

THE SOUTH AFRICA I KNOW, THE HOME I UNDERSTAND

# Domestic Tourism Survey 2015

**A: Particulars of the dwelling**

A1: PSU Number Segment

A2: Dwelling Unit Number

A3: Physical ID of the Dwelling Unit/Household

A4: Telephone number of enumerated household

A5: Total number of persons in household

A6: Questionnaire number of this household

**B: Households at the selected dwelling unit**

B1: Household number for this household

B2: Total number of households at selected dwelling

**C: Field staff**

C1: Survey Officer name  Assignment Number

C2: DSC name  Assignment Number

C3: PQM name  Assignment Number

**Unique No.**

**D: Survey date**  2 0 1 5

D1: Collection month

**E: Response details**

Visit No.	Date (actual)								Result Code	Next visit (planned)								
	d	d	m	m	y	y	y	y		d	d	m	m	y	y	y	y	
1																		
2																		
3																		
4																		

E2: Final result code

E3: Comments and full details for result codes 12-37

RESULT CODES			
11	Completed	31	Unoccupied dwelling
12	Partly completed	32	Vacant dwelling
21	Non-Contact	33	Demolished
22	Refusal	35	Status change
23	Other non-response	36	Listing error
24	Vacant Dwelling UC	37	Non Household Member

**Aim and use of the survey**

The DTS is a large-scale household survey aimed at collecting accurate statistics on the travel behaviour and expenditure of residents of South Africa travelling within the borders of South Africa.

Such information is crucial in determining the contribution of tourism to the South African economy as well as helping with planning, marketing, policy formulation and regulation of tourism-related activities.

**The survey design**

A representative national sample of approximately 28 045 Dwelling Units (DUs) has been drawn from the 3 302 Primary Sampling Units (PSUs) that form the current master sample. The master sample is based on the 2011 Population Census Enumeration Areas (EAs). Between 1 and 30 dwelling units have been randomly sampled from each PSU and all the households residing within these sampled dwelling units will be enumerated.

**Write figures very carefully**

Close the zeros (0) so that they will not be mistaken for the sixes (6).  
When there is more than one zero (0), as for instance in the value 1 000, do not connect the zeros on top, which is very common. Don't write the figures sideways or diagonally. Never use decimal points (or decimal commas).

Your figures should be made like this:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>0</b>

Your crosses should not touch the sides:



**FLAP This section covers particulars of each person in the household**

The following information must be obtained for every person who is considered to be a member of the household. **Do not forget babies.**  
If there are more than 10 persons in the household, use a second questionnaire.

INTERVIEW START TIME

	Person number									
	01	02	03	04	05	06	07	08	09	10
<b>A First name and surname</b> <b>First name:</b> <i>Write down first name and surname of each member of the household, starting with the head or acting head. If more than one head or acting head take the oldest.</i> <b>Surname:</b>	<input type="text"/>									
	<input type="text"/>									
<b>B Has ..... stayed here (in this household) for at least four nights on average per week during the last four weeks?</b> 1 = Yes 2 = No → <b>End of interview for this person</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
<b>C Is ..... a male or a female?</b> 1 = Male 2 = Female	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
<b>D What is .....’s date of birth and age in completed years?</b> <b>Day of Birth:</b> <i>Example of day 05</i> <b>Month of birth:</b> <i>Example of month 11</i> <b>Year of birth:</b> <i>Example of year 2007</i> <b>Age in years</b> <i>Less than one year = 0</i>	d d <input type="text"/>									
	m m <input type="text"/>									
	Y Y Y Y <input type="text"/>									
	<input type="text"/>									

	Person number									
	01	02	03	04	05	06	07	08	09	10
<b>E What population group does ..... belong to?</b> 1 = Black African 2 = Coloured 3 = Indian/Asian 4 = White 5 = Other (specify in box below)	<input type="checkbox"/> 1									
	<input type="checkbox"/> 2									
	<input type="checkbox"/> 3									
	<input type="checkbox"/> 4									
	<input type="checkbox"/> 5									
<b>F(i) What is .....’s present marital status?</b> 1 = Married 2 = Living together like husband and wife 3 = Widow/Widower → <b>Go to G</b> 4 = Divorced/Separated → <b>Go to G</b> 5 = Never married → <b>Go to G</b>	<input type="checkbox"/> 1									
	<input type="checkbox"/> 2									
	<input type="checkbox"/> 3									
	<input type="checkbox"/> 4									
	<input type="checkbox"/> 5									
<b>F(ii) Does .....’s spouse/partner live in this household?</b> 1 = Yes 2 = No → <b>Go to G</b>	<input type="checkbox"/> 1									
	<input type="checkbox"/> 2									
<b>F(iii) Which person is the spouse/partner of .....?</b> <i>Give person number</i>	<input type="text"/>									
	<input type="text"/>									





	Person number									
	01	02	03	04	05	06	07	08	09	10
<b>G What is the highest level of education that ... has successfully completed?</b> <i>Diplomas or certificates must be of six months plus study duration full-time (or equivalent) to be included</i> 98 = No schooling 00 = Grade R/00 01 = Grade 1/ Sub A/Class 1 02 = Grade 2 / Sub B/Class 2 03 = Grade 3/Standard 1/ ABET 1 (Kha Ri Gude, Sanli) 04 = Grade 4/ Standard 2 05 = Grade 5/ Standard 3/ ABET 2 06 = Grade 6/Standard 4 07 = Grade 7/Standard 5/ ABET 3 08 = Grade 8/Standard 6/Form 1 09 = Grade 9/Standard 7/Form 2/ ABET 4 10 = Grade 10/ Standard 8/ Form 3 11 = Grade 11/ Standard 9/ Form 4 12 = Grade 12/Standard 10/Form 5/Matric (No Exemption) 13 = Grade 12/Standard 10/Form 5/Matric (Exemption *) 14 = NTC 1/ N1/NC (V) Level 2 15 = NTC 2/ N2/ NC (V) Level 3 16 = NTC 3/ N3/NC (V)/Level 4 17 = N4/NTC 4 18 = N5/NTC 5 19 = N6/NTC 6 20 = Certificate with less than Grade 12/Std 10 21 = Diploma with less than Grade 12/Std 10 22 = Certificate with Grade 12/Std 10 23 = Diploma with Grade 12/Std 10 24 = Higher Diploma (Technikon) 25 = Post Higher Diploma (Technikon Masters, Doctoral) 26 = Bachelors Degree 27 = Bachelors Degree and post-graduate diploma 28 = Honours Degree 29 = Higher degree (Masters, Doctorate) 30 = Other (specify in the box below) 31 = Do not know	<input type="checkbox"/>									

