

Stopover Expenditure 2007 by All Accommodation

	WINTER %Share	SUMMER %Share	YEAR %Share	Exp/per Person US\$	Exp/per Night US\$
RO O M					
FOOD AND BEVERAGE					
Groceries					
RESTAURANT					
NIGHTCLUBS					
VISITOR ATTRACTIONS					
SPORTS AND RECREATIONS					
TAXI					
CAR RENTAL					
INLAND AIR					
Airport Transfers					
OTHER TRANSPORTATION					
IN-BOND SHOPPING					
CLOTHING					
STRAW PRODUCTS & BEADS					
WOODEN ARTICLES					
OTHER CRAFT WORK					
OTHER SHOPPING					
MISCELLANEAOUS EXPENSES					
Total					
Average Length of Stay					
Average Expenditure Per Person					
Average Expenditure Per Person/Per Night					



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JAMAICA TOURISM EXPENDITURE SURVEY

IDENTIFICATION

SERIAL No.

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PARISH CONSTITUENCY ED. NO. DWELLING NO. HOUSEHOLD NO. URBAN/RURAL

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My name is and I am an interviewer with the Statistical Institute of Jamaica. We are conducting a study on the expenditure for trips or tours taken by Jamaican residents.

We plan to interview over 3,000 individuals in Jamaica for this study and you have been randomly selected to take part. This interview is completely anonymous and confidential and at the end of the study we will not be able to link your answers to your name or address. At any time during the interview you can feel free to stop me and ask questions. Please answer the questions as honestly as possible.

Name of Interviewer:..... Date of Interview:.....

Interviewer's Signature:..... Date:.....

Name of Supervisor:.....

Supervisor's Signature:..... Date:.....

SECTION 1 - SAME DAY TRIPS

You said you have taken same day trips, I am now going to ask you some questions about this/these trips.

1.1 How many same day trips did you or any member of your household take?

Trip No.	1.2 What was the main purpose for each trip?	1.3 What was the mode of travel for each trip?	1.4 How many household members (include yourself) went on each trip?	1.5 How many household members were under 18 years old?
	1. Business and professional 2. Vacation or holidays 3. To visit friends or relatives 4. To shop 5. Education & Training 6. To attend conventions 7. Medical/Health care 8. Religion 9. Other (specify)	1. Private motor vehicle 2. Public passenger buses incl. Route Taxis 3. Taxi and other hired transport 4. Tour buses 5. Motor vehicle rental 6. Water Transport 7. Other (specify)		

1.6 How much was spent on transportation for each same day trip? (READ LIST)

Type of Transportation	Expenses			
	Trip No. 1	Trip No. 2	Trip No. 3	Trip No. 4
1. Private motor vehicle				
Petrol				
Service/repairs for and during the trip				
2. Public passenger buses incl. Route Taxis				
3. Taxi & other hired transport				
4. Tour buses				
5. Motor vehicle rental				
Rental charge				
Petrol				
6. Water Transport				
7. Toll charges				
8. Other (specify)				
Total				

1.7 How much was spent on food and beverage for each same day trip? (READ LIST)

Food and Beverage	Expenses			
	Trip No. 1	Trip No. 2	Trip No. 3	Trip No. 4
1. Restaurants, snack counters, vendors, etc.				
2. Other (specify)				
Total				

1.8 How much was spent on entertainment for each same day trip? (READ LIST)

Type of Entertainment	Expenses			
	Trip No. 1	Trip No. 2	Trip No. 3	Trip No. 4
1. Attractions (e.g. beach, parks, tours etc.)				
2. Sports (e.g. matches, golf fees etc.)				
3. Nightclubs				
4. Reggae festivals				
5. Jazz festivals				
6. Food festivals				
7. Other (specify)				
Total				

1.9 How much was spent on shopping for each same day trip? (READ LIST)

Items	Expenses			
	Trip No. 1	Trip No. 2	Trip No. 3	Trip No. 4
1. Clothing				
2. Souvenirs/Wooden/Craft items				
3. Ground provisions				
4. Phone cards				
5. Other items (exclude real estate), specify				
Total				

