

Contact person: Help desk (contact centre) / Phone: 6259 300 / E-mail: klienditugi@stat.ee / Postal address: Vabaduse plats 2, 71020 Viljandi

Statistical activity code: 22029

Inland waterway transport

Questionnaire code: 11512022	Submitted in: 1st quarter – 25.04.2022; 2nd quarter – 25.07.2022; 3rd quarter – 25.10.2022; 4th quarter – 25.01.2023
Period:	Periodicity: Quarterly
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Statistics Estonia guarantees the full protection of data submitted.

Economic unit Registry code: Name:	E-mail: Phone:
Postal address County: City / Rural municipality: Village / Town / City district: Secondary address unit:	Street: Building: Apartment: Postal code:
Economic activity in the sample	
Completed by Personal ID code: Firstname and surname:	E-mail: Phone:
Completed on (date):	Signature:

0. Information to the Respondent

Dear Respondent!
Questions for feedback have been added at the end of the questionnaire.
We look forward to your suggestions and comments to make the questionnaire more user-friendly in the future.
It will take approximately 2 minutes to respond. Thank you!

1. CARRIAGE OF PASSENGERS BY INLAND WATERWAY TRANSPORT (transport for hire or reward with vessels designed to carry 12 or more passengers)

		TOTAL	incl. in regular service	incl. in occasional service
		1	2	3
Total number of passengers, thousand passengers	1	sum of columns 2 and 3 of the same row		
in international carriage, thousand	2	sum of columns 2 and 3 of the same row		
Passenger turnover, thousand passenger- km	3	sum of columns 2 and 3 of the same row		
in international carriage, thousand passenger-km	4	sum of columns 2 and 3 of the same row		

2. CARRIAGE OF GOODS BY INLAND WATERWAY TRANSPORT (carriage by vessels with deadweight cargo capacity of 50 tonnes or more)

	Indicator
	1

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Total freight, thousand tonnes	1	
in international carriage, thousand tonnes	2	
Total freight turnover, thousand tonne-km	3	
in international carriage, thousand tonne-	4	
km		

3. TIME SPENT ON FILLING OUT THE QUESTIONNAIRE (incl. for preparing the data, only for the 3rd quarter)

Please estimate how much time you spent on filling out the questionnaire (incl. time spent on reading the instructions, collecting and preparing data). Record the total time spent by all employees.

	Time spent
Hours	•
Minutes	
For example, if it took 1.5 hours, i.e. 90 minutes, to fill in the	
questionnaire, enter 1 on the hours row and 30 on the minutes row.	

Feedback to the questionnaire

Dear Respondent!
This is where we ask for your direct feedback.
Please assess the statements below on a scale of 1 to 5, with 1 being the lowest and 5 being the highest.
NB! These questions apply to the current questionnaire.
Providing feedback is voluntary. Thank you!

Y1. Assessment on a scale of 1 to 5

	Assessment on a scale of 1 (strongly disagree) to 5 (strongly agree)
Wording of questions was comprehensible.	1 - 5 2 - 4 3 - 3 4 - 2 5 - 1 6 - Do not know
Wording of error messages or controls was comprehensible, and they were helpful for finding and fixing errors.	1 - 5 2 - 4 3 - 3 4 - 2 5 - 1 6 - Do not know
Explanatory texts (appearing when the mouse cursor hovers over them) of the questionnaire were comprehensible and helpful.	1 - 5 2 - 4 3 - 3 4 - 2 5 - 1 6 - Do not know
eSTAT environment was user-friendly for completing the questionnaire (e.g. all the tables properly fit on the screen).	1 - 5 2 - 4 3 - 3 4 - 2 5 - 1 6 - Do not know

Y2. Overall assessment on the questionnaire

	Answer
Please give an overall assessment on completing the questionnaire.	10 - Very easy 20 - Easy 30 - Average (neither easy nor difficult) 40 - Difficult

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50 - Very difficult

Y3. Suggestions and comments (200 characters max)

COMMENT