This section covers economic activities in the last seven days for persons aged 15 years and above

		Person number									
		01	02	03	04	05	06	07	08	09	10
H(i)a	<b>During the last calendar week (Sunday to Saturday), did .....work for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</b> <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i> 1 = YES 2 = NO 3 = DO NOT KNOW	<input type="checkbox"/> 1									
		<input type="checkbox"/> 2									
		<input type="checkbox"/> 3									
H(i)b	<b>During the last calendar week (Sunday to Saturday), did .....run or do any kind of business, big or small, for him/herself or with one or more partners, even if it was for only one hour?</b> <i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i> 1 = YES 2 = NO 3 = DO NOT KNOW	<input type="checkbox"/> 1									
		<input type="checkbox"/> 2									
		<input type="checkbox"/> 3									
H(i)c	<b>During the last calendar week (Sunday to Saturday), did .....help without being paid in any kind of business run by your household, even if it was for only one hour?</b> <i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> 1 = YES 2 = NO 3 = DO NOT KNOW	<input type="checkbox"/> 1									
		<input type="checkbox"/> 2									
		<input type="checkbox"/> 3									





If yes to any part of QH(i) go to H(iii), otherwise go to H(ii)

		Person number									
		01	02	03	04	05	06	07	08	09	10
H(ii)	During the last calendar week (Sunday to Saturday), even though ..... did not do any work for pay, profit or did not help without pay in a household business, did ..... have a job or business that he/she would definitely return to?										
	1 = YES	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = NO → Go to I	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = DO NOT KNOW → Go to I	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<i>Those helping unpaid in household businesses should have a "no" answer if they do not have a job to definitely return to.</i>											
H(iii)	Does ..... work for .....										
	1 = National/Provincial/Local Government?	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = A private household?	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = A parastatal (e.g. transnet)?	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = A private enterprise?	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Non-profit organisation (NGO/CBO)?	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	6 = Don't know	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
H(iv)	What are the goods and services produced by the organisation/business .....work for? Is it .....										
	1 = Accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Restaurants and bars	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Passenger transport (e.g. road, rail, air)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = Travel agents, tour operators	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Tour guides	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	6 = Recreation and entertainment	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
	7 = Cultural services	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
	8 = Trading (e.g. ebony and curios)	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
	9 = Other	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
I	Is there any other person residing in this household, other than those already mentioned, who is not presently here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ If "Yes" go back to A								
J	Indicate the column number of the person who will be the respondent throughout the questionnaire	<input type="text"/>									

**SECTION 1: DAY TRIPS**

*Read: Now I am going to ask some questions about day trips undertaken in the past three Calendar months. These are trips outside your usual environment (i.e. 40kms and above one way but visited less frequently than once a week). Note that the trip must be completed.*

		Person number									
		01	02	03	04	05	06	07	08	09	10
<b>1.1</b>	<p><b>In the past three Calendar months, has ... taken any day trip inside South Africa?</b></p> <p>1 = Yes → <b>Go to 1.3</b></p> <p>2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
<b>1.2</b>	<p><b>Why did ... not take any trips inside South Africa in the past three Calendar months?</b></p> <p>Mark only ONE response</p> <p>01 = Trips within 40km radius/family relative stays within 40km radius</p> <p>02 = Financial reasons (not enough money)</p> <p>03= Too expensive/I would rather spend money on something else</p> <p>04 = Not enough time to travel</p> <p>05 = Too busy at work/school</p> <p>06 = No family/friends to visit somewhere else</p> <p>07 = Too much hassle to travel</p> <p>08 = Sick</p> <p>09 = Disabled</p> <p>10 = Too old to travel</p> <p>11 = Worried about safety/security/crime</p> <p>12 = Have young children</p> <p>13 = I no longer wish to travel</p> <p>14 = No interest/nothing to see or do that appeals to me</p> <p>15 = Taking care of sick/elderly relative</p> <p>16 = Pregnancy</p> <p>17 = In mourning</p> <p>18 = No particular reason</p> <p>19 = Other, Specify</p> <p>→ <b>Go to Section 4</b></p>	<input type="checkbox"/> <input type="checkbox"/>									
<b>1.3</b>	<p><b>Was this the first time ... undertook any day trip in the past three Calendar months?</b></p> <p>1 = Yes</p> <p>2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
<b>1.4</b>	<p><b>How many day trips did ... take inside South Africa in the past three Calendar months?</b></p>	<input type="checkbox"/> <input type="checkbox"/>									





Ask if answer 1.1 is "YES"

Read: You have already told me that ..... did take day trips inside South Africa in the past three Calendar months.