1.10 How much was spent on any other items for each same day trip ?

Miscellaneous Items <i>(Specify the items below)</i>	Expenses			
	Trip No. 1	Trip No. 2	Trip No. 3	Trip No. 4
Total				

1.11 Did anyone outside your household pay for any part of this trip ? 1. Yes 2. No (Go to Section 2)

1.12 How much did they spend on each of the following? (READ LIST)

Items	Expenses			
	Trip No. 1	Trip No. 2	Trip No. 3	Trip No. 4
1. Transport				
2. Food and Beverages				
3. Entertainment				
4. Shopping				
5. Other (specify)				
Total				

SECTION 2 - OVERNIGHT TRIPS

You said you have taken overnight trips, I am now going to ask you some questions about this/these trips.

2.1 How many overnight trips did you or any member of your household take?

	2.2 What was the main purpose for each overnight trip?	2.3 What type of accommodation did you use for each overnight trip?	2.4 What was the mode of travel for each overnight trip?	2.5 How many household members (include yourself) went on each trip?	2.6 How many household members were under 18 years old?	2.7 How many nights did you spend for each trip?
Trip No.	1. Business and professional 2. Vacation or holidays 3. To visit friends or relatives 4. To shop 5. Education & Training 6. To attend conventions 7. Medical/Health care 8. Religion 9. Other(specify)	1. Vacation home 2. Home of friends or relatives 3. Hotel 4. Villa/Apartment/Guest house 5. Campground/hostels etc 6. Boat/Cruise ship 7. Other (specify)	1. Private motor vehicle 2. Public passenger buses incl. Route Taxis 3. Taxi and other hired transport 4. Tour buses 5. Motor vehicle rental 6. Water Transport 7. Other (specify)			

2.8 How much was spent on transportation for each overnight trip? (READ LIST)

Type of Transportation	Expenses		
	Trip No. 1	Trip No. 2	Trip No. 3
1. Private motor vehicle			
Petrol			
Service/repairs for and during the trip			
2. Public passenger buses incl. Route Taxis			
3. Taxi & other hired transport			
4. Tour buses			
5. Motor vehicle rental			
Rental charge			
Petrol			
6. Water Transport			
7. Toll charges			
8. Other (specify)			
Total			

2.9 How much was spent on accommodation for each overnight trip? (READ LIST. *If All inclusive, record total bill*)

Accommodation	Expenses		
	Trip No. 1	Trip No. 2	Trip No. 3
1. All inclusive			
2. Room			
3. Food and beverage inside hotel			
Total			

2.10 How much was spent on food and beverage outside the accommodation for each overnight trip?(READ LIST)

Food and Beverage	Expenses		
	Trip No. 1	Trip No. 2	Trip No. 3
1. Restaurants, snack counters, vendors etc.			
2. Other			
Total			

2.11 How much was spent on entertainment for each overnight trip? (READ LIST)

Type of Entertainment	Expenses		
	Trip No. 1	Trip No. 2	Trip No. 3
1. Attractions (e.g. beach, parks, tours etc.)			
2. Sports (e.g. matches, golf fees etc.)			
3. Nightclubs			
4. Reggae festivals			
5. Jazz festivals			
6. Food festivals			
7. Other (specify)			
Total			

2.12 How much was spent on shopping for each overnight trip?(READ LIST)

Items	Expenses		
	Trip No. 1	Trip No. 2	Trip No. 3
1. Clothing			
2. Souvenirs/Wooden/Craft items			
3. Ground provisions			
4. Phone cards			
5. Other items (exclude real estate), specify			
Total			

2.13 How much was spent on any other items for each overnight trip ?

Miscellaneous Items <i>(Specify the items below)</i>	Expenses		
	Trip No. 1	Trip No. 2	Trip No. 3
Total			

2.14 Did anyone outside your household pay for any part of this trip ? 1. Yes 2. No (Go to Section 3)

2.15 How much did they spend on each of the following? (READ LIST)

Items	Expenses		
	Trip No. 1	Trip No. 2	Trip No. 3
1. Transport			
2. Accommodation			
3. Food and Beverages			
4. Entertainment			
5. Shopping			
6. Other (specify)			
Total			

SECTION 3 - OUTBOUND TRIPS

You said you have taken trips outside of Jamaica, I am now going to ask you some questions about this/these trips.

