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, 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 **National Travel and Tourism Office**, ITA, Washington DC 20230, or the Office of Information and Regulatory Affairs, OMB, Control 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 متوفرايضا باللغة العربية. تفضل بطلب نسخة منه اذا 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.

OMB CONTROL NO. 0625-0227 Expires 11/30/2027

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:

NON-U.S. Residents, continue with 3c.
U.S. Residents, continue with 4a.

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:

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	☐	☐	☐	☐
2	Corporate Travel Department	☐	☐	☐	☐
3	National/State/City Travel Office	☐	☐	☐	☐
4	Online travel agency (e.g., Expedia/Ebookers)	☐	☐	☐	☐
5	Personal recommendation (e.g., friends/relatives)	☐	☐	☐	☐
6	Tour Operator/Travel Club	☐	☐	☐	☐
7	Travel Agency Office	☐	☐	☐	☐
8	Travel Guide	☐	☐	☐	☐
9	Other (Specify)	☐	☐	☐	☐

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

CONTINE WITH QUESTION 9 ON PAGE 3

9. How were AIRLINE reservations made for this trip?

	Airline Reservations	Electronic Media (Internet)	Voice Contact (Phone or In-Person)
1	Directly with the airline	☐	☐
2	Corporate travel dept.	☐	☐
3	Internet booking service	☐	☐
4	Tour operator/Travel club	☐	☐
5	Travel agency office	☐	☐
6	Other (Specify)	☐	☐

10a. How far in advance was payment made for your international air tickets?

Months	(or)	Weeks	(or)	Days

b. Are these ONE WAY tickets?

1 ☐ Yes
2 ☐ No

11. Was travel insurance purchased for this trip?

1 ☐ Yes
2 ☐ No
3 ☐ Don't Know

12a. Before you left home, did you or anyone else make reservations for paid accommodations or commercial lodging?

1 ☐ Yes – *GO to question 12b*
2 ☐ No – *SKIP to question 13a*
3 ☐ Don't Know – *SKIP to question 13a*

b. How did you make your reservations for paid accommodations or commercial lodging?

	Lodging Reservations	Electronic Media (Internet)	Voice Contact (Phone or In-Person)
1	Directly with the lodging establishment	☐	☐
2	Corporate travel department	☐	☐
3	Internet booking service (e.g., Hotels.com)	☐	☐
4	Through the airline	☐	☐
5	Tour operator/Travel club	☐	☐
6	Travel agency office	☐	☐
7	Other (Specify)	☐	☐

13a. In Column A below, please indicate what is/was the MAIN purpose of your trip?
Check (✓) ONLY ONE in Column A.

b. In Column B, please mark any other trip purpose(s).
Check (✓) AS MANY AS APPLY in Column B.

	A - MAIN purpose Check (✓) only one	(✓)	**B - OTHER** purpose(s) Check (✓) as many as apply	(✓)
	Business/professional		Business/professional	
1	Visit customer	☐	Visit customer	☐
2	Visit supplier	☐	Visit supplier	☐
3	Sales/marketing	☐	Sales/marketing	☐
4	Internal company meeting	☐	Internal company meeting	☐
5	Convention	☐	Convention	☐
6	Conference	☐	Conference	☐
7	Trade show	☐	Trade show	☐
8	Government/Military	☐	Government/Military	☐
9	Education	☐	Education	☐
10	Health treatment	☐	Health treatment	☐
11	Vacation/Holiday	☐	Vacation/Holiday	☐
12	Religion/Pilgrimage	☐	Religion/Pilgrimage	☐
13	Visit friends/Relatives	☐	Visit friends/Relatives	☐
14	Other (specify)		Other (specify)	

14. With whom are you traveling now?
Check (✓) ALL that apply

1 ☐ Spouse/Partner
2 ☐ Family/Relatives
3 ☐ Business associate(s)
4 ☐ Friend(s)
5 ☐ Tour group
6 ☐ Traveling alone

15. Including yourself, how many adults and/or children are in your travel party? Do not include other tour group members if you did not plan to travel with them before booking the tour.

Number of adults: → Include yourself:

Number of children under 18 years old: →

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

Number of nights in the U.S.A. (including U.S. territories) → Inside:

Number of nights outside the USA → Outside:

Total number of nights away from home on this trip → Total:

CONTINUE WITH QUESTION 17 ON PAGE 4

17. 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 the section for number of 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 company name OR mark the appropriate space under Private Home or Other.

Destinations (Cities/Attractions) In the order of your itinerary *Enter ONLY ONE destination per line*	State or Country	Number of Nights	**Type of Lodging** *Indicate ONE per line*		
			Accommodation or Lodging (Hotel or Motel, etc.) *Specify name of company*	Check (✓) Private Home	Check (✓) Other
1.				☐	☐
2.				☐	☐
3.				☐	☐
4.				☐	☐
5.				☐	☐
6.				☐	☐
7.				☐	☐

18a. Is this trip part of a prepaid, inclusive tour package?