		Person number																					
		01	02	03	04	05	06	07	08	09	10												
1.5	<b>Can you tell me in which month(s) these trips took place?</b> <i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</i>																						
	<b>Interview month: January</b>																						
	01 = December																						
	02 = November																						
	03 = October																						
	<b>Total (Add 01 - 03 to confirm total)</b>																						
	<b>Interview month: February</b>																						
	04 = January																						
	05 = December																						
	06 = November																						
	<b>Total (Add 04 - 06 to confirm total)</b>																						
	<b>Interview month: March</b>																						
	07 = February																						
	08 = January																						
	09 = December																						
<b>Total (Add 07 - 09 to confirm total)</b>																							

**INFORMATION ABOUT THE MOST RECENT DAY TRIP TAKEN BY THE RESPONDENT WITH OR WITHOUT OTHER HOUSEHOLD MEMBERS**

		Person number									
		01	02	03	04	05	06	07	08	09	10
<b>1.6a</b>	<p><b>Identify the most recent day trip that the respondent undertook</b></p> <p><b>Ask the respondent</b></p> <p>On the most recent day trip, indicate which (if any) household member/s travelled with you. When recording the person numbers of individuals who took the trip, also include the respondent's person number in the block in the respondent's column.</p>	<input type="checkbox"/> <input type="checkbox"/>									
<b>1.6b</b>	<p><b>Record the month CODE (as written in Q1.5) of the month in which the trip took place.</b></p> <p><i>The month CODE should be based on the INTERVIEW MONTH that the household was visited. E.g. If the household was visited in February, and the trip took place in December. Record 05 in the blocks provided for Q1.6b</i></p> <p><b>Go to Section 2</b></p>	<input type="checkbox"/> <input type="checkbox"/>									

**INFORMATION ABOUT THE MOST RECENT DAY TRIP TAKEN BY OTHER HOUSEHOLD MEMBERS WITHOUT THE RESPONDENT**

		Person number									
		01	02	03	04	05	06	07	08	09	10
<b>1.7a</b>	<p><b>Identify the most recent day trip that other household members undertook, where the respondent was NOT part of the trip.</b></p> <p>On the most recent day trip, indicate which household member/s travelled WITHOUT the respondent.</p> <p>DO NOT INCLUDE THE RESPONDENT'S PERSON NUMBER. HE/SHE WAS NOT PART OF THE TRIP. Only record the person numbers of individual/s who took the trip in their column/s.</p>	<input type="checkbox"/> <input type="checkbox"/>									
<b>1.7b</b>	<p><b>Record the month CODE (as written in Q1.5) of the month in which the trip took place.</b></p> <p><i>The month CODE should be based on the INTERVIEW MONTH that the household was visited. E.g. If the household was visited in February, and the trip took place in December. Record 05 in the blocks provided for Q1.7b</i></p> <p><b>Go to Section 3</b></p>	<input type="checkbox"/> <input type="checkbox"/>									









**2.6 While on this trip, which of the following activities did you and/or other members of your household undertake, apart from those in the main purpose**

*Read out each item to the respondent*

**Mark all options mentioned**

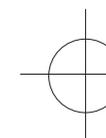
2.6.1	RECREATION / ENTERTAINMENT Mark all options mentioned	Respondent		Other household members	
		Y	N	Y	N
	01 = Entertainment e.g. cinema, concert, show	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	02 = Theme parks e.g. aquariums	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	03 = Cultural, historical and heritage e.g. cultural village, museums, art gallery, township tour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	04 = Eating out e.g. restaurants, cafés	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	05 = Night life e.g. bars, night-clubs, discos	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	06 = Visited a casino	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	07 = Shopping e.g. malls, flea/craft markets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	08 = Other recreation, entertainment, <i>specify</i> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.6.2	BUSINESS / PROFESSIONAL Mark all options mentioned	Respondent		Other household members	
		Y	N	Y	N
	09 = Meeting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	10 = Business conference, convention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	11 = Trading e.g. bought goods from suppliers or sold goods to customers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	12 = Other business/professional <i>Specify</i> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









**2.8** Read out: Now the following questions relate to package trips

<p><b>2.8.1</b> Was this last day trip a package? (Where two or more expense items, such as transport and a meal, were included in an all-inclusive price)</p> <p>1 = Yes 2 = No 3 = Don't know</p>	<p> <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3         </p>
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<p><b>2.8.2</b> How much did this package trip cost?</p> <p>Give the total cost of the package for household members who were in the group</p>	<p>Rands</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>							

	INCLUDED		
	YES	NO	DON'T KNOW
1 = Airfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2 = Land transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3 = Food and beverages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4 = Recreation and entertainment (e.g payments to a zoo etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5 = Travel insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6 = Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7 = Other .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

<b>2.7</b>	<p><b>What was the main type of transport used to reach the main destination?</b> <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i></p> <p>1 = AIRCRAFT 2 = BUS 3 = CAR 4 = MOTORCYCLE/SCOOTER 5 = BICYCLE 6 = TAXI 7 = TRAIN 8 = OTHER <i>Specify .....</i></p>	<p> <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8         </p>	<table border="1" style="width: 100%; height: 100px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																								

Now thinking about any money spent before the trip on items related to the trip

Read: I now want you to tell me about the total expenditure before this trip  
 • that's all OTHER expenditure for those who have been on a package trip  
 • if not a package trip, record all the expenses incurred by you and by the other members of your household also on the trip

- include all expenses, even those paid for by another party, for example, your host, employer or company
- please include all tips and taxes

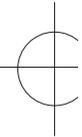
Example: R18 000 should be recorded as follows

	1	8
0	0	0

NO "R" sign should be recorded and NO cents are to be recorded

		Person number									
		01	02	03	04	05	06	07	08	09	10
2.9	Please indicate exactly which members of the household went on this trip.	<input type="checkbox"/>									
2.10	How much money did you and/or other members of your household spent on the following before the trip?										
	01 = Food for the trip	<input type="checkbox"/>									
	02 = Gifts	<input type="checkbox"/>									
	03 = Travel Insurance	<input type="checkbox"/>									
	04 = Other financial services	<input type="checkbox"/>									
	05 = Servicing the vehicle	<input type="checkbox"/>									
	06 = Checking/servicing alarm system	<input type="checkbox"/>									
	07 = Hiring security	<input type="checkbox"/>									
	08 = Hiring house sitter	<input type="checkbox"/>									