3.1 How many trips outside Jamaica have you or any member of your household taken?

Trip No.	3.2 Which of the following best describes the main reason for each trip outside Jamaica? 1. Business and professional 2. Vacation or holidays 3. To visit friends or relatives 4. To shop 5. Education & Training 6. To attend conventions 7. Medical/Health care 8. Religion 9. Other (specify)	3.3 How many household members (include yourself) went on each trip?	3.4 How many household members were under 18 years old?	3.5 How many nights did you spend for each trip?

3.6 How much was spent in Jamaica on items e.g. clothing in preparation for each trip outside of Jamaica?

Items bought in preparation for trip	Expenditure		
	Trip No. 1	Trip No. 2	Trip No. 3
1. Clothing			
2. Food items			
3. Beverages			
4. Luggage/Suitcase			
5. Visa fees			
6. Passport fees			
7. Other (specify)			
Total			

3.7 How much was spent on transportation in Jamaica for each trip outside Jamaica?

Transportation	Expenditure		
	Trip No. 1	Trip No. 2	Trip No. 3
1. Private motor vehicle			
2. Hired transport			
Total			

3.8 How much was spent on Air fare for each trip?

*(Record here the cost of airline tickets bought in Jamaica for travel overseas.
If cost of ticket is not known, please state destination.)*

	Expenditure		
	Trip No. 1	Trip No. 2	Trip No. 3
Air Fare			

3.9 Did you travel on Air Jamaica?

1. Yes

2. No

3.10 How much was spent on food and beverage at the airport for each trip outside of Jamaica?

	Expenditure		
	Trip No. 1	Trip No. 2	Trip No. 3
Food & Beverage			

3.11 Did any of your trips outside of Jamaica consist of a package tour?

1. Yes

2. No (Go to Q3.15)

3.12 What was the total cost of the package tour ?

\$

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3.13 Was the package tour purchased locally?

1. Yes

2. No

3.14 Did the package tour consist of any of the following? (READ LIST)

- | | | |
|----------------------|---------------------------------|--------------------------------|
| 1. Air fare | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| 2. Accommodation | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| 3. Food and Beverage | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| 4. Recreation | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| 5. Ground Transport | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| 6. Cruise | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| 7. Other (specify) | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |

3.15 How much was spent outside of Jamaica on each of the following for each trip? (READ LIST)

Items	Expenditure		
	Trip No. 1	Trip No. 2	Trip No. 3
1. Airfare			
2. Accommodation (include food and beverage inside hotel)			
3. Food & beverage (outside hotel)			
4. Attractions			
5. Transportation			
6. Entertainment			
7. Shopping			
8. Other (specify)			
Total			

3.16 Did anyone outside your household pay for any part of this trip ? 1. Yes 2. No (Go to Section 4)

3.17 How much did they spend on each of the following? (READ LIST)

Items	Expenses		
	Trip No. 1	Trip No. 2	Trip No. 3
1. Air fare			
2. Accommodation			
3. Food and Beverages			
4. Attractions			
5. Transportation			
6. Entertainment			
7. Shopping			
8. Package Tour			
9. Other (specify)			
Total			

SECTION 4 - CHARACTERISTICS

4.1 What is your relationship to the head of the household?

- | | |
|--|---|
| <input type="checkbox"/> 1. Head | <input type="checkbox"/> 4. Parent of Head/Spouse |
| <input type="checkbox"/> 2. Spouse/Partner | <input type="checkbox"/> 5. Other Relative |
| <input type="checkbox"/> 3. Child of Head/Spouse | <input type="checkbox"/> 6. Other (Non-relative) |

4.2 Is the head male or female?

1. Male 2. Female

4.3 In which age group do you (the head) fall?

1. 15 - 29
 2. 30 - 34
 3. 35 - 44
 4. 44 - 59
 5. 60 - 69
 6. 70 & Over

4.4 Please give me the number of persons who are currently living in this household, the number of males, the number of females and the number of children under 18 years old.

