

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

Statistical activity code: 22032

Air traffic

Questionnaire code: 13752023	Submitted in: 1st quarter – 10.05.2023; 2nd quarter – 10.08.2023; 3rd quarter – 10.11.2023; 4th quarter – 10.02.2024
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!

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1. CARRIAGE OF PASSENGERS AND GOODS BY FLIGHTS

Rec ord no	Aircraft movement	Date dd.mm.yyyy	Flight – partner airport	Type of flight	Type of journe y	Type of airplane	Number of seats	Flight – air carrier	Number of passenger on commercial flights	Number of passengers in transit	Mail transported on commercial flights, kg	Goods transported on commercial flights, kg	Direct transit - number of passengers
	1	2	3	4	5	6	7	8	9	10	11	12	13
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

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2. 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.

	Hours	Minutes
Time spent		
Please indicate the hours and minutes separately. For example, if it		
took 1.5 hours (i.e. 90 minutes) to complete the questionnaire, you		
should enter 1 in the hours field and 30 in the minutes field.		

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
	50 - Very difficult

Y3. Suggestions and comments

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COMMENT			