

A.S.Q. Airport Service Quality

Dear Passenger

You have been randomly selected to take part in a survey which is part of this airport's continuing commitment to provide the highest levels of service. This survey is an ACI (Airports Council International) initiative; it helps airports understand how you, the customer, judge their performance and helps the airport improve services to meet your needs more effectively.

Your opinion of your airport experience today is essential to us. Please take a few minutes to complete this questionnaire and hand it back to the interviewer before your departure.

Write in Your Response or Place an "x" in the Box Where Applicable

1. **Airline:**

Flight Number		Departure Date			Departure Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 2009	<input type="text"/> :
Letters	Numbers	DD	MM	(24 e.g. 19 : 30)	

2. **Have you just made a connection/transfer at THIS Airport?** Yes No

3.

4. **What is/was your MAIN reason for this air trip?**
Business Leisure Other

5. **Which section of the aircraft are you travelling in?**
First Class Business/Upper Class Economy/Tourist

6. **Including this trip, how many return trips by air have you made in the last 12 months?**
(A departing and arriving flight counts as one trip)
1-2 3-5 6-10 11-20 21 or more

Write in Your Response or Place an "x" in the Box Where Applicable

7. Based on your experience today, please rate THIS airport on each service item:

ACCESS	?	5	4	3	2	1
	Did not					
	notice/use	Excellent	Very Good	Good	Fair	Poor
A. Ground transportation to/from airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Availability of parking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Value for money of parking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Availability of baggage carts/trolleys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECK-IN (at this airport)

E. Waiting time in check-in queue-line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Efficiency of check-in staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Courtesy and helpfulness of check-in staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PASSPORT/PERSONAL ID CONTROL

H. Waiting time at passport/personal ID inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Courtesy and helpfulness of inspection staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECURITY

J. Courtesy and helpfulness of security staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Thoroughness of security inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Waiting time at security inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Feeling of being safe and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in Your Response or Place an "x" in the Box Where Applicable

	?	5	4	3	2	1
FINDING YOUR WAY	Did not					
	notice/use	Excellent	Very Good	Good	Fair	Poor
N. Ease of finding your way through airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Flight information screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Walking distance inside the terminal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Ease of making connections with other flights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AIRPORT FACILITIES

R. Courtesy and helpfulness of airport staff <i>(excluding check-in, passport control and security)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Restaurant/Eating facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. Value for money of restaurant/eating facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Availability of bank/ATM facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Shopping facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W. Value of money of shopping facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X. Internet access/Wi-fi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y. Business/Executive lounges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z. Availability of washrooms/toiletsf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AA. Cleanliness of washrooms/toiletsf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BB. Comfort of waiting/gate areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write in Your Response or Place an "x" in the Box Where Applicable

AIRPORT ENVIRONMENT

	?	5	4	3	2	1
	Did not					
	notice/use	Excellent	Very Good	Good	Fair	Poor
CC. Cleanliness of airport terminal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DD. Ambience of the airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction with the airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Which of the items listed in Question 7 are MOST IMPORTANT to you at THIS airport?

(Please use the letters in front of the items for your rating)

1st: (e.g.P) 2nd: (e.g.K) 3rd: (e.g.V)

9. What was your BEST and WORST experience at THIS airport today?

Best:

Wost:

10. Arrivals services at this airport:

(Based on previous experrience in last 6 months)

	?	5	4	3	2	1
	Did not					
	notice/use	Excellent	Very Good	Good	Fair	Poor
A. Passport/Personal ID inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Speed of baggage delivery service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Customs inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Which transportation did you come to this airport?

Private/Company Car	<input type="checkbox"/>	Bus/Shuttle	<input type="checkbox"/>	Taxi/Limo	<input type="checkbox"/>
Rail/Subway	<input type="checkbox"/>	Rental Car	<input type="checkbox"/>	Other	<input type="checkbox"/>

12. How long before the scheduled departure time of your flight did you arrive at the airport?

Less than 30 mins	<input type="checkbox"/>	30-45 mins	<input type="checkbox"/>	45-60 mins	<input type="checkbox"/>	1hr-1hr 15 mins	<input type="checkbox"/>
1hr 15 mins-1hr 30 mins	<input type="checkbox"/>	1hr 30 mins-2 hours	<input type="checkbox"/>	More than 2 hours	<input type="checkbox"/>		

13. When you checked in at this airport, did you use a: (more than one answer possible)

Self-service kiosk	<input type="checkbox"/>	Check-in desk	<input type="checkbox"/>	Internet check-in	<input type="checkbox"/>
Phone check-in	<input type="checkbox"/>	Bag drop-off desk	<input type="checkbox"/>	Other	<input type="checkbox"/>

14.

What is your nationality/country of citizenship?

15.

What is your country of residence? (If it differrent from above)

16. Postal/Zip Code (residence):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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17. Are you ...

Male

Female

18. What is your age group?

16-21

22-25

26-34

35-44

45-54

55-64

65-75

76-& over

Additional Comments:

Thank you for completing this questionnaire. Please hand it back to the interviewer before boarding your flight.

Interviewer: Please indicate in the boxes below the traffic, the terminal and the gate of the interview (Please write in block capitals)

I or D	Qest. No	Airport	Terminal	Gate No
<input type="text"/>	<input type="text" value="107-20054"/>	<input type="text" value="NGO"/>	<input type="text"/>	<input type="text"/>

English 2009

by *Hiro*