No. of persons	No. of Males	No. of Females	No. of children (under 18 years old)
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

4.5 What is the highest level of education that you (the head) have attained?

- | | |
|--|--|
| <input type="checkbox"/> 1. None | <input type="checkbox"/> 5. Secondary (Grades 10+) |
| <input type="checkbox"/> 2. Pre-Primary | <input type="checkbox"/> 6. Other Tertiary |
| <input type="checkbox"/> 3. Primary | <input type="checkbox"/> 7. University |
| <input type="checkbox"/> 4. Secondary (Grades 7 - 9) | <input type="checkbox"/> 8. Other (Specify)..... |

4.6 What is your (the head) union status?

- | | |
|--|--|
| <input type="checkbox"/> 1. Married | <input type="checkbox"/> 4. Single |
| <input type="checkbox"/> 2. Common Law | <input type="checkbox"/> 5. Not Stated |
| <input type="checkbox"/> 3. Visiting | |

4.7 Did you (the head) do any form of work during the last 6 months?

1. Yes (For others)
 2. Yes (In own business)
 3. No (go to Q4.10)

4.8 What kind of work did you (the head) do? _____

For official use only

4.9 What type of business is carried on at the work place? _____

For official use only

SECTION 4 - CHARACTERISTICS

4.10 Does any member of your household own, rent or lease this dwelling?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> 1. Owned | <input type="checkbox"/> 4. Rent-free |
| <input type="checkbox"/> 2. Leased | <input type="checkbox"/> 5. Other (Specify)..... |
| <input type="checkbox"/> 3. Rented | <input type="checkbox"/> 9. Not stated |

4.11 What is the weekly, monthly or yearly income of the household from all employment (\$JA)?

- | Weekly | Monthly | Yearly |
|---|---|---|
| <input type="checkbox"/> 1. Less than 3,000 | <input type="checkbox"/> 1. less than 12,000 | <input type="checkbox"/> 1. Less than 144,000 |
| <input type="checkbox"/> 2. 3,000 - 3,500 | <input type="checkbox"/> 2. 12,000 - 14,999 | <input type="checkbox"/> 2. 144,000 - 179,999 |
| <input type="checkbox"/> 3. 3,500 - 5,999 | <input type="checkbox"/> 3. 15,000 - 23,999 | <input type="checkbox"/> 3. 180,000 - 287,999 |
| <input type="checkbox"/> 4. 6,000 - 9,999 | <input type="checkbox"/> 4. 24,000 - 39,999 | <input type="checkbox"/> 4. 288,000 - 479,999 |
| <input type="checkbox"/> 5. 10,000 - 19,999 | <input type="checkbox"/> 5. 40,000 - 79,999 | <input type="checkbox"/> 5. 480,000 - 959,999 |
| <input type="checkbox"/> 6. 20,000 - 29,999 | <input type="checkbox"/> 6. 80,000 - 119,999 | <input type="checkbox"/> 6. 960,000 - 1,439,999 |
| <input type="checkbox"/> 7. 30,000 - 49,999 | <input type="checkbox"/> 7. 120,000 - 199,999 | <input type="checkbox"/> 7. 1,440,000 - 2,399,999 |
| <input type="checkbox"/> 8. 50,000 and over | <input type="checkbox"/> 8. 200,000 and over | <input type="checkbox"/> 8. 2,400,000 and over |
| <input type="checkbox"/> 9. Not stated | <input type="checkbox"/> 9. Not stated | <input type="checkbox"/> 9. Not Stated |

END OF INTERVIEW

7. Sex: Male Female
8. Age: Under 17 17-24 25-34
 35-49 50-64 65+

9. Country of Residence

USA State _____ Zip Code _____
 CANADA Province _____ Postal Code _____
 UK County _____ EUROPE Country _____
 LATIN AMERICA Country _____ JAPAN
 CARIBBEAN Country _____ OTHER Specify Country _____