		Person number																				
		01	02	03	04	05	06	07	08	09	10											
	09 = Clothing																					
	10 = Toiletries																					
	11 = Luggage																					
	12 = Medical supplies/inoculations																					
	13 = Electrical appliances e.g. adaptors																					
	14 = Child care																					
	15 = Other, specify .....																					
	<b>TOTAL</b>																					

**Now thinking about any money spent on the trip on items related to the trip**

*Read:* I now want you to tell me about the total expenditure on this trip

- that's all **OTHER** expenditure for those who have been on a package trip
- if not a package trip, record all the expenses incurred by you and by the other members of your household also on the trip

- include all expenses, even those paid for by another party, for example, your host, employer or company
- please include all tips and taxes

Example: R18 000 should be recorded as follows

	1	8
0	0	0

**NO "R" sign should be recorded and NO cents are to be recorded**

2.11	How much money did you and/or other members of your household spend on the following whilst on the trip?	Person number																			
		01	02	03	04	05	06	07	08	09	10										
	01 = Airfare																				
	02 = Train																				
	03 = Land transport (fuel, kombi, bus tickets, toll fees, parking)																				
	04 = Car hire																				
	05 = Food and beverages																				
	06 = Recreational/entertainment (sports, game parks and amusement parks)																				
	07 = Cultural services (performing arts/ museums)																				
	08 = Medical expenses																				
	09 = Shopping																				





2.12 Please indicate how satisfied you were with each of the following elements during this trip.			
Information	a = Tourist information when planning your trip b = Tour Guide c = Tourist information at destination d = Information centre / tourism offices	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/>	1 = Not at all satisfied 2 = Not satisfied 3 = Neutral 4 = Satisfied 5 = Extremely satisfied 8 = Not applicable
Tourist Attraction	e = Value for money at tourist attraction f = Cultural, historical and heritage sites and activities g = Natural attractions such as beaches, mountains, scenery etc	e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/>	
Transport	h = Road Infrastructure i = Local public transport j = Car hire facilities k = Domestic flights	h <input type="checkbox"/> i <input type="checkbox"/> j <input type="checkbox"/> k <input type="checkbox"/>	
Other	l = Service level at restaurants m = Overall affordability of the trip n = Overall satisfaction with the trip o = Tourism-related infrastructure e.g. tourist attractions p = Child care facilities q = Facilities for the disabled	l <input type="checkbox"/> m <input type="checkbox"/> n <input type="checkbox"/> o <input type="checkbox"/> p <input type="checkbox"/> q <input type="checkbox"/>	

**Go back to Q1.7a**





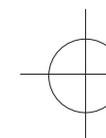
5 = Kwa-Zulu Natal	5	25 = Ugu District Municipality 26 = uMgungundlovu District Municipality 27 = uThukela District Municipality 28 = uMzinyathi District Municipality 29 = Amajuba District Municipality 30 = Zululand District Municipality 31 = uMkhanyakude District Municipality 32 = uThungulu District Municipality 33 = iLembe District Municipality 34 = Sisonke District Municipality 35 = Ethekewini Metropolitan Municipality 98 = Don't know		
6 = North West	6	36 = Bojanala Platinum District Municipality 37 = Ngaka Modiri Molema District Municipality 38 = Dr Ruth Segomotsi Mompati District Municipality 39 = Dr Kenneth Kaunda District Municipality 98 = Don't know		
7 = Gauteng	7	40 = Sedibeng District Municipality 41 = Metsweding District Municipality 42 = West Rand District Municipality 43 = Ekurhuleni Metropolitan Municipality 44 = City of Johannesburg Metropolitan Municipality 45 = City of Tshwane Metropolitan Municipality 98 = Don't know		
8 = Mpumalanga	8	46 = Gert Sibande District Municipality 47 = Nkangala District Municipality 48 = Ehlanzeni District Municipality 98 = Don't know		
9 = Limpopo	9	49 = Mopani District Municipality 50 = Vhembe District Municipality 51 = Capricorn District Municipality 52 = Waterberg District Municipality 53 = Greater Sekhukhune District Municipality 98 = Don't know		











**3.8 Read out: Now the following questions relate to package trips**

**3.8.1 Was this last day trip a package?** (Where two or more expense items, such as transport and a meal, were included in an all-inclusive price)

1 = Yes  1

2 = No → **Go to 3.9**  2

3 = Don't know → **Go to 3.9**  3

**3.8.2 How much did this package trip cost?**

Give the total cost of the package for household members who were in the group

Rands

--	--	--	--	--	--	--

**3.8.3 Please indicate which of the following items were included in the package**

	INCLUDED		
	YES	NO	DON'T KNOW
1 = Airfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2 = Land transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3 = Food and beverages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4 = Recreation and entertainment (e.g. payments to a zoo etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5 = Travel insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6 = Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7 = Other .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**3.7 What was the main type of transport used to reach the main destination?** *This is the transport used for the longest part of the journey in terms of distance to reach the destination*

1 = AIRCRAFT  1

2 = BUS  2

3 = CAR  3

4 = MOTORCYCLE/SCOOTER  4

5 = BICYCLE  5

6 = TAXI  6

7 = TRAIN  7

8 = OTHER  8

Specify .....


