

# Devils Tower National Monument Visitor Study



**The  
Visitor Services  
Project**



### DIRECTIONS

After your visit to Devils Tower, 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 sticker 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 authorize 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.

**Burden estimate statement:** Public reporting burden for this form is estimated to average 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Service Information Collection Clearance Officer, National Park Service, P.O. Box 37127, Washington, D.C. 20013-7127; and to the Office of Management and Budget, Paperwork Reduction Project, 1024-0172, Washington, D.C. 20503.

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## YOUR VISIT TO DEVILS TOWER NATIONAL MONUMENT

1. Prior to this visit, how did you and your group obtain information about Devils Tower National Monument? Please check (√) **all** that apply.

- \_\_\_\_\_ RECEIVED NO INFORMATION PRIOR TO VISIT - **GO ON TO QUESTION 2**
- \_\_\_\_\_ PREVIOUS VISITS
- \_\_\_\_\_ FRIENDS OR RELATIVES
- \_\_\_\_\_ TRAVEL GUIDE/ TOUR BOOK
- \_\_\_\_\_ MAPS/ BROCHURES
- \_\_\_\_\_ NEWSPAPER/ MAGAZINE
- \_\_\_\_\_ TV/RADIO/ MOVIE
- \_\_\_\_\_ HIGHWAY/ INTERSTATE SIGNS/ BILLBOARDS
- \_\_\_\_\_ TELEPHONE OR WRITTEN INQUIRY TO THE PARK
- \_\_\_\_\_ OTHER (Please specify:\_\_\_\_\_)

2. a) What route did you and your group take to **arrive at** Devils Tower National Monument? Please check (√) only **one**.

- \_\_\_\_\_ HIGHWAY 24 THROUGH HULETT
- \_\_\_\_\_ HIGHWAY 14 THROUGH SUNDANCE
- \_\_\_\_\_ HIGHWAY 14 THROUGH MOORCROFT

- b) What route did you and your group take when you **departed** Devils Tower National Monument? Please check (√) only **one**.

- \_\_\_\_\_ HIGHWAY 24 THROUGH HULETT
- \_\_\_\_\_ HIGHWAY 14 THROUGH SUNDANCE
- \_\_\_\_\_ HIGHWAY 14 THROUGH MOORCROFT

3. What forms of transportation did you and your group use to get to Devils Tower National Monument? Please check (✓) **all** that apply.

CAR/ VAN/ PICKUP TRUCK  
 MOTORCYCLE/ BICYCLE  
 VEHICLE PULLING A TRAILER THAT IS LESS THAN 20 FEET LONG  
 VEHICLE PULLING A TRAILER THAT IS 20 FEET LONG OR LONGER  
 MOTOR HOME LESS THAN 20 FEET LONG  
 MOTOR HOME 20 FEET LONG OR LONGER  
 OTHER (Please specify: \_\_\_\_\_)

4. On this trip to Devils Tower National Monument, what other parks did you and your group visit or plan to visit? Please (✓) check **all** that apply.

<input type="checkbox"/> MOUNT RUSHMORE NAT'L. MEMORIAL	<input type="checkbox"/> BEAR BUTTE STATE PARK
<input type="checkbox"/> LITTLE BIGHORN BATTLE- FIELD NAT'L. MONUMENT	<input type="checkbox"/> CUSTER STATE PARK
<input type="checkbox"/> WIND CAVE NAT'L. PARK	<input type="checkbox"/> BADLANDS NAT'L. PARK
<input type="checkbox"/> JEWEL CAVE NAT'L. MONUMENT	<input type="checkbox"/> KEYHOLE STATE PARK
<input type="checkbox"/> BIGHORN CANYON NAT'L. RECREATION AREA	<input type="checkbox"/> YELLOWSTONE / GRAND TETON NAT'L. PARKS
<input type="checkbox"/> OTHER (Please specify: _____)	

5. On this visit, how much time did you and your group spend at Devils Tower National Monument?

If **less** than 24 hours: \_\_\_\_\_ NUMBER OF HOURS

If 24 hours **or more**: \_\_\_\_\_ NUMBER OF DAYS

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## YOUR ACTIVITIES

6. On the list below, please check (✓) **all** of the activities in which you and your group participated at Devils Tower National Monument on this visit.

