

**UNITED STATES DEPARTMENT OF COMMERCE
United States International Trade Administration**

**SURVEY OF
INTERNATIONAL
AIR TRAVELERS**

DEPARTING THE UNITED STATES

Dear International Traveler:

Please help the travel industry improve the services they offer you. The information collected in this survey is used by airlines, travel agents, hotels, government travel offices, and other travel planners and providers to understand you, the international traveler, and thereby take steps to improve your next international trip.

This questionnaire is designed to be completed by both non-U.S. residents who have visited the country and U.S. residents traveling abroad. If you are 18 years of age or older, please complete this voluntary survey. **ONLY ONE RESPONSE PER FAMILY GROUP, PLEASE.**

Upon completing this survey, please return it to the person who provided it to you. The estimated average time to complete this questionnaire is 15 minutes. Should you have any comments regarding this survey, please send them to Tourism Industries, ITA, Washington DC 20230, or Office of Information and Regulatory Affairs, OMB, Project 0605-0007, Washington, DC 20503.

Thank you for your cooperation on this important survey.

This survey also available in Japanese, French, German, Spanish, Chinese, Korean, Polish, Portuguese, Russian, Italian, Arabic.

OMB CLEARANCE NO. 0605-0007

ONLY ONE RESPONSE PER FAMILY, PLEASE

- 1a. Date
- b. Name of Airline
- c. Flight Number
- d. Please rate your general impression of this airline.

Mark (X) ONE

- Excellent
- Good
- Average
- Fair
- Poor

- 2a. What are your City, State, ZIP (postal) Code, and Country of Residence? - Specify

NON-US Residents – Skip to question 2c

- b. If this flight is part of an outbound journey from your home, what will be the main destination on your trip? - Specify

- c. For NON-US Residents ONLY
If this flight is part of the return journey to your home, what was the main destination that you visited since you left home? – Specify

- 3a. What is your country of CITIZENSHIP? – Specify

- b. What is your country of BIRTH?

US Residents – SKIP to question 4b

- 4a. For Non-US Residents ONLY
At what city or airport did you pass through U.S. Customs/Immigration? – Specify

Non-US Residents – SKIP to question 5a

- 4b. If you are a US resident, at what city or airport will you pass through U.S. Customs/immigration when you return?

--- Specify

- 5a. At what airport did or will you board this aircraft today?

--- Specify

- b. Did you make a connecting flight?

- No
- Yes – From which airport? – Specify

- c. At which airport will you leave this aircraft? – Specify

- d. Once there, are you making a connecting flight?

- No
- Yes – To which City? --Specify

- 6. How did you obtain information used to plan your trip?

Mark (X) ALL that apply

- Airlines directly
- In-flight information systems
- National government tourist office
- State/City travel office
- Friends or relatives
- Travel agency
- Travel guides
- Tour company
- Corporate travel department
- Newspaper/Magazine
- TV/Radio
- Personal computer

- 7. How long before you departed on this trip did you –

Decide to travel?

Make airline reservation?

- 8. How were your AIRLINE reservations for this trip made?

Mark (X) ONE

- A travel agent
- Travel club
- The Airline directly
- The company's travel department
- Tour operator
- Personal computer
- Don't know
- Other

9a. Were commercial LODGING reservations made for this trip before you left home?

- Mark (X) ONE
 Yes – Go to question 9b
 No – SKIP to question 10a

b. These reservations were made through.....

- Mark (X) ALL that apply
 A travel agent
 The hotel/motel staff directly
 The company's travel department
 A tour operator
 Airline staff
 A friend or relative
 Business associate
 Other

10a. What is/was the MAIN purpose of your trip?

- Mark (X) ONE
 Business/Professional
 Convention/Conference/Trade show
 Leisure/Recreation/Holidays/Sightseeing
 Visit friends/Relatives
 Government affairs/Military
 Study/Teaching
 Religion/Pilgrimages
 Health treatment
 Other – Specify --

CONTINUE WITH QUESTION 10B

10b. Does this trip have any other purposes?

- Mark (X) ALL that apply
 Business/Professional
 Convention/Conference/Trade show
 Leisure/Recreation/Holidays/Sightseeing
 Visit friends/Relatives
 Government affairs/Military
 Study/Teaching
 Religion/Pilgrimages
 Health treatment
 Other – Specify --

11. With whom are you traveling now?

- Mark (X) ALL that apply
 Spouse
 Family/Relatives
 Business associate(s)
 Friend(s)
 Tour group
 Traveling alone

12. Altogether, how many adults and/or children are in your travel party? Exclude your tour group members unless you knew them and planned to travel with them prior to booking the tour.

Number of adults

Number of children Under 18 years old

13. How many nights away from home will you spend or have you spent on this trip?

Number of nights in the USA (including U.S. territories)

Number of nights outside the USA

14. IN ORDER OF VISIT, list the principal places visited or to be visited on this trip. and indicate the number of nights at each place. Under number nights, if you did not or will not stay overnight at a place visited, enter "0". Under the section for type of lodging, indicate the lodging company name, or check the appropriate space.

Destinations (Cities/Attractions) Enter ONLY ONE destination per line	State or Country	Number of Nights	Type of Lodging Select ONE per line		
			Hotel/Motel Specify name of company	Mark (X)	
				Private Home	Other
1.					
2.					
3.					
4.					
5.					
6.					
7.					

15a. **Is this trip part of a package?** Mark (X) ONE

No --- SKIP to question 16

Yes --- **Which of the following does your package include?**

Mark (X) ALL that apply

- Airfare
- Rental car
- Tour escort for entire trip
- Cruise
- Intercity bus/Coach transportation
- Commercial guided tours
- Commercial lodging – **How many nights lodging are included?**

b. **How many days prior to departure was this package booked?**
---Specify

c. **What is the approximate cost of your prepaid package?**
Please give your answer in U.S. dollars or your own country's currency.

IF OTHER THAN U.S. CURRENCY

Specify country of currency used.

16. **About your trip expenditures... please estimate the amount of money spent, or expected to be spent for the following items.** Please remember your name is not on this form. Your cooperation in completing this important question is appreciated.

a. **Please estimate how much money you spent, or will spend, outside your own country.** Do not include those items which were covered in the package mentioned in 15c above. --- Specify

b. **Country of currency used for estimate** ---Specify

c. **How many people are covered by this expenditure estimate?**
Specify total number of people.

d. **What was the total cost of your international air travel tickets? –**
Specify
 Mark (X) here if you do NOT know cost of tickets.

e. **Are these ONE WAY tickets?**
Mark (X) ONE

- Yes
- No

f. **How much did you spend at the airport of your USA departure? –**
Specify

U.S. Residents – SKIP to question 17.

For Non-U.S. Residents ONLY

g. Of the total expenditure given in 16a,
Please estimate how much was spent in the USA. --- Specify

h. Of the total expenditure given in 16g above, **please estimate how much was for---**

1. **Transportation**

2. **Lodging**

3. **Foods and beverages**

4. **Gifts, souvenirs and other purchases**

5. **Entertainment and recreation**

6. **Other spending (if any)**

17. Please tell us about how you did, or will, pay for your expenses on this trip--

Type of payment	Percentage paid For expenses	Company(ies) of issue
Credit card(s)	%	
Travelers check(s)	%	
Debit card(s)	%	
Cash	%	
TOTAL	100%	

18. What types of transportation did you, or will you, use when reaching your destination on this trip?

Mark (X) ALL that apply

- Airlines within the USA
- Airlines outside the USA
- Railroad between cities
- Rented auto --- Specify company name

- Taxi/Cab/Limousine
- City subway/Tram/Bus
- Bus between cities
- Company or private auto
- Motor home/Camper

19. Which of the following leisure activities did you, or will you, spend time on during this trip?

Mark (X) ALL that apply

- Shopping
- Dining in restaurants
- Amusement/Theme parks
- Visiting historical places
- Visiting casinos/Gambling
- Commercial guided tours
- Visiting small towns and villages
- Cultural heritage sights/Activities
- Touring the countryside
- Water sports/Sunbathing
- Ranch vacations
- Cruises
- Hunting/Fishing
- Snow skiing
- Golfing/Tennis
- Environmental/Ecological excursions
- Visiting national parks
- Visiting American Indian communities
- Attending sports event
- Concert/Play/Musical
- Art gallery/Museum
- Sightseeing in cities
- Nightclubs/Dancing
- Ethnic heritage sights/Activities

20. Please rate this airline for this trip on each of the following attributes.

	Excellent	Good	Average	Fair	Poor	Did Not Use
a. Convenient schedule	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Ticket price	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Reservation service	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Check-in waiting time	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Check-in personnel	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Airline club/lounge	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. On-time departure	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Food/Beverage quality	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Flight attendant service	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Audio/Video	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Cabin cleanliness	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
l. Cabin noise level	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
m. Seat comfort	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
n. Cabin layout	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
o. Carry-on storage space	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
p. Overall evaluation of flight	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

21. Would you choose or recommend this airline for your next trip on this route?

Mark (X) ONE

- Definitely would
- Probably would
- Probably would not
- Definitely would not
- Not sure

22. What were your three main reasons for flying on THIS AIRLINE? Indicate by marking "1" for the most important reasons, "2" for the next most important reason, and "3" for the third most important reason. DO NOT indicate more than three reasons.