Now thinking about any money spent before the trip on items related to the trip

- Read: I now want you to tell me about the total expenditure before this trip
- that's all **OTHER** expenditure for those who have been on a package trip
  - if not a package trip, record all the expenses incurred by the other members of your household on the trip

- include all expenses, even those paid for by another party, for example, your host, employer or company
- please include all tips and taxes

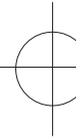
Example: R18 000 should be recorded as follows

NO "R" sign should be recorded and NO cents are to be recorded

	1	8
0	0	0

		Person number									
		01	02	03	04	05	06	07	08	09	10
3.9	Please indicate exactly which members of the household went on this trip.	<input type="checkbox"/>									
3.10	How much money did other members of your household spend on the following before the trip?										
	01 = Food for the trip	<input type="checkbox"/>									
	02 = Gifts	<input type="checkbox"/>									
	03 = Travel Insurance	<input type="checkbox"/>									
	04 = Other financial services	<input type="checkbox"/>									
	05 = Servicing the vehicle	<input type="checkbox"/>									
	06 = Checking/servicing alarm system	<input type="checkbox"/>									
	07 = Hiring security	<input type="checkbox"/>									
	08 = Hiring house sitter	<input type="checkbox"/>									





	Person number									
	01	02	03	04	05	06	07	08	09	10
09 = Clothing										
10 = Toiletries										
11 = Luggage										
12 = Medical supplies/inoculations										
13 = Electrical appliances e.g. adaptors										
14 = Child care										
15 = Other, specify .....										
<b>TOTAL</b>										

**Now thinking about any money spent on this trip on items related to the trip**

Read: I now want you to tell me about the total expenditure on this trip  
 • that's all **OTHER** expenditure for those who have been on a **package trip**  
 • if not a **package trip**, record all the expenses incurred by the other members of your household on the trip

- include all expenses, even those paid for by another party, for example, your host, employer or company
- please include all tips and taxes

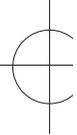
Example: R18 000 should be recorded as follows

	1	8
0	0	0

NO "R" sign should be recorded and NO cents are to be recorded

3.11 How much money did other members of your household spend on the following whilst on this trip?	Person number									
	01	02	03	04	05	06	07	08	09	10
01 = Airfare										
02 = Train										
03 = Land transport (fuel, kombi, bus tickets, toll fees, parking)										
04 = Car hire										
05 = Food and beverages										
06 = Recreational/entertainment (sports, game parks and amusement parks)										
07 = Cultural services (performing arts/ museums)										
08 = Medical expenses										
09 = Shopping										





+

+

			Person number									
			01	02	03	04	05	06	07	08	09	10
10	=	Tour guide										
11	=	Child care										
12	=	Other,.....										
<b>TOTAL</b>												

+

+

3.12 Please indicate how satisfied you were with each of the following elements during this trip.			
Information	a = Tourist information when planning your trip b = Tour Guide c = Tourist information at destination d = Information centre / tourism offices	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/>	1 = Not at all satisfied 2 = Not satisfied 3 = Neutral 4 = Satisfied 5 = Extremely satisfied 8 = Not applicable
Tourist Attraction	e = Value for money at tourist attraction f = Cultural, historical and heritage sites and activities g = Natural attractions such as beaches, mountains, scenery etc	e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/>	
Transport	h = Road Infrastructure i = Local public transport j = Car hire facilities k = Domestic flights	h <input type="checkbox"/> i <input type="checkbox"/> j <input type="checkbox"/> k <input type="checkbox"/>	
Other	l = Service level at restaurants m = Overall affordability of the trip n = Overall satisfaction with the trip o = Tourism-related infrastructure e.g. tourist attractions p = Child care facilities q = Facilities for the disabled	l <input type="checkbox"/> m <input type="checkbox"/> n <input type="checkbox"/> o <input type="checkbox"/> p <input type="checkbox"/> q <input type="checkbox"/>	





**SECTION 4: OVERNIGHT TRIPS**

*Read: Now I am going to ask some questions about overnight trips undertaken in the past three Calendar months. These are trips outside your usual environment (i.e. 40kms and above one way but visited less frequently than once a week). Note that the trip must be completed.*

		Person number									
		01	02	03	04	05	06	07	08	09	10
<b>4.1</b>	<b>In the past three Calendar months, has ... taken any overnight trips inside South Africa?</b> 1 = Yes → <b>Go to 4.3</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
<b>4.2</b>	<b>Why did ... not take any overnight trips inside South Africa in the past three Calendar months?</b> Mark only ONE response 01 = Trips within 40km radius/family relative stays within 40km radius 02 = Financial reasons (not enough money) 03= Too expensive/I would rather spend money on something else 04 = Not enough time to travel 05 = Too busy at work/school 06 = No family/friends to visit somewhere else 07 = Too much hassle to travel 08 = Sick 09 = Disabled 10 = Too old to travel 11 = Worried about safety/security/crime 12 = Have young children 13 = I no longer wish to travel 14 = No interest/nothing to see or do that appeals to me 15 = Taking care of sick/elderly relative 16 = Pregnancy 17 = In mourning 18 = No particular reason 19 = Other, Specify → <b>Go to Section 7</b>	<input type="checkbox"/> <input type="checkbox"/>									
<b>4.3</b>	<b>Was this the first time ... undertook any overnight trip in the past three Calendar months?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
<b>4.4</b>	<b>How many overnight trips did ... take inside South Africa in the past three Calendar months?</b>	<input type="checkbox"/> <input type="checkbox"/>									

Ask if answer 4.1.a is "YES"

Read: You have already told me that .... did take overnight trips inside South Africa in the past three Calendar months.

		Person number													
		01	02	03	04	05	06	07	08	09	10				
4.5	<b>Can you tell me in which month(s) these trips took place?</b>														
	<i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</i>														
	<b>Interview month: January</b>														
	01 = December	<input type="text"/>													
	02 = November	<input type="text"/>													
	03 = October	<input type="text"/>													
	<b>Total (Add 01 - 03 to confirm total)</b>	<input type="text"/>													
	<b>Interview month: February</b>														
	04 = January	<input type="text"/>													
	05 = December	<input type="text"/>													
	06 = November	<input type="text"/>													
	<b>Total (Add 04 - 06 to confirm total)</b>	<input type="text"/>													
	<b>Interview month: March</b>														
	07 = February	<input type="text"/>													
	08 = January	<input type="text"/>													
09 = December	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Total (Add 07 - 09 to confirm total)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	