\_\_\_\_\_ VIEW SCENERY

\_\_\_\_\_ VIEW WILDLIFE

\_\_\_\_\_ TAKE PHOTOGRAPHS

\_\_\_\_\_ VISIT VISITOR CENTER

\_\_\_\_\_ WALK TOWER TRAIL

\_\_\_\_\_ WALK OTHER TRAILS (other than Tower Trail)

\_\_\_\_\_ VISIT PRAIRIE DOG TOWN

\_\_\_\_\_ TECHNICAL CLIMBING (with specialized gear)

\_\_\_\_\_ BOULDER SCRAMBLING (without specialized gear)

\_\_\_\_\_ OBSERVE CLIMBING

\_\_\_\_\_ PARTICIPATE IN TRADITIONAL CULTURAL USE (religious ceremonies, etc.)

\_\_\_\_\_ PICNIC

\_\_\_\_\_ FISH

\_\_\_\_\_ CAMP OVERNIGHT

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

## YOU AND YOUR OPINIONS

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

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

8. On this visit, were you with a guided tour group?

\_\_\_\_\_ YES          \_\_\_\_\_ NO

9. On this visit, what kind of group were you with? Please check (✓) only **one**.

\_\_\_\_\_ ALONE

\_\_\_\_\_ FAMILY

\_\_\_\_\_ FRIENDS

\_\_\_\_\_ FAMILY AND FRIENDS

\_\_\_\_\_ OTHER (Please describe: \_\_\_\_\_)

10. For you and each member of your group, please indicate:

	<b>CURRENT AGE</b>	<b>U.S. ZIP CODE OR NAME OF FOREIGN COUNTRY</b>	<b>NUMBER OF VISITS TO THIS PARK (INCLUDING THIS VISIT)</b>
YOURSELF	_____	_____	_____
MEMBER #2	_____	_____	_____
MEMBER #3	_____	_____	_____
MEMBER #4	_____	_____	_____
MEMBER #5	_____	_____	_____
MEMBER #6	_____	_____	_____
MEMBER #7	_____	_____	_____

11. Prior to this visit, did you know that Devils Tower is sacred to many American Indians?

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

**PLEASE GO ON TO NEXT PAGE**



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12. Prior to this visit, did you know that Devils Tower is considered a premier technical climbing area?

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

13. Devils Tower is spiritually important to many American Indians and they conduct ceremonies in the monument. Considering this, what activities/ facilities do you feel may **not** be appropriate in the monument? Please check (✓) **all** that apply.

\_\_\_\_\_ SIGHTSEEING  
\_\_\_\_\_ AUTO TOURING  
\_\_\_\_\_ HIKING THE TOWER TRAIL  
\_\_\_\_\_ TAKING PHOTOGRAPHS  
\_\_\_\_\_ TECHNICAL CLIMBING (WITH GEAR)  
\_\_\_\_\_ HAMMERING CLIMBING BOLTS AND PITONS IN THE TOWER  
\_\_\_\_\_ BOULDER SCRAMBLING (WITHOUT GEAR)  
\_\_\_\_\_ VISITOR CENTER PARKING LOT  
\_\_\_\_\_ AIRPLANE/ HELICOPTER FLIGHTS ABOVE MONUMENT  
\_\_\_\_\_ OTHER (Please specify: \_\_\_\_\_)

14. In response to American Indians' beliefs and traditional cultural activities, the National Park Service has encouraged climbers not to climb on Devils Tower during the 30 days of June each year. Do you support this decision?

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

15. To reduce congestion during peak summer visitation, a shuttle bus system is being considered at Devils Tower National Monument. Visitors would park near the monument entrance and ride a shuttle bus to the visitor center.

a) Do you support this proposal?

\_\_\_\_\_ STRONGLY                      \_\_\_\_\_ AGAINST                      \_\_\_\_\_ NOT SURE

b) Would you be willing to pay a modest fee for the shuttle bus?

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



16. a) During this visit, were any noises loud enough to reduce your enjoyment of the monument?

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

b) If so, what was the source or were the sources of the noise?

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17. a) Please check (√) the visitor services and facilities that you and your group **used** during this visit to Devils Tower National Monument.

b) Next, for only those services and facilities that you and 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?**

**If used,  
how important?**  
Very          Not  
important    important

**If used,  
what quality?**  
Very          Very  
good          poor

Check (√)

1 2 3 4 5

1 2 3 4 5

_____ VISITOR CENTER	_____	_____
_____ BOOK SALES AREA	_____	_____
_____ PARK BROCHURE/MAP	_____	_____
_____ PARK PERSONNEL	_____	_____
_____ RANGER-LED PROGRAMS	_____	_____
_____ PARKING	_____	_____
_____ TRAILS	_____	_____
_____ JOYNER RIDGE AREA	_____	_____
_____ CAMPGROUND	_____	_____
_____ PICNIC AREA	_____	_____
_____ RESTROOMS	_____	_____
_____ PARK RADIO INFORMATION STATION	_____	_____

**PLEASE GO ON TO NEXT PAGE**



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18. During this visit to Devils Tower National Monument, approximately how much money did you and your group spend for lodging, travel, food, and other items within a 40 mile radius of Devils Tower National Monument (Crook County)? Please write "0" if you and your group did not spend any money.

**Crook County**

LODGING (hotel, motel, camping, etc.)	\$ _____
TRAVEL (gas, rental car, etc.)	\$ _____
FOOD (restaurant, groceries, etc.)	\$ _____
OTHER (souvenirs, film, gifts, etc.)	\$ _____

19. On this visit, what were your reasons for visiting Devils Tower National Monument? Please check (√) **all** that apply.

VIEW GEOLOGICAL FEATURE

VIEW SACRED SITE TO AMERICAN INDIANS

VIEW WILDLIFE

BY CHANCE/ UNPLANNED VISIT

CLIMB TOWER

VISIT NATION'S FIRST NATIONAL MONUMENT

VIEW PLACE WHERE *CLOSE ENCOUNTERS OF THE THIRD KIND* (movie) WAS FILMED

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

20. Overall, how would you rate the quality of the visitor services provided to you and your group at Devil's Tower National Monument? Please circle only **one**.

VERY GOOD      GOOD      AVERAGE      POOR      VERY POOR

21. If you were a manager planning for the future of Devils Tower National Monument what would you propose? Please be specific.

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22. Is there anything else you and your group would like to tell us about your visit to Devils Tower National Monument?

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



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**OFFICIAL BUSINESS**

**Visitor Services Project  
Cooperative Park Studies Unit  
Department of Forest Resources  
College of Forestry, Wildlife and  
Range Sciences  
University of Idaho  
Moscow, Idaho 83844-1133**

Deb: Here is the wording of the question which Gary and I came up with. Be sure that the way we refer to American Indians is the way your local tribes want to be referred to. I know some tribes prefer to be called "Indian" and some prefer "American Indian" or variations thereof.

I noticed that in some questions, the tower is referred to as a "tower" and in others, you have called it a "butte." Which term do you prefer?

After you have reviewed the questionnaire, we'd be happy to do a conference call with you to discuss this further. Both of us will be here through Wednesday, January 25. After that, you won't be able to catch us both here until late February or early March.

I would like to get your questionnaire sent off to the Office of Management and Budget by February 7 if possible. I will be doing a winter survey at Grand Teton and Yellowstone from Feb. 8-21.

Margaret

23. There is a disagreement about the naming of the butte now called Devils Tower. Many American Indians feel the name "Devils Tower" is inappropriate. Yet, the name Devils Tower National Monument is important as a place name to other Wyoming residents. A compromise has been proposed to leave the name of the national monument as Devils Tower, but to change the name of the butte to a name more acceptable to American Indians. What is your opinion?

\_\_\_\_\_ I SUPPORT THE COMPROMISE

\_\_\_\_\_ I DON'T SUPPORT THE COMPROMISE

\_\_\_\_\_ I DON'T KNOW

\_\_\_\_\_ I DON'T CARE

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