9a Are you a Non-Resident Jamaican? Yes No

10. Family Income Before Taxes: _____

Please specify currency

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| Under 7,499 <input type="radio"/> | 7,500-9,999 <input type="radio"/> | 10,000-14,999 <input type="radio"/> |
| 15,000-19,999 <input type="radio"/> | 20,000-24,999 <input type="radio"/> | 25,000-49,000 <input type="radio"/> |
| 50,000-59,999 <input type="radio"/> | 60,000-69,999 <input type="radio"/> | 70,000-79,999 <input type="radio"/> |
| 80,000-89,999 <input type="radio"/> | 90,000-99,999 <input type="radio"/> | 100,000+ <input type="radio"/> |

11. ADDITIONAL COMMENTS

Your email address will not be given to any other entity

What is your email address: _____

Please indicate whether you wish to be contacted in the future by the Jamaica Tourist Board

Yes No

JAMAICA

VISITOR EXPENDITURE SURVEY

Dear Friend:

We hope you had a very pleasant vacation in our island. However, before you leave, we are asking you to complete this questionnaire. Some of the questions are personal, but be assured that all information will be held in confidence.

Your answers will assist us in improving our services and facilities for the greater comfort of you, our guest.

Thank you for your cooperation

Yours sincerely



Antoinette G. Lyn
 Research & Market Intelligence Manager
 (Marketing Department)



1. A. Date of arrival in Jamaica _____

B. Date of departure from Jamaica _____

OOO

2. Is this your first visit to Jamaica?

Yes No

3. What was the main purpose of your visit?

Vacation Honeymoon Business
 Bus./Vac. Convention Other (Specify)

4. Are you on a Prepaid Package Tour?

Yes No Skip to Question 5

If yes: i) What is a) the name of the Package? _____

OOO

b) the name of the Tour Operator Company _____

OOO

ii) Is your flight scheduled or chartered?

Scheduled Chartered

iii) What was the cost of your Package? (Specify currency) _____

iv) Did the Package include? (Tick those which applies)

Airfare Accommodation (room only)
 Accommodation (including meals) Car Rental
 Transportation to and from Airport & Accommodation
 Sightseeing Tours

5. What type of accommodation did you use? _____

OOO

Hotel Villa Apartment Guest House
 Private Home Bed & Breakfast Other

5a. Please give the name of the Accommodation _____

5b. Which Resort Area did you stay? Montego Bay Ocho Rios Negril

Port Antonio Mandeville/S Coast Kingston Other

6. How much did you spend on the following items? Please indicate...

i) The number of persons covered by these expenses _____ ii) Type of currency used _____

OO

A. Accommodation (give total bill inclusive of meals, etc) _____

OOOO

How much of this was for Room _____

OOOO

Food & Beverage _____

OOOO

B. Food & Beverage outside Accommodation

Groceries _____

OOOO

Restaurant _____

OOOO

Nightclub _____

OOOO

C. Entertainment

Visitor attractions (e.g. Rafting, Tours, etc) _____

OOOO

Sports & Recreations (e.g. Golf Fees, Scuba Diving) _____

OOOO

Sporting Events (e.g. Cricket matches, Athletic Events) _____

OOOO

Special Events (Musical, Food, Cultural Festivals, etc) _____

OOOO

D. Transportation

Taxi _____

OOOO

Car Rental _____

OOOO

Air (Inland) _____

OOOO

Transfer _____

OOOO

Other (Specify) _____

OOOO

E. Shopping

In-bond (duty free) shopping _____

OOOO

Clothing _____

OOOO

CDs _____

OOOO

Coffee _____

OOOO

Straw Products and Beads _____

OOOO

Spirits (Alcohol) _____

OOOO

Spices _____

OOOO

Wooden Art _____

OOOO

Books _____

OOOO

Other Craft work _____

OOOO

Other Specify _____

OOOO

F Miscellaneous Expenses (Gratuities where not included above -, Laundry, Telephone, etc) _____