**INFORMATION ABOUT THE MOST RECENT OVERNIGHT TRIP TAKEN BY THE RESPONDENT WITH OR WITHOUT OTHER HOUSEHOLD MEMBERS**

		Person number									
		01	02	03	04	05	06	07	08	09	10
<b>4.6a</b>	<p><b>Identify the most recent overnight trip that the respondent undertook</b></p> <p>Ask the respondent</p> <p>On the most recent overnight trip, indicate which (if any) household member/s travelled with you.</p> <p>When recording the person numbers of individuals who took the trip. Also include the respondent's person number in the block in the respondent's column.</p>	<input type="checkbox"/>									
<b>4.6b</b>	<p><b>Record the month CODE (as written in Q4.5) of the month in which the trip took place.</b></p> <p>The month CODE should be based on the INTERVIEW MONTH that the household was visited.</p> <p>E.g. If the household was visited in February, and the trip took place in December.</p> <p>Record 05 in the blocks provided for Q4.6b</p> <p><b>Go to Section 5</b></p>	<input type="checkbox"/>									

**INFORMATION ABOUT THE MOST RECENT OVERNIGHT TRIP TAKEN BY OTHER HOUSEHOLD MEMBERS WITHOUT THE RESPONDENT**

		Person number									
		01	02	03	04	05	06	07	08	09	10
<b>4.7a</b>	<p><b>Identify the most recent overnight trip that other household members undertook, where the respondent was NOT part of the trip.</b></p> <p>On the most recent overnight trip, indicate which household member/s travelled WITHOUT the respondent.</p> <p>DO NOT INCLUDE THE RESPONDENT'S PERSON NUMBER. HE/SHE WAS NOT PART OF THE TRIP. Only record the person numbers of individuals who took the trip in their column/s.</p>	<input type="checkbox"/>									
<b>4.7b</b>	<p><b>Record the month CODE (as written in Q4.5) of the month in which the trip took place.</b></p> <p>The month CODE should be based on the INTERVIEW MONTH that the household was visited.</p> <p>E.g. If the household was visited in February, and the trip took place in December. Record 05 in the blocks provided for Q4.7b</p> <p><b>Go to Section 6</b></p>	<input type="checkbox"/>									

**SECTION 5: OVERNIGHT TRIPS UNDERTAKEN BY THE RESPONDENT WITH OR WITHOUT OTHER HOUSEHOLD MEMBERS.**

*Read: I would like you to focus on the most recent overnight trip inside South Africa that you and other members of your household have undertaken in the past three Calendar months*

5.1 What was the main destination on this trip? <i>Select the province and district code and write place names</i>	PROVINCIAL CODE	DISTRICT NAME	DISTRICT CODE	PLACE NAME	NUMBER OF NIGHTS	
					PAID BED NIGHTS	UNPAID BED NIGHTS
1 = Western Cape	1	01 = City of Cape Town Metropolitan Municipality	M	M		
		02 = West Coast District Municipality				
		03 = Cape Winelands Municipality	2	2		
		04 = Overberg District Municipality	3	3		
		05 = Eden District Municipality	4	4		
2 = Eastern Cape	2	06 = Central Karoo District Municipality	4	4		
		98 = Don't know				
		07 = Cacadu District Municipality	M	M		
		08 = Amatole District Municipality				
		09 = Chris Hani District Municipality	2	2		
3 = Northern Cape	3	10 = Joe Gqabi District Municipality	2	2		
		11 = OR Tambo District Municipality	3	3		
		12 = Alfred Nzo District Municipality	3	3		
		13 = Nelson Mandela Bay Metropolitan	4	4		
		14 = Buffalo City Metropolitan Municipality	4	4		
4 = Free State	4	98 = Don't know				
		20 = Xhariep District Municipality	M	M		
		21 = Mangaung Metropolitan Municipality				
		22 = Lejweleputswa District Municipality	2	2		
		23 = Thabo Mofutsanyane District Municipality	3	3		
		24 = Fezile Dabi District Municipality	3	3		
		98 = Don't know	4	4		





5 = Kwa-Zulu Natal	5	25 = Ugu District Municipality 26 = uMgungundlovu District Municipality 27 = uThukela District Municipality 28 = uMzinyathi District Municipality 29 = Amajuba District Municipality 30 = Zululand District Municipality 31 = uMkhanyakude District Municipality 32 = uThungulu District Municipality 33 = iLembe District Municipality 34 = Sisonke District Municipality 35 = Ethekewini Metropolitan Municipality 98 = Don't know	<b>M</b> 2 3 4	<b>M</b> 2 3 4		
6 = North West	6	36 = Bojanala Platinum District Municipality 37 = Ngaka Modiri Molema District Municipality 38 = Dr Ruth Segomotsi Mompati District Municipality 39 = Dr Kenneth Kaunda District Municipality 98 = Don't know	<b>M</b> 2 3 4	<b>M</b> 2 3 4		
7 = Gauteng	7	40 = Sedibeng District Municipality 41 = Metsweding District Municipality 42 = West Rand District Municipality 43 = Ekurhuleni Metropolitan Municipality 44 = City of Johannesburg Metropolitan Municipality 45 = City of Tshwane Metropolitan Municipality 98 = Don't know	<b>M</b> 2 3 4	<b>M</b> 2 3 4		
8 = Mpumalanga	8	46 = Gert Sibande District Municipality 47 = Nkangala District Municipality 48 = Ehlanzeni District Municipality 98 = Don't know	<b>M</b> 2 3 4	<b>M</b> 2 3 4		
9 = Limpopo	9	49 = Mopani District Municipality 50 = Vhembe District Municipality 51 = Capricorn District Municipality 52 = Waterberg District Municipality 53 = Greater Sekhukhune District Municipality 98 = Don't know	<b>M</b> 2 3 4	<b>M</b> 2 3 4		

