

11. If it was NOT a connecting flight, what mode of transport did you use to arrive at THIS airport?

Private/Company Car ☐ Bus/Shuttle ☒ Taxi/Limo ☐
Rail/Subway ☐ Rental Car ☐ Other ☐

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

Less than 30 mins ☐ 30-45 mins ☐ 45-60 mins ☐ 1 hr-1 hr 15 mins ☐
1 hr 15 mins-1 hr 30 mins ☐ 1 hr 30 mins-2 hrs ☐ More than 2 hrs ☒

13. When you checked in at THIS airport, did you use a: (check all that apply)

Self-service kiosk ☐ Check-in desk ☐ Internet check-in ☐
Mobile check-in ☐ Bag drop-off desk ☐ Other ☐

14. What is your nationality/country of citizenship?

UKRAINE

15. What is your country of residence? (if different from above)

UKRAINE

16. Postal/Zip Code (residence):

6 1 1 2 0

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 your participation. Please return this form to the interviewer before boarding.

Interviewer: Please indicate in the boxes below the traffic, the terminal and the gate of the interview. (Please write in block capitals or place a 'X' in the box where applicable)

124 184010037 ☒ Inter. ☐ CA-US-T ☐ Dom. ☐ 2B BM 5

Code Questionnaire No.

Terminal

Gate No.

Interviewer No.



Dear Passenger,

As part of this airport's ongoing efforts to offer the highest service quality and improve passenger experience, we kindly ask that you take some time to fill out this brief questionnaire.

This survey is conducted by ACI (Airports Council International) and is intended to help airports understand how passengers like you evaluate their performance.

Once completed, please return this questionnaire to the interviewer before your departure. Your views regarding your airport experience today are very important to us.

Thank you.

Write in your response or place a 'X' in the box where applicable

1. Airline

VIA

Airport

BUD

Flight number

814

Gate No.

B11

Letters

Numbers

Departure date

1 6 1 1

DD

MM

2018

Departure time

1 5

HH

MM

4 5

MM

(24 hours e.g. 20:15)

2. Have you just made a connection/transfer at THIS airport?

Yes ☐

No ☒

3. Which airport are you flying to on the flight that you are about to board?

KBP

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 to any destination in the past 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 a 'X' in the box where applicable

1 2 3 4 5 ?

	notice/use	Excellent	Very Good	Good	Fair	Poor
U. Availability of bank/ATM facilities/ money changers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

money chambers

- [illegible]

Z. Availability of washrooms/toilets

- [illegible]

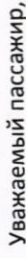
cc. Cleanliness of all public premises

- DD. Ambience of the airport**
- ☐ ☐ ☒ ☐ ☐ ☐ ☐
- OVERALL SATISFACTION with the airport**
- ☐ ☐ ☒ ☐ ☐ ☐ ☐

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, e.g. J)
- | 1st | 2nd | 3rd |
|------------|-------------|------------|
| X (e.g. N) | E (e.g. BB) | J (e.g. C) |

- | | 2 | 5 | 4 | 3 | 2 | 1 |
|-------|---|---|---|---|---|---|
| BEST | Passport check time | | | | | |
| WORST | Internet only for 4 hours, I stayed more than 4 | | | | | |
10. Arrivals services at THIS airport: (Based on previous experience in last 3 months)

- | | Before | After |
|--------------------------------------|--------------------------|-------------------------------------|
| A. Passport/Personal ID inspection | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B. Speed of baggage delivery service | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. Customs inspection | <input type="checkbox"/> | <input checked="" type="checkbox"/> |



11. Если Ваш рейс не стыковочный/пересадочный, каким видом транспорта Вы воспользовались, чтобы добраться до ЭТОГО аэропорта?

<input type="checkbox"/>	Личная/служебная машина	<input type="checkbox"/>	Такси/лимузин
<input type="checkbox"/>	Метро или электричка	<input checked="" type="checkbox"/>	Автобус/маршрутка
		<input type="checkbox"/>	Машина на прокат
			Другое

12. За сколько времени до отправления Вашего рейса Вы прибыли в ЭТОТ аэропорт?

Меньше чем за 30 мин	<input type="checkbox"/>	30–45 мин	<input type="checkbox"/>	45–60 мин	<input type="checkbox"/>	1 ч – 1 ч 15 мин	<input type="checkbox"/>
1 ч 15 мин – 1 ч 30 мин	<input checked="" type="checkbox"/>	1 ч 30 мин – 2 ч	<input type="checkbox"/>	2 ч – 2 ч 15 мин	<input type="checkbox"/>	2 ч 15 мин – 2 ч 30 мин	<input type="checkbox"/>
Большее чем за 2 ч	<input type="checkbox"/>	Большее чем за 2 ч	<input type="checkbox"/>	Большее чем за 2 ч	<input type="checkbox"/>	Большее чем за 2 ч	<input type="checkbox"/>

13. Когда Вы регистрировались в ЭТОМ аэропорту, Вы использовали: (возможны несколько вариантов ответа)

Кiosk саморегистрации	<input type="checkbox"/>	Стойка регистрации	<input type="checkbox"/>	Рег. по интернету	<input checked="" type="checkbox"/>
Рег. через мобильный	<input type="checkbox"/>	Стойка сдачи багажа	<input type="checkbox"/>	Другое	<input type="checkbox"/>

14. Пожалуйста, укажите гражданином какой страны Вы являетесь

Београд / Belarus

15. Страна проживания (если отличная от вышеуказанного)

Беніфіц / Belarus

16. Почтовый индекс (домашний):

[illegible]

17. Ваш пол

<input checked="" type="checkbox"/>	Мужчина
<input type="checkbox"/>	Женщина

18. Ваша возрастная категория

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-21	22-25	26-34	35-44	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45-54	55-64	65-75	76 u bonee	

Дополнительные комментарии:

Спасибо за участие. Пожалуйста, верните анкету интервьюеру перед посадкой.

Интервьюер: Укажите ниже вид сообщения, терминал и номер выхода на посадку (напишите печатными буквами или укажите 'X' в соответствующей ячейке)

124	184100007	<input checked="" type="checkbox"/> Inter.	<input type="checkbox"/> CA-US-T	2B	BM	5	Номер анкет.	Терминал	Выход на посадку	Номер интервьюера
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11. If it was NOT a connecting flight, what mode of transport did you use to arrive at THIS airport?

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Rail/Subway ☐ Rental Car ☐ Other ☐

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Mobile check-in ☐ Bag drop-off desk ☒ Other ☐

14. What is your nationality/country of citizenship?

Moldova

15. What is your country of residence? (if different from above)

Hungary

16. Postal/Zip Code (residence):

17. Are you...

Male ☐ Female ☐

18. What is your age group?

16-21 ☐ 22-25 ☐ 26-34 ☐ 35-44 ☐
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124 184010038 ☒ Inter. ☐ CA-US-T ☐ Dom. ☐ 2B ☐ B11 ☐ 5
Code Questionnaire No. Terminal Gate No. Interviewer No.



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Thank you.

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1. Airline

Ukraine Int. Airlines

Airport

BUD

Flight number

814

Gate No.

B11

Letters

Numbers

Departure date

1 6 1 1 2018

DD

MM

HH

Departure time

15 : 4 5

MM (24 hours e.g. 20:15)

2. Have you just made a connection/transfer at THIS airport?

Yes ☐

No ☒

3. Which airport are you flying to on the flight that you are about to board?

Bowspol Kiev KBP

4. What is/was your MAIN reason for this air trip?

Business ☒

Leisure ☐

Other ☐

5. Which section of the aircraft are you travelling in?

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Economy/Tourist ☒

6. Including this trip, how many return trips by air have you made to any destination in the past 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 a 'X' in the box where applicable

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

ACCESS

A. Ground transportation to/from airport

Did not notice/use
Excellent
Very Good
Good
Fair
Poor

B. Parking facilities

C. Value for money of parking facilities

D. Availability of baggage carts/trolleys

CHECK-IN (at this airport)

E. Waiting time in check-in queue/line

F. Efficiency of check-in staff

G. Courtesy and helpfulness of check-in staff

PASSPORT/PERSONAL ID CONTROL

H. Waiting time at passport/personal ID inspection

I. Courtesy and helpfulness of inspection staff

SECURITY

J. Courtesy and helpfulness of security staff

K. Thoroughness of security inspection

L. Waiting time at security inspection

M. Feeling of being safe and secure

FINDING YOUR WAY

N. Ease of finding your way through airport

O. Flight information screens

P. Walking distance inside the terminal

Q. Ease of making connections with other flights

AIRPORT FACILITIES

R. Courtesy and helpfulness of airport staff (excluding check-in, passport control and security)

S. Restaurant/Eating facilities

T. Value for money of restaurant/eating facilities

Write in your response or place a 'X' in the box where applicable

AIRPORT FACILITIES

U. Availability of bank/ATM facilities/money changers

V. Shopping facilities

W. Value for money of shopping facilities

X. Internet access/Wi-Fi

Y. Business/Executive lounges

Z. Availability of washrooms/toilets

AA. Cleanliness of washrooms/toilets

BB. Comfort of waiting/gate areas

AIRPORT ENVIRONMENT

CC. Cleanliness of airport terminal

DD. Ambience of the airport

OVERALL SATISFACTION with the airport

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. e.g. J)

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

BEST

WORST

10. Arrivals services at THIS airport: (Based on previous experience in last 3 months)

A. Passport/Personal ID inspection

B. Speed of baggage delivery service

C. Customs inspection

Did not notice/use
Excellent
Very Good
Good
Fair
Poor

Did not notice/use
Excellent
Very Good
Good
Fair
Poor