OOOO

G. Total Expenses. How much altogether did you spend in Jamaica? _____

OOOO
 OOOOO

10. Sex: Male Female
11. Age: Under 18 18-24 25-34
 35-49 50-64 65+

12. Country of Residence

- USA State _____ Zip Code _____
 Canada Province _____ Postal Code _____
 UK Country _____ Germany
 Italy Other Europe _____
 Latin America Caribbean Japan
 Other Specify Country _____

13 Family Income Before Taxes: Please specify currency _____

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| Under 7,499 <input type="radio"/> | 7,500-9,999 <input type="radio"/> | 10,000-14,999 <input type="radio"/> |
| 15,000-19,999 <input type="radio"/> | 20,000-24,999 <input type="radio"/> | 25,000-49,000 <input type="radio"/> |
| 50,000-59,999 <input type="radio"/> | 60,000-69,999 <input type="radio"/> | 70,000-79,999 <input type="radio"/> |
| 80,000-89,999 <input type="radio"/> | 90,000-99,999 <input type="radio"/> | 100,000+ <input type="radio"/> |

14. Email address: _____

14a Do you mind being contacted by the JTB for similar information or promotional offers?

Yes No

COMMENTS _____

OFFICIAL USE	
Time	_____
Date	_____
Interviewer	_____
Name of Ship	_____
Port: Montego Bay <input type="radio"/>	Ocho Rios <input type="radio"/> Port Antonio <input type="radio"/>

JAMAICA



VISITOR EXPENDITURE SURVEY (Cruise Passenger)

Dear Friend:

We sincerely hope you had a pleasant cruise. Before you leave, we are asking you to complete this short questionnaire.

Your answers will assist us in improving our services and facilities for the greater comfort of you, our cruise visitors.

Thank you for your cooperation

Yours sincerely

Antoinette G. Lyn
 Research & Market Intelligence Manager
 (Marketing Department)

OOOOO

1. Is this your first trip to Jamaica? Yes No
- 1a. Is this your first **cruise** trip to Jamaica? Yes No

2. How would you rate our experience in Jamaica on this trip?

Most enjoyable Enjoyable Fair Poor

3. How much money altogether did you spend in Jamaica?

US\$ _____ 0000

3a How many persons were covered by this expense? _____ 00

3b How much did you spend on the following items in Jamaica?

A. Food & Beverage bought **off** the Ship _____ 000

B. Visitor Attractions & Entertainment

i. Prepaid _____ 000
(Name of Tour bought on board the cruise ship—
i.e. Rafting, Sightseeing, etc)

ii Tour purchased while in Jamaica _____ 000
(Name of Tour) _____

C. Transportation

Taxi _____ 000

Car Rental _____ 000

Other Transportation _____ 000

D. Shopping

In-bond Shopping _____ 0000

Coffee _____ 000

Clothing _____ 000

Spirits (Alcohol) _____ 000

Straw Products and Beads _____ 000

Spices _____ 000

Wooden Articles _____ 000

Other Shopping (Specify) _____ 000

E Tips _____ 00

F. Miscellaneous _____ 000

000
0000

4. How likely would you be to return to Jamaica?

	Extremely Likely	Very Likely	Somewhat Likely	Not too Likely	Not at all Likely
a) On another cruise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) As a land-based visitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Has any cruise trip that you have taken before influenced you to visit one of those destinations on a land-based vacation?

Yes No First Cruise Trip

6. How would you rate the facilities and services at this port of call?

	Excellent	Good	Fair	Poor	Needs Improvement
a) Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Guided Tours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Did you visit any of the following Attractions while on-shore? If so, how would you rate their facilities and services?

	Excellent	Good	Fair	Poor	Needs Improv
a) Dunn's River Falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Rafting on a River	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Plantation/Farm Tours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Botanical Gardens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) City Tours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Boat Rides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Adventure Tours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Margaritaville	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Dolphin Cove	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Horseback Riding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Mystic Mountain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Other Specify _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Would you say you were harassed in any way during your visit here?

Yes No

8a If "Yes", where were you harassed?

On the Streets In the Shopping Areas On the Beach
At the Attractions At the Pier

9. Which other ports have you visited already on this trip?

9a. How do you rate this port of call to other ports already visited on this trip?

Much better Better About the Same Worse