<b>5.2</b>	<b>On which date did this trip take place?</b>																	
<b>5.2.1</b>	<b>Start date (when you left for the trip)</b> <i>Write the date in the following format (dd/mm/yyyy)</i>	<table border="0"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	d	d	m	m	y	y	y	y	<input type="text"/>							
d	d	m	m	y	y	y	y											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
<b>5.2.2</b>	<b>End date (when you returned from the trip)</b> <i>Write the date in the following format (dd/mm/yyyy)</i>	<table border="0"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	d	d	m	m	y	y	y	y	<input type="text"/>							
d	d	m	m	y	y	y	y											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
<b>5.3</b>	<b>How many nights were spent on this trip?</b>	<input type="text"/> <input type="text"/>																
<b>5.4</b>	<b>Including yourself, how many people in total went on this trip? Include those who are not members of your household</b>	<input type="text"/> <input type="text"/>																
<b>5.5</b>	<b>Of the people mentioned above, how many were members of your household?</b>	<input type="text"/> <input type="text"/>																

<b>5.6</b>	<b>What was the main purpose of this trip?</b> <i>Mark one response only</i>																																	
	01 = Leisure/vacation/holiday	<input type="checkbox"/> 01																																
	02 = Shopping - business	<input type="checkbox"/> 02																																
	03 = Shopping - personal	<input type="checkbox"/> 03																																
	04 = Sporting - spectator	<input type="checkbox"/> 04																																
	05 = Sporting - participant	<input type="checkbox"/> 05																																
	06 = Visiting friends and/or family	<input type="checkbox"/> 06																																
	07 = Funeral	<input type="checkbox"/> 07																																
	08 = Business or professional trip	<input type="checkbox"/> 08																																
	09 = Business conference	<input type="checkbox"/> 09																																
	10 = Study/educational trip	<input type="checkbox"/> 10																																
	11 = Medical	<input type="checkbox"/> 11																																
	12 = Wellness (e.g. spa, health farm)	<input type="checkbox"/> 12																																
	13 = Religious	<input type="checkbox"/> 13																																
	14 = Child care	<input type="checkbox"/> 14																																
	15 = Cultural occasion (e.g. initiation)	<input type="checkbox"/> 15																																
	16 = Other, specify .....	<input type="checkbox"/> 16																																
		<table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>																															
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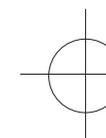












**5.9 What type of accommodation was used on this last trip?**  
Please indicate how many nights were spent at each type of accommodation.

	Number of nights		
01 = Hotel	01	<input type="checkbox"/>	<input type="checkbox"/>
02 = Guest House/Guest Farm	02	<input type="checkbox"/>	<input type="checkbox"/>
03 = Bed and Breakfast	03	<input type="checkbox"/>	<input type="checkbox"/>
04 = Lodge	04	<input type="checkbox"/>	<input type="checkbox"/>
05 = Hostel/Backpackers	05	<input type="checkbox"/>	<input type="checkbox"/>
06 = Self-catering establishment	06	<input type="checkbox"/>	<input type="checkbox"/>
07 = Stayed with friends and relatives	07	<input type="checkbox"/>	<input type="checkbox"/>
08 = Holiday Home/Second Home	08	<input type="checkbox"/>	<input type="checkbox"/>
09 = Campsite	09	<input type="checkbox"/>	<input type="checkbox"/>
10 = Caravan Park	10	<input type="checkbox"/>	<input type="checkbox"/>
11 = Other, <i>specify</i> .....	11	<input type="checkbox"/>	<input type="checkbox"/>
12 = <b>Total</b>	12	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify in blocks provided.

<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

**5.10 Was there any special promotion or event that prompted you to go at that particular time?**  
*You can mark more than one response*

	Y	N
01 = No special promotion or event	<input type="checkbox"/> 1	<input type="checkbox"/> 2
02 = Family event/occasion	<input type="checkbox"/> 1	<input type="checkbox"/> 2
03 = Cheap airfares	<input type="checkbox"/> 1	<input type="checkbox"/> 2
04 = Accommodation promotion	<input type="checkbox"/> 1	<input type="checkbox"/> 2
05 = Participation in sport event	<input type="checkbox"/> 1	<input type="checkbox"/> 2
06 = Spectator of a sport event	<input type="checkbox"/> 1	<input type="checkbox"/> 2
07 = Music/cultural event	<input type="checkbox"/> 1	<input type="checkbox"/> 2
08 = Business/Exhibition/Conference	<input type="checkbox"/> 1	<input type="checkbox"/> 2
09 = Wine/food festival	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10 = Club meeting/reunion	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11 = Religious event	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12 = Other <i>specify</i> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.11 How was the trip booked? Was it through .....**

1 = A Tour operator	<input type="checkbox"/> 1
2 = A Travel agent	<input type="checkbox"/> 2
3 = Booked independently	<input type="checkbox"/> 3
4 = No booking necessary → <b>Go to 5.14</b>	<input type="checkbox"/> 4
5 = Did not make booking myself, don't know → <b>Go to 5.14</b>	<input type="checkbox"/> 5

<b>5.12</b>	<b>What method was used to book?</b>	
	1 = Personal visit to travel shop	<input type="checkbox"/> 1
	2 = Entirely by telephone	<input type="checkbox"/> 2
	3 = On the internet	<input type="checkbox"/> 3
	4 = Through fax/post	<input type="checkbox"/> 4
	5 = Don't know	<input type="checkbox"/> 5
<b>5.13</b>	<b>How long before the trip was the booking made?</b>	
	1 = Under two weeks	<input type="checkbox"/> 1
	2 = Two to four weeks	<input type="checkbox"/> 2
	3 = One month	<input type="checkbox"/> 3
	4 = Two months	<input type="checkbox"/> 4
	5 = Three months	<input type="checkbox"/> 5
	6 = Four months	<input type="checkbox"/> 6
	7 = Five months	<input type="checkbox"/> 7
	8 = Six months or more	<input type="checkbox"/> 8
	9 = Don't know	<input type="checkbox"/> 9

