



INTERNATIONAL
TRADE
ADMINISTRATION

SURVEY OF INTERNATIONAL AIR TRAVELER'S 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, airports, hotels, government travel offices, destination marketing organizations, 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, PLEASE.** We will not be asking your name or any other personally identifying information.

Upon completing this survey, please return it to the person who gave it to you. The estimated average time to complete this questionnaire is 15 minutes. If you have any comments regarding this survey, or find you need to mail your completed survey, please forward to **Office of Travel and Tourism Industries, ITA,** Washington DC 20230 or the Office of Information and Regulatory Affairs, OMB, Project 0625-0227, Washington, DC 20503

Thank you for your cooperation on this important survey.

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

إستطلاع الرأي هذا متوفر أيضا باللغة العربية. تفضل بطلب نسخة منه إذا شئت.

本調査表備有中文版。歡迎索取。

Questionnaire disponible en français. Veuillez le réclamer s'il vous plaît.

Diese Umfrage ist auch auf deutsch erhältlich. Bei Bedarf bitte ein Exemplar anfordern.

Questa indagine è disponibile anche in italiano. Se necessario, si prega di richiederne una copia.

本アンケートには日本語版も用意してありますので、係のものにお申しつけください。

한국말로 된 설문서도 있습니다. 계원에게 요청하십시오.

Ta ankieta jest także na żądanie dostępna po polsku.

Há uma versão em Português da presente pesquisa. Se for necessário, favor pedir uma cópia.

Данный вопросник также имеется на русском языке. Пожалуйста, попросите русскоязычный экземпляр.

Este cuestionario también está en español. Solicítelo.

Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number.

OMB CLEARANCE NO. 0625-0227

Expiration Date: xx/xx/xxxx

ONLY ONE RESPONSE PER FAMILY, PLEASE

1a. Today's Date → Month Day Year

b. Name of Airline →

c. Flight Number →

2a. At what airport did or will you board this aircraft today? ↓

b. At which airport will you leave this aircraft? ↓

3a. Where do you live? ↓

City:

State:

Postal (ZIP) Code:

Country:

b. For U.S. residents ONLY

What will be your main destination on THIS trip? ↓

City/Country:

c. For NON-U.S. 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? ↓

City/Country:

4a. What is your country of CITIZENSHIP? ↓

b. What is your country of BIRTH? ↓

5a. For U.S. residents ONLY

At what city or airport will you pass through U.S. Customs and Passport Control when you return to the U.S.? ↓

City/Airport:

b. For Non-U.S. Residents ONLY

When entering the U.S., at what city or airport did you pass through U.S. Customs and Passport Control? ↓

City/Airport:

NEXT Column, please

6a. When planning THIS trip, how did you obtain the information used for planning?

Check (✓) the information sources used listed below in the column 6a "Information Sources."

b. For each information source used, please indicate (✓) in 6b whether this information source was via: Electronic Media, Voice Contact, or Other Media.

6a. Information Sources		(✓)	6b. Media for Information Sources		
			Electronic Media (Internet or Social Media)	Voice Contact (Phone or In-Person)	Other Media (TV, Radio or Print Media)
1	Airline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Corporate Travel Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	National/State/City Travel Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Online travel agency (e.g., Expedia/Ebookers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Personal recommendation (e.g., friends/relatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Tour Operator/Travel Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Travel Agency Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Travel Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. When planning THIS trip, how many days prior to departure:

a. Did you make the decision to travel? → days

b. Did you make your air travel reservations? → days

8a. Did you visit a health care provider to receive vaccinations or medication specifically for this trip?

1 Yes
2 No – Go to question 9, next page

b. If "yes," approximately how many days in advance of this trip did you visit a health care provider? → days

For Non-U.S. Residents ONLY

19. (continued)

d. Of the total expenditure given in 19a, please estimate how much was spent in the USA. Specify total cost →

Amount of spending	Country of currency	# of people included in spending

e. Of the total expenditure given in 19d above, please estimate (in currency) how much was for:

1. Accommodations/Lodging in the U.S.
2. Additional air transportation in the U.S.
3. Entertainment and recreation in the U.S.
4. Food and beverages in the U.S.
5. Ground transportation (rail, bus, taxi, etc.) in the U.S.
6. Shopping, gifts, and other purchases in the U.S.
7. Medical services in the U.S.
8. Other spending, if any, in the U.S.

20. Please tell us HOW payment was made, or will be made, to cover ALL expenses on this trip. ↩

Type of payment	Percentage of expenses	Issuing Company(ies) Maestro, VISA, etc.
Cash advance/ withdrawal using credit card	%	
Purchases using credit card	%	
Cash advance/ withdrawal using debit card	%	
Purchases using debit card	%	
Cash brought from home	%	
Traveler's checks	%	
TOTAL	100%	

21. What types of transportation were or will be used on THIS trip? Check (✓) ALL that apply

- 1 Air travel between non-U.S. cities
- 2 Air travel between U.S. cities
- 3 Auto, private or company
- 4 Bus between cities
- 5 City subway/Tram/Bus
- 6 Cruise ship/River boat 1+ nights
- 7 Ferry/River taxi/Short scenic cruise
- 8 Motor home/Camper
- 9 Railroad between cities
- 10 Rented bicycle/Motorcycle/Moped
- 11 Taxicab/Limousine
- 12 Rented auto — Specify company name below ↓

