



50094



Section 1 - Continued

5a. Did you visit Trinidad on this trip? 1 Yes 2 No

5b. If Yes, which visit is this?
(Indicate visit no.)

5c. If No, Have you ever visited Trinidad? 1 Yes 2 No
If yes, how many times?

6a. Did you visit Tobago on this trip? 1 Yes 2 No

6b. If Yes, which visit is this?
(Indicate visit no.)

6c. If No, Have you ever visited Tobago? 1 Yes 2 No
If yes, how many times?

7. Sex 1 Male 2 Female

8. To which Age Group do you, (respondent) belong?
 1 15-24 2 25-34 3 35-54
 4 55-64 5 65 and over 9 Not Stated

9. What was the main source of information in the planning of this trip?
 1 Recommendations of Friends/Relatives
 2 Advertisements, Brochures, Films
 3 Business Requirements
 4 Tour Operator/Travel Agent
 5 Internet/Own Research
 6 Tourist Information Office
 7 Other (Specify).....
 9 Not Stated



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Section 1 - Continued

10. How important was each of the following factors in your decision to visit Trinidad and Tobago? (SHADE 1 = Important, 2 = Unimportant in the bubble provided)

1 Important 2 Not Important 9 Not Applicable

1. Tropical Setting	<input type="radio"/> 1 Yes	<input type="radio"/> 2 No	<input type="radio"/> 9 N A
2. Business Climate	<input type="radio"/> 1 Yes	<input type="radio"/> 2 No	<input type="radio"/> 9 N A
3. Cost of Trip	<input type="radio"/> 1 Yes	<input type="radio"/> 2 No	<input type="radio"/> 9 N A
4. Friends/Relatives	<input type="radio"/> 1 Yes	<input type="radio"/> 2 No	<input type="radio"/> 9 N A
5. Previous Trips	<input type="radio"/> 1 Yes	<input type="radio"/> 2 No	<input type="radio"/> 9 N A
6. Carnival	<input type="radio"/> 1 Yes	<input type="radio"/> 2 No	<input type="radio"/> 9 N A

11. How far in advance did you decide to visit Trinidad and Tobago?

- 1 under 2 weeks 4 Over 3 months
- 2 2-4 weeks 9 Not Stated
- 3 1-3 months

12. Did you travel on a Pre-paid package?

- 1 Yes 2 No

If Yes, Please indicate items included in the Package Tour.

- 1 Airfare 5 Local Transport
- 2 Meals 6 Taxes
- 3 Accommodation 7 Other
- 4 Sightseeing Tours

13. Cost of Package Tours: \$TT



SECTION 2 - EXPENDITURE ON ACCOMMODATION AND MEALS

TRINIDAD

14a.

	Number of Nights	Accommodation with Meals \$TT	Accommodation without Meals \$TT	Meals in/out of Accommodation \$TT
Hotel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guest House/Bed & Breakfast/Apt.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private Home/ Other Acc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

14b. State the NAME of your accommodation.(Please write in Block Letters)

Hotel	<input type="text"/>
Guest House/Bed & Breakfast/Apt.	<input type="text"/>
Private Home/ Other Acc.	<input type="text"/>

14c. State the LOCATION of your accommodation.(Please write in Block Letters)

Hotel	<input type="text"/>
Guest House/Bed & Breakfast/Apt.	<input type="text"/>
Private Home/ Other Acc.	<input type="text"/>

TOBAGO

15a.

	Number of Nights	Accommodation with Meals \$TT	Accommodation without Meals \$TT	Meals in/out of Accommodation \$TT
Hotel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guest House/Bed & Breakfast/Apt.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private Home/ Other Acc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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SECTION 2 - EXPENDITURE ON ACCOMMODATION AND MEALS- Continued

TOBAGO (Cont'd)

15b. State the NAME of your accommodation.(Please write in Block Letters.)

Hotel [Grid of 20 boxes]

Guest House/Bed & Breakfast/Apt. [Grid of 20 boxes]

Private Home/ Other Acc. [Grid of 20 boxes]

15c. State the LOCATION of your accommodation.(Please write in Block Letters.)

Hotel [Grid of 20 boxes]

Guest House/Bed & Breakfast/Apt. [Grid of 20 boxes]

Private Home/ Other Acc. [Grid of 20 boxes]

Section 3 - Other Expenditure

How much did you spend on each of the following items?