<b>5.14.2 How much did this package trip cost?</b>	Rands
<b>Give the total cost of the package for household members who were in the group</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>5.14.3 Please indicate which of the following items were included in the package</b>	<b>INCLUDED</b>		
	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
1 = Airfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2 = Land transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3 = Accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4 = Food and beverages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5 = Recreation and entertainment ( <i>e.g payments to a zoo etc</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6 = Travel insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7 = Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8 = <i>Other .....</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**5.14 Read out: Now the following questions relate to package trips**

<b>5.14.1</b>	<b>Was this last overnight trip a package?</b> (Where two or more expense items, such as transport and accommodation, were included in an all-inclusive price)	
	1 = Yes	<input type="checkbox"/> 1
	2 = No → <b>Go to 5.15</b>	<input type="checkbox"/> 2
	3 = Don't know → <b>Go to 5.15</b>	<input type="checkbox"/> 3





Now thinking about any money spent before the trip on items related to the trip

Read: I now want you to tell me about the total expenditure before this trip  
• that's all OTHER expenditure for those who have been on a package trip  
• if not a package trip, record all the expenses incurred

- include all expenses, even those paid for by another party, for example, your host, employer or company
- please include all tips and taxes

Example: R18 000 should be recorded as follows

	1	8
0	0	0

NO "R" sign should be recorded and NO cents are to be recorded

		Person number									
		01	02	03	04	05	06	07	08	09	10
5.15	Please indicate exactly which members of the household went on this trip.	<input type="checkbox"/>									
5.16	How much money did you and/or other members of your household spent on the following before the trip?										
	01 = Food for the trip	<input type="text"/>									
	02 = Gifts	<input type="text"/>									
	03 = Travel Insurance	<input type="text"/>									
	04 = Other financial services	<input type="text"/>									
	05 = Servicing the vehicle	<input type="text"/>									
	06 = Checking/servicing alarm system	<input type="text"/>									
	07 = Hiring security	<input type="text"/>									
	08 = Hiring house sitter	<input type="text"/>									

	Person number									
	01	02	03	04	05	06	07	08	09	10
09 = Clothing										
10 = Toiletries										
11 = Luggage										
12 = Medical supplies/inoculations										
13 = Electrical appliances e.g. adaptors										
14 = Child care										
15 = Other, specify .....										
<b>TOTAL</b>										





Now thinking about any money spent on this trip on items related to the trip

Read: I now want you to tell me about the total expenditure on this trip

- that's all OTHER expenditure for those who have been on a package trip
- if not a package trip, record all the expenses incurred by you and by the other members of your household also on the trip

- include all expenses, even those paid for by another party, for example, your host, employer or company
- please include all tips and taxes

Example: R18 000 should be recorded as follows

	1	8
0	0	0

NO "R" sign should be recorded and NO cents are to be recorded

5.17 How much money did you and/or other members of your household spend on the following whilst on the trip?	Person number									
	01	02	03	04	05	06	07	08	09	10
01 = Airfare										
02 = Train										
03 = Land transport (fuel, kombi, bus tickets, toll fees, parking)										
04 = Car hire										
05 = Accommodation										
06 = Food and beverages										
07 = Recreational/entertainment (sports, game parks and amusement parks)										
08 = Cultural services (performing arts/ museums)										
09 = Medical expenses										



5.18 Please indicate how satisfied you were with each of the following elements during this trip.			
Accommodation	a = Value for money accommodation	a	<input type="checkbox"/>
	b = Quality of accommodation	b	<input type="checkbox"/>
	c = Service levels at accommodation	c	<input type="checkbox"/>
Information	d = Tourist information when planning your trip	d	<input type="checkbox"/>
	e = Tour Guides	e	<input type="checkbox"/>
	f = Tourist information at destination	f	<input type="checkbox"/>
	g = Information centre/tourism offices	g	<input type="checkbox"/>
Tourist Attraction	h = Value for money at tourist attraction	h	<input type="checkbox"/>
	i = Cultural, historical and heritage sites and activities	i	<input type="checkbox"/>
	j = Natural attractions such as beaches, mountains, scenery, etc.	j	<input type="checkbox"/>
Transport	k = Road infrastructure	k	<input type="checkbox"/>
	l = Local public transport	l	<input type="checkbox"/>
	m = Car hire facilities	m	<input type="checkbox"/>
	n = Domestic flights	n	<input type="checkbox"/>
Other	o = Service levels at restaurants	o	<input type="checkbox"/>
	p = Overall affordability of the trip	p	<input type="checkbox"/>
	q = Overall satisfaction with the trip	q	<input type="checkbox"/>
	r = Tourism-related infrastructure, e.g. tourist attractions	r	<input type="checkbox"/>
	s = Child care facilities	s	<input type="checkbox"/>
	t = Facilities for the disabled	t	<input type="checkbox"/>

1 = Not at all Satisfied  
 2 = Not Satisfied  
 3 = Neutral  
 4 = Satisfied  
 5 = Extremely Satisfied  
 8 = Not applicable

**Go back to Q4.7a**

**SECTION 6: OVERNIGHT TRIPS UNDERTAKEN BY OTHER HOUSEHOLD MEMBERS WITHOUT THE RESPONDENT**

*Read: I would like .... to focus on the most recent overnight trip inside South Africa that other members of your household have undertaken in the past three Calendar months*

6.1 What was the main destination on this trip? <i>Select the province and district code and write place names</i>	PROVINCIAL CODE	DISTRICT NAME	DISTRICT CODE	PLACE NAME	NUMBER OF NIGHTS	
					PAID BED NIGHTS	UNPAID BED NIGHTS
1 = Western Cape	<input type="checkbox"/> 1	01 = City of Cape Town Metropolitan Municipality	M	M		
		02 = West Coast District Municipality				
		03 = Cape Winelands Municipality	2	2		
		04 = Overberg District Municipality				
		05 = Eