Traveler Satisfaction Survey

Introduction

This traveler satisfaction survey is being conducted by an independent company, MGS, on behalf of United States Customs and Border Protection. The survey should take about five minutes and is completely voluntary. Your insights will be used to help improve traveler experience at international airports like this one. Your responses are anonymous.

Please read each question carefully and follow the individual instructions for answering questions and skinning questions when appropriate

SKI	oping (диезнопз, мнен арргорнате.				
	te: For mplet e	certain questions you will select answers by filling in circles. Please fill in the circles ely.				
1.	Are yo	ou 18 years old or over?				
	Selec	t one answer.				
	0	Yes \rightarrow Go to question 2 No \rightarrow Law prohibits anyone under 18 from taking this survey. Please return it to the interviewer. Thank you for your time.				
<u>En</u> t	try Pro	ocess Comment of the				
2.	Which line did you use for the entry process?					
Sel	ect or	e answer, then follow the directions next to the response you chose.				
	0 0 0	U.S. Citizen → Go to question 3 Visitor → Go to question 3 Global Entry Program Kiosk (U.S. Citizen) → Go to question 9 Global Entry Program Kiosk (Visitor) → Go to question 8				
		ng with your wait in line and including time at the inspection booth, please provide your best ate for how long your entry process took.				
Fill	in the	blank spaces below with the estimated hours and/or minutes you waited.				
		Hour(s) Minute(s)				

4. How	I. How would you characterize your wait time?					
Select one response.						
0	Short					
\circ	Reasonable					
\circ	Long					
\circ	Don't know					

Don't know

5. To what extent do you agree or disagree that the U.S. Officer who processed you at the entry booth ...

Fill in **one** circle for each of the questions below.

Question	Strongl y Agree	Agre e	Somewhat Agree <i>l</i> Somewhat Disagree	Disagre e	Strongly Disagre e	Not Applicabl e
Communicated clearly?	0	0	0	0	0	0
Processed your entry efficiently?	0	0	0	0	0	0
Provided assistance when needed?	0	0	0	0	0	0
Was professional?	0	0	0	0	0	0
Was welcoming?	0	0	0	0	0	0

Statement	Strongl y Agree	Agree	Somewhat Agree/ Somewhat Disagree	Disagr ee	Strong ly Disagr ee	Not Applicab le
The signs were clear and informative	0	0	0	0	0	0
The layout through the entry process was clear and easy to follow	0	0	0	0	0	0
Officials were helpful in guiding travelers through the processing area	0	0	0	0	0	0
The video shown in the entry process area was helpful and informative	0	0	0	0	0	0
The processing area was welcoming	0	0	0	0	0	0

8. How did your entry process experience affect your desire to return to the United States? (*This question is for non-U.S. citizens only*)

Select **one** answer.

Select **one** answer.

YesNo

O Unsure

O	Positively → Go to question 10
\circ	No effect \rightarrow Go to question 10
0	Negatively → Go to question 10
	did your entry process experience affect your desire to travel internationally? question is for <u>U.S. citizens only</u>)
Select o l	ne answer.
0	Positively
0	No effect
0	Negatively
	d on your entry process experience, do you have a more positive or negative impression of nited States?
Select o i	ne answer.
0	More positive
\circ	More negative
0	No change
Backgro	ound Questions
	ding this trip, how many times have you been through the United States entry process in the 2 years?
Fill in the	number of times in the blank space below.
	Times
0	Don't know
12. What	is your gender?
Select o l	ne answer.
\circ	Male
\circ	Female

13. Which age category best describes you?					
Select o ı	ne answer.				
0	18 – 24 25 – 34 35 – 44 45 – 54 55 – 64 65 or over				
L4. What country do you currently reside in? (Name of country)					
15. What country(ies) are you a citizen of? (Name of country)					
		(Name of country)			

The survey is complete. Please return it to the interviewer. Thank you for your time.

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0098. This collection is voluntary. The estimated average time to complete this application is 5 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.