16. Entertainment

Trinidad \$TT

Tobago \$TT

TOTAL

[Grid of 6 boxes]

[Grid of 6 boxes]

1.Fetes and Parties

[Grid of 6 boxes]

[Grid of 6 boxes]

2.Calypso Shows, Theatres

[Grid of 6 boxes]

[Grid of 6 boxes]

3.Sports

[Grid of 6 boxes]

[Grid of 6 boxes]

4.Carnival Costumes

[Grid of 6 boxes]

[Grid of 6 boxes]

5.Other Entertainment

[Grid of 6 boxes]

[Grid of 6 boxes]



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SECTION 3 - OTHER EXPENDITURE - Continued

17.	Inter-Island Transport	Trinidad \$TT	Tobago \$TT
	Total	<input type="text"/>	<input type="text"/>
	1. Air-bridge	<input type="text"/>	<input type="text"/>
	2. Inter-Island Ferry	<input type="text"/>	<input type="text"/>

18.	Land Transport	Trinidad \$TT	Tobago \$TT
	Total	<input type="text"/>	<input type="text"/>
	1. Car Rentals	<input type="text"/>	<input type="text"/>
	2. Taxis	<input type="text"/>	<input type="text"/>
	3. Gas	<input type="text"/>	<input type="text"/>

19.	Tours and Sightseeing	Trinidad \$TT	Tobago \$TT
		<input type="text"/>	<input type="text"/>

20.	Food Supplies	Trinidad \$TT	Tobago \$TT
		<input type="text"/>	<input type="text"/>

21.	Shopping(local handicraft/ souvenirs, duty-free shopping, film processing, records/CDs, personal care products)	Trinidad \$TT	Tobago \$TT
		<input type="text"/>	<input type="text"/>

22.	Medical Goods/Services	Trinidad \$TT	Tobago \$TT
		<input type="text"/>	<input type="text"/>

23.	Other Expenditure (Financial Contributions to family/friends, furniture, appliances, vehicles, purchase of land/house, home repairs, rates & taxes, etc)	Trinidad \$TT	Tobago \$TT
		<input type="text"/>	<input type="text"/>



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SECTION 4 - PRODUCT QUALITY

24. With whom did you travel?

- 1 Alone
- 2 Spouse/Partner/Companion only
- 3 Family
- 4 Group/Friends
- 5 Other (Specify)

25. State number of persons in your travel party.

[Two empty boxes for number of persons]

Age and sex of persons in travel party excluding respondent

Age Group	Under 2 Yrs.	2 to 11	12 to 14	15 to 24	25 to 34	35 to 54	55 to 64	65 & Over	Not Stated
Female	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]
Male	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]

26. State number of persons including yourself covered in the expenditure reported above.

[Two empty boxes for number of persons]

NOTE: If greater than number in travel party please provide comment in the remarks section at the back of the questionnaire.

27. In which of the following activities did you engage during your visit?

- 1 Shopping
- 2 Parties/Concerts/Nightlife
- 3 Tours & Sightseeing(Paid/Unpaid)
- 4 Hiking/Eco Activities/Nature
- 5 Meetings/Business
- 6 Water Sports(Kayaking, diving etc)
- 7 Fishing/Game Fishing
- 8 Golf
- 9 Attending Sporting Events
- 10 Visit To Beach/Waterfront
- 11 Gambling
- 12 Other



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SECTION 4 - PRODUCT QUALITY (Continued)

28. How would you rate the following?(Please shade 1 = Excellent, 2 = Good and 3 = Poor in the appropriate bubble.)

<u>Access:</u>	Excellent 1	Good 2	Poor 3
1. Flight Arrangements/ Connections to T&T	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Immigration	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Customs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
 <u>Quality:</u>			
4. Facilities-(Accommodation, Restaurants, Beach Facilities)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Public Utilities(Electricity, Water, Telephone)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Environment/Cleanliness	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Hospitality/Friendliness	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. Driving Habits	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Carnival Activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
10. Overall value for your money	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
11. Roads and Signage	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
12. Tours and Sightseeing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3



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SECTION 4 - PRODUCT QUALITY (Continued)

29a. Did you feel safe in Trinidad? 1 Yes 2 No

29b. Did you feel safe in Tobago? 1 Yes 2 No

30a. Were you harassed in any way during your stay in Trinidad?

1 Yes 2 No

30b. Were you harassed in any way during your stay in Tobago?

1 Yes 2 No

31. In what ways were you harassed?(Shade 1 or 2 in the appropriate bubble.)

Trinidad

Harrassed
a lot
1

Harrassed
a little
2

1. Sexual Advances 1 2

2. Drug Peddlers 1 2

3. Pushy Vendors 1 2

4. Vagrants 1 2

5. Other 1 2
Specify.....

Tobago

Harrassed
a lot
1

Harrassed
a little
2

1. Sexual Advances 1 2

2. Drug Peddlers 1 2

3. Pushy Vendors 1 2

4. Vagrants 1 2

5. Other 1 2
(Specify.....)



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REMARKS

FOR OFFICIAL USE

Interviewer

Date of Interview

[Date input grid: 8 boxes]

day month year

Interviewer Code

[Interviewer Code input grid: 2 boxes]

Signature:.....

Supervisor

Date Reviewed

[Date input grid: 8 boxes]

Supervisor's Initials

[Supervisor's Initials input grid: 2 boxes]

Editor

Date Edited

[Date input grid: 8 boxes]

Editor's Code

[Editor's Code input grid: 2 boxes]

Signature:.....

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