<input type="checkbox"/>	Airfare	<input type="checkbox"/>	On-time reputation
<input type="checkbox"/>	Convenient schedule	<input type="checkbox"/>	Previous good experience
<input type="checkbox"/>	Non-stop flights	<input type="checkbox"/>	Mileage bonus/Frequent flyer program
<input type="checkbox"/>	Employer policy	<input type="checkbox"/>	In-flight service reputation
<input type="checkbox"/>	Safety reputation	<input type="checkbox"/>	Not involved in choice of carrier
<input type="checkbox"/>	Loyalty to carrier	<input type="checkbox"/>	Other ----- Specify

23a. Where are you sitting today?

Mark (X) ONE

- First class
- Executive/Business class
- Economy/Tourist/Coach

b. What type of airline ticket do you have?

Mark (X) ALL that apply

- First class
- Executive/Business class
- Economy/Tourist/Coach
- Frequent flyer free ticket
- Frequent flyer upgrade
- Discount/Group fare
- Non-revenue
- Don't know

24. Please rate the following attributes of the AIRPORT from which you have just departed (or are currently waiting to depart) the United States.

Mark (X) ONE rating for each

	Excellent	Good	Average	Fair	Poor	Did Not Use
a. Airport access	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Ground transportation	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Airport terminal convenience	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Airport terminal cleanliness	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Concession goods/Services	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Concession prices	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Terminal seating availability	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. International Traveler facilities	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Security measures	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Overall airport evaluation	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

U.S. residents --- SKIP to question 26a

25 a. For Non-U.S. Residents Only:

When entering the USA, please rate your Immigration and Naturalization Service/Passport Control and U.S. Customs experience at the airport where you entered the USA.

Mark (X) ONE rating for each

	Excellent	Good	Average	Fair	Poor	Don't Know
a. Passport Control						
(1) Processing time	5	4	3	2	1	0
(2) Staff courtesy	5	4	3	2	1	0
b. Customs baggage clearance						
(1) Processing time	5	4	3	2	1	0
(2) Staff courtesy	5	4	3	2	1	0

b. About how long did it take you to clear Passport Control and Customs when entering the United States?

Specify in minutes

Baggage delivery waiting time

Mark (X) ONE rating

- Excellent
- Good
- Average
- Fair
- Poor
- Don't know

26a. Did you have personal safety concerns before you started your international trip?

Mark (X) ONE

- Yes
- No

b. Did your concerns cause you to change your travel plans?

Mark (X) ONE

- Yes
- No

26c. For Non-U.S. Residents ONLY

Was your personal safety actually endangered while in the USA?

Mark (X) ONE

No – Go to question 27

Yes – Indicate the city(ies) where incidents(s) took place and mark (X) the appropriate category(ies) below.

City	Incidents – Mark (X)					
	Harassment/ Arguments	Assault/ Physical Harm	Burglary/ Theft	Transpor- tation accident	Health Problem	Other -- Specify

27a. Is this your first trip by air to/from the United States?

Mark (X) ONE

Yes – - SKIP to question 28

No – Go to question 27b

b. Altogether, how many round trips by air have you made to/from the United States ---

In the past 12 months?

In the past 5 years?

28. Please give us some information about yourself.

a. What is your occupation?

Mark (X) ONE

Manager/Executive

Professional/Technical

Clerical/Sales

Craftsman/Mechanic/Factory worker

Government/Military

Homemaker/

Retired

Student

Other -- Specify

b. Age

c. Gender ---Mark (X) ONE

Female

Male

29. What is the total combined yearly income of all members of your household? Give your answer either in USA dollars or in your own country's currency. Please specify the country of currency if NOT USA dollars.

In USA dollars ---

Mark (X) ONE

Under \$20,000

\$20,000 - \$39,999

\$40,000 - \$59,999

\$60,000 - \$79,999

\$80,000 - \$99,999

\$100,000 – \$119,999

\$120,000 – \$139,999

\$140,000 -- \$159,999

\$160,000 -- \$179,999

\$180,000 -- \$199,999

\$200,000 and above

OR

In currency other than USA dollars – Specify

Total annual household income

Country of currency

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
WE HOPE YOUR TRIP WAS OR WILL BE AN ENJOYABLE ONE.**