1 ☐ Yes
2 ☐ No – *SKIP to question 19*

b. If yes in 18a, which of the following does/did your package include? ***Check (✓) ALL that apply***

1 ☐ **Airfare**
2 ☐ **Attractions/Events/Entertainment**
3 ☐ **Bus/Coach**
4 ☐ **Cruise**
5 ☐ **Guided tours**
6 ☐ **Meals**
7 ☐ **Rail tickets**
8 ☐ **Recreation**
9 ☐ **Rental car**
10 ☐ **Tour guide for entire trip**
11 ☐ **Accommodation – How many nights lodging are included?** → Nights:

c. Enter the month and year this package was booked. →

Month	Year	Don't Know
		☐

d. Approximately how much did the prepaid package cost and how many people's expenses are included? Please indicate the total amount, the country of currency, and the number of people included below.

Total package cost:	Country of currency:	Number of people:

19. These next questions ask about the amount of money spent, or expected to be spent, by you and your travel party (travelers for whom you have financial responsibility). Please estimate how much total money has been spent, or will be spent, outside your own country. If you had a prepaid package, do not include those items you listed in 18d above.

	Amount	**Country of currency**	**# of people included in spending**
a. What was the TOTAL spent outside your own country, excluding a pre-paid package?			
b. If the cost of international air travel was not part of a trip package in Question 18d, what was the total cost of the international air travel tickets including taxes and fees?			
c. How much money was spent at the airport of U.S. departure?			

U.S. RESIDENTS – SKIP TO QUESTION 20

For Non-U.S. Residents ONLY

19. (continued)

	Amount of spending	Country of currency	# of people included in spending
d. Of the total expenditure given in 19a, please estimate how much was spent in the USA. *Specify total cost* →			
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 ☐ Ride-sharing service (i.e., Uber, Lyft, etc.)
12 ☐ Taxicab/Limousine
13 ☐ Rented auto — Specify company name below ↓

CONTINUE WITH QUESTION 22 ON PAGE 6

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 ☐ Go sightseeing
2 ☐ Go shopping
3 ☐ Go nightclubbing/Dancing
4 ☐ Go on guided tour(s)
5 ☐ Go to a casino/Gamble
6 ☐ Attend a sporting event
7 ☐ Attend a concert/Play/Musical
8 ☐ Visit amusement/Theme parks
9 ☐ Visit national parks/Monuments
10 ☐ Visit art galleries/Museums
11 ☐ Visit cultural/Ethnic heritage sights
12 ☐ Visit Native American/Indigenous communities
13 ☐ Visit small towns/Countryside
14 ☐ Visit historical locations
15 ☐ Experience fine dining

Participate in activities:
16 ☐ Hunting/Fishing
17 ☐ Snow sports
18 ☐ Golfing/Tennis
19 ☐ Camping/Hiking
20 ☐ Water sports
21 ☐ Environmental/Ecological excursions

22 ☐ 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 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
b. Check-in personnel	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
c. Check-in waiting time	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
d. Convenient schedule	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
e. Reservation experience	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
f. Ticket price	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
In-flight						
g. Cabin cleanliness	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
h. Flight attendant service	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
i. Food/Beverage quality	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
j. In-flight entertainment	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
k. Seat comfort	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
l. Overall evaluation of flight	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

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
___Convenient schedule
___Non-stop flights
___Employer policy
___Safety reputation
___Loyalty to carrier
___On-time reputation
___Previous good experience
___Mileage bonus/Frequent flyer program
___In-flight service reputation
___Not involved in choice of airline
___Other (specify) ↓

NEXT Column, please

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

CONTINUE WITH QUESTION 27 ON PAGE 7

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 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
b. Airport terminal signage	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
c. Business center/wireless availability	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
d. Concession prices	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
e. Ease of transit through airport	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
f. Ground transportation	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
g. Retail goods/Services/Duty Free	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
h. Security measures	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
i. Terminal seating availability	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
j. Overall airport evaluation	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

U.S. RESIDENTS – SKIP TO QUESTION 30a ON PAGE 8

For Non-U.S. Residents Only

28. Please rate your entry 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 Personnel						
a. Professionalism	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
b. Efficiency	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
c. Friendliness	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐
d. Welcoming	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

e. About how long did it take you to clear Passport Control? Minutes:

f. How would you describe the wait time? Check (✓) ONE → 1 ☐ Short 2 ☐ Reasonable 3 ☐ Long

2. Checked baggage collection

a. About how long did it take you to get your checked bag(s)? Minutes:

b. How would you describe the wait time? Check (✓) ONE → 1 ☐ Short 2 ☐ Reasonable 3 ☐ Long

3. Customs clearance

a. About how long did it take you to clear customs? Minutes:

b. How would you describe the wait time? Check (✓) ONE → 1 ☐ Short 2 ☐ Reasonable 3 ☐ Long

	Excellent	Good	Average	Below average	Poor	Don't Know
4. How would you rate your U.S. entry experience overall?	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

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

CONTINUE WITH QUESTION 30 ON PAGE 8

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. Are you...?

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.

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0625-0227. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 15 min per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the International Trade Administration Paperwork Reduction Act Program: pra@trade.gov.