22. On this trip, did, or will, anyone in the traveling party engage in any of the following leisure activities?

Check (✓) ALL that apply

- | | |
|---|---|
| 1 <input type="checkbox"/> Go sightseeing | 13 <input type="checkbox"/> Visit small towns/Countryside |
| 2 <input type="checkbox"/> Go shopping | 14 <input type="checkbox"/> Visit historical locations |
| 3 <input type="checkbox"/> Go nightclubbing/Dancing | 15 <input type="checkbox"/> Experience fine dining |
| 4 <input type="checkbox"/> Go on guided tour(s) | Participate in activities: |
| 5 <input type="checkbox"/> Go to a casino/Gamble | 16 <input type="checkbox"/> Hunting/Fishing |
| 6 <input type="checkbox"/> Attend a sporting event | 17 <input type="checkbox"/> Snow sports |
| 7 <input type="checkbox"/> Attend a concert/Play/Musical | 18 <input type="checkbox"/> Golfing/Tennis |
| 8 <input type="checkbox"/> Visit amusement/Theme parks | 19 <input type="checkbox"/> Camping/Hiking |
| 9 <input type="checkbox"/> Visit national parks/Monuments | 20 <input type="checkbox"/> Water sports |
| 10 <input type="checkbox"/> Visit art galleries/Museums | 21 <input type="checkbox"/> Environmental/Ecological excursions |
| 11 <input type="checkbox"/> Visit cultural/Ethnic heritage sights | |
| 12 <input type="checkbox"/> Visit American Indian communities | 22 <input type="checkbox"/> Other (specify) → |

23. Please rate THIS airline for the flight you are taking today. Check (✓) one for each attribute below

	Excellent	Good	Average	Below average	Poor	Not Applicable
Pre-flight						
a. 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"/>
b. 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"/>
c. 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"/>
d. 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"/>
e. Reservation experience	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. 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"/>
In-flight						
g. 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"/>
h. 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"/>
i. 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"/>
j. In-flight entertainment	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. 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"/>
l. 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"/>

24. Would you choose or recommend this airline for another trip on this route? Check (✓) ONE

- 1 Definitely would
 2 Probably would
 3 Probably would not
 4 Definitely would not
 5 Not sure

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

- | | |
|-------------------------|--|
| ___ Airfare | ___ On-time reputation |
| ___ Convenient schedule | ___ Previous good experience |
| ___ Non-stop flights | ___ Mileage bonus/Frequent flyer program |
| ___ Employer policy | ___ In-flight service reputation |
| ___ Safety reputation | ___ Not involved in choice of airline |
| ___ Loyalty to carrier | ___ Other (specify) ↓ |

26a. Where are you sitting, or where will you sit in the aircraft today? Check (✓) ONE

- 1 First class
 2 Executive/Business class
 3 Premium economy
 4 Economy/Tourist/Coach

b. What type of airline ticket do you have? Check (✓) ALL that apply

- 1 Paid ticket
 2 Paid upgrade
 3 Frequent flyer award ticket
 4 Frequent flyer upgrade
 5 Discount/Group fare
 6 Non-revenue
 7 Don't know

NEXT Column, please

27. Please rate the following attributes of the AIRPORT from which you have just departed (or are currently waiting to depart) the U. S.

	Excellent	Good	Average	Below average	Poor	Did Not Use
a. 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"/>
b. Airport terminal signage	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. Business center/wireless 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"/>
d. 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"/>
e. Ease of transit through airport	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. 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"/>
g. Retail goods/Services/Duty Free	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. 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"/>
i. 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"/>
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 30a

28a. For Non-U.S. Residents Only:

Please rate your Passport Control and U.S. Customs experience at the airport where you entered the U.S. Check (✓) ONE rating for each

	Excellent	Good	Average	Below average	Poor	Don't Know
1. Passport Control						
a. Processing 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"/>
b. Staff courtesy	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. Customs baggage clearance						
a. Processing 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"/>
b. Staff courtesy	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. About how long did it take you to clear Passport Control, Baggage Claim, and Customs when entering the United States? Specify in minutes ↓

Minutes:

29a. Do you expect to visit the United States again?

- 1 Yes
 2 No ... If not, would you please share the reason? →

b. How well did this overall trip experience in the U.S. meet your expectations? Check (✓) ONLY ONE

- 1 Exceeded expectations
 2 Met expectations
 3 Did not meet expectations

30a. Is this your first trip by air to/from the United States? Check (✓) ONE

- 1 Yes – SKIP to question 31
 2 No – Go to question 30b

b. Including this trip, how many round trips by air have you made to/from the U.S. in the past 12 months? ←

Include this trip:

31. Please give us some information about yourself.

a. What is your occupation? Check (✓) ONE

- 1 Management, Business, Science, and Arts Occupations
- 2 Service Occupations
- 3 Sales and Office Occupations
- 4 Natural Resources, Construction, and Maintenance Occupations
- 5 Production, Transportation, and Material Moving Occupations
- 6 Military/Government
- 7 Homemaker
- 8 Student
- 9 Retired
- 10 Other (specify) →

b. What is your age? ↓

Years:

c. What is your gender?

- 1 Female
- 2 Male

32. What is the total combined annual income of all members of your household? Give your answer either in U.S. dollars or in your own country's currency. Please specify the country of currency.

a. Total annual household income → Amount:

b. Country of currency → Country:

For U.S. Residents Only:

33a. What is your ethnicity? Check (✓) ONE

- 1 Hispanic
- 2 Non-Hispanic

b. What is your race? Check (✓) ALL that apply

- 1 American Indian/Alaskan Native
- 2 Asian
- 3 Hawaiian/Pacific Islander
- 4 Black
- 5 White

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.