Monument?

- \_\_\_\_\_ YES                      \_\_\_\_\_ NO     → **Go on to Question 16**



b) If yes, what kind of disability? Please check ( ) **all** that apply.

- \_\_\_\_\_ HEARING
- \_\_\_\_\_ MOBILITY
- \_\_\_\_\_ MENTAL
- \_\_\_\_\_ VISUAL
- \_\_\_\_\_ LEARNING

15. c) Because of the disability/ impairment, did you and your group encounter any access/service problems in the monument?

YES       NO      ➔ **Go on to Question 17**



d) If YES, what were the problems? \_\_\_\_\_  
 \_\_\_\_\_

16. For you and your personal group on this visit, please indicate:

	Current age	U.S. ZIP Code or name of foreign country	Number of visits to Pipestone NM (including this visit)	
			Past 5 years	Lifetime
YOURSELF	_____	_____	_____	_____
MEMBER #2	_____	_____	_____	_____
MEMBER #3	_____	_____	_____	_____
MEMBER #4	_____	_____	_____	_____
MEMBER #5	_____	_____	_____	_____
MEMBER #6	_____	_____	_____	_____
MEMBER #7	_____	_____	_____	_____

17. For you and each of the adults (age 18 or over) in your personal group on this visit, please indicate the highest level of education completed. Please check ( ) only **one** for each person.

	Highest level of education				
	Some High School	High School Graduate/GED	Some College	Bachelor's Degree	Graduate Degree
YOURSELF	_____	_____	_____	_____	_____
ADULT #2	_____	_____	_____	_____	_____
ADULT #3	_____	_____	_____	_____	_____
ADULT #4	_____	_____	_____	_____	_____
ADULT #5	_____	_____	_____	_____	_____
ADULT #6	_____	_____	_____	_____	_____
ADULT #7	_____	_____	_____	_____	_____

Please go on to the next page ➔

18. On this visit, how many people were in your personal group, including yourself?

\_\_\_\_\_ NUMBER OF PEOPLE

19. a) Are you Hispanic or Latino?

\_\_\_\_\_ YES - HISPANIC OR LATINO

\_\_\_\_\_ NO - NOT HISPANIC OR LATINO

b) What is your race? Check ( ) **one or more** races to indicate what you consider yourself to be.

\_\_\_\_\_ AMERICAN INDIAN OR ALASKA NATIVE

Please print name of principal or enrolled tribe \_\_\_\_\_

\_\_\_\_\_ ASIAN

\_\_\_\_\_ BLACK OR AFRICAN AMERICAN

\_\_\_\_\_ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

\_\_\_\_\_ WHITE

\_\_\_\_\_ DO NOT WISH TO ANSWER

20. Pipestone Nat'l. Monument is spiritually important to many American Indians and throughout the year ceremonies are conducted in the monument. Some ceremonies are highly visible and are close to or within visitor use areas. Considering this, what temporary (from 1 to 4 hours) restrictions on visitor use would be acceptable to you? Please check ( ) **one** for each.

Temporary Restriction (1-4 hours)	Acceptable?		
	YES	NO	NO OPINION
CLOSURE/ALTERED VISITOR CENTER HOURS	_____	_____	_____
CLOSING SOME PORTIONS OF THE CIRCLE TRAIL	_____	_____	_____
NO PHOTOGRAPHY OF CEREMONIAL AREAS	_____	_____	_____
CLOSURE OF THREE MAIDENS SITE	_____	_____	_____
CLOSURE OF ENTIRE MONUMENT	_____	_____	_____
ROAD CLOSURES LIMITING ACCESS TO SOME AREAS	_____	_____	_____
OTHER (Please specify: _____)	_____	_____	_____

21. Pipestone Nat'l. Monument currently charges entrance fees (\$3/individual or \$5/family) that are good for 7 days. In your opinion, how appropriate are the amounts of these fees? Please check ( ) **one**.

\_\_\_\_\_ TOO LOW

\_\_\_\_\_ ABOUT RIGHT

\_\_\_\_\_ TOO HIGH

22. On this visit to Pipestone Nat'l. Monument, please indicate how the following elements may have affected your monument experience.

Affect your monument experience?	Added to	No effect	Detracted from
MONUMENT HOUSING (for staff)	_____	_____	_____
MONUMENT ROADS	_____	_____	_____
OTHER VISITOR/USER GROUPS	_____	_____	_____
NOISE (lawn mowers, leaf blowers, etc.)	_____	_____	_____
AGRICULTURAL USE OUTSIDE MONUMENT	_____	_____	_____
EXTERNAL DEVELOPMENT ADJACENT TO MONUMENT (power lines, residences, etc.)	_____	_____	_____

23. For this visit to Pipestone Nat'l. Monument, please estimate all expenditures by you and/or your group members for the items listed below. Please write "0" if you and your group did not spend any money.

a) Please list your group's total expenditures inside Pipestone Nat'l. Monument.

b) Please list your group's total expenditures in the **area** outside of Pipestone Nat'l. Monument (within 25 miles).

Local residents should only include expenditures that were directly related to this visit to the monument.

**Expenditures within 25 miles of Pipestone Nat'l. Monument (NM)**

	Inside Pipestone NM	Outside Pipestone NM
HOTELS, MOTELS, CABINS, etc.		\$ _____
CAMPING FEES AND CHARGES		\$ _____
RESTAURANTS AND BARS		\$ _____
GROCERIES AND TAKE OUT FOOD		\$ _____
GAS AND OIL (auto, RV, boat, etc.)		\$ _____
OTHER TRANSPORTATION EXPENSES (excluding airfare)		\$ _____
ADMISSIONS, RECREATION, ENTERTAINMENT FEES	\$ _____	\$ _____
ALL OTHER PURCHASES (souvenirs, film, books, sporting goods, clothing, etc.)	\$ _____	\$ _____

c) How many people do the listed expenses cover?

ADULTS (18 years or over) \_\_\_\_\_ CHILDREN (under 18 years) \_\_\_\_\_

Please go on to the next page ➡

24. a) On this visit to Pipestone Nat'l. Monument, did you or members of your group have any specific safety concerns?

YES       NO → **Go on to Question 25**



b) If YES, what were the concerns? \_\_\_\_\_

\_\_\_\_\_

25. a) During this visit to Pipestone Nat'l. Monument, was there anything specific that you and your group wanted to see or do, but were not able to?

YES       NO → **Go on to Question 26**



b) If YES, what was it you expected to see or do? \_\_\_\_\_

\_\_\_\_\_

c) What prevented you from seeing or doing what you expected to?

\_\_\_\_\_

26. On a future visit to Pipestone Nat'l. Monument, how would you and your group prefer to learn about the cultural and natural history of the monument? Please check ( ) **all** that apply.

TRAVEL GUIDES/GUIDEBOOKS

OTHER PRINTED MATERIALS (books, brochures, maps, etc.)

INTERNET/WEB SITES

AUDIO-VISUAL PROGRAMS (videos, movies, slide shows, etc.)

RANGER-GUIDED WALKS/TOURS

ROVING RANGERS AVAILABLE TO ANSWER QUESTIONS

LIVING HISTORY (ranger-in-costume programs)

INDOOR EXHIBITS

OUTDOOR EXHIBITS

ROADS/TRAILSIDE EXHIBITS

PIPE AND CRAFT DEMONSTRATORS

OTHER (Please specify \_\_\_\_\_ )

27. a) What did you like **most** about your visit to Pipestone Nat'l. Monument?

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b) What did you like **least** about your visit to Pipestone Nat'l. Monument?

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28. If you were a manager planning for the future of Pipestone Nat'l. Monument, what would you propose? Please be specific.

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29. Is there anything else you and your group would like to tell us about your visit to Pipestone Nat'l. Monument?

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30. Overall, how would you rate the quality of the visitor services provided to you and your group at Pipestone Nat'l. Monument during this trip? Please circle only **one**.

VERY GOOD      GOOD      AVERAGE      POOR      VERY POOR

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



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**OFFICIAL BUSINESS**

**Visitor Services Project  
Cooperative Park Studies Unit  
College of Natural Resources  
University of Idaho  
P.O. Box 441133  
Moscow, Idaho 83844-1133**