

Ship Registers

Questionnaire code: 12522023

Submitted in: 15.02.2023, as at 31.12.2022

Period:

Periodicity: Annual

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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 for the respondent

The table includes tooltips with additional information about the rows and columns. Hover your mouse over the row or column header to see the explanations.
When you have filled in a table and want to check this table, click "Save" and then select "Validate table". This way, it is easier to correct errors in the specific table.
If you click "Check", the entire questionnaire is checked and the errors in all tables are displayed simultaneously. Use this button when you have filled in all the tables.
The error message "Warning" indicates possible errors. Please make sure that you have entered the correct data, then click "Accept warnings" and confirm the questionnaire.
In the absence of values, you do not have to enter 0 (zero) in the fields.
In case of any questions, please call +372 6259 300 or send an email at mailto:klienditugi@stat.ee

0. Information about feedback questionnaire

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 give feedback. Thank you!

1. SEA-GOING VESSELS REGISTERED IN SHIP REGISTER (GROSS TONNAGE OF 100 AND ABOVE)

		Number of vessels	Gross tonnage	Net tonnage	Deadweight, tonnes
		1	2	3	4
Total vessels	1	sum of rows 2...5 of the same column	sum of rows 2...5 of the same column	sum of rows 2...5 of the same column	sum of rows 2...5 of the same column
..passenger vessels	2				

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..cargo vessels	3				
..fishing vessels	4				
..technical and offshore support vessels	5				

2. SHIPS REGISTERED INTO THE REGISTER OF BAREBOAT CHARTERERS (GROSS TONNAGE OF 100 AND ABOVE)

		Number of vessels	Gross tonnage	Net tonnage	Deadweight, tonnes
		1	2	3	4
Total vessels	6	sum of rows 7...10 of the same column	sum of rows 7...10 of the same column	sum of rows 7...10 of the same column	sum of rows 7...10 of the same column
..passenger vessels	7				
..cargo vessels	8				
..fishing vessels	9				
..technical and offshore support vessels	10				

3. INLAND WATERWAY VESSELS REGISTERED IN SHIP REGISTER

Gross tonnage - the overall internal volume of a ship measured according to the International Convention on Tonnage Measurements of Ships of 1969, unitless variable.

		Total number of vessels	Number of vessels, gross tonnage under 100	Gross tonnage of vessels under 100	Number of vessels, gross tonnage of 100 and above	Gross tonnage vessels 100 and above
		1	2	3	4	5
Total vessels	11	sum of rows 12...15 of the same column	sum of rows 12...15 of the same column	sum of rows 12...15 of the same column	sum of rows 12...15 of the same column	sum of rows 12...15 of the same column
..passenger vessels	12	sum of columns 2 and 4 of the same row				
..cargo vessels	13	sum of columns 2 and 4 of the same row				
..fishing vessels	14	sum of columns 2 and 4 of the same row				
..technical and offshore support vessels	15	sum of columns 2 and 4 of the same row				

4. LENGTH OF NAVIGABLE INLAND WATERWAYS, KM

		Length, km
		1
Navigable inland waterways	16	

5. IME SPENT ON FILLING OUT THE QUESTIONNAIRE (incl. for preparing the data)

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.

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	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
Pre-filled fields (text boxes with pre-existing data) simplified and sped up the completion of the questionnaire.	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 (200 characters max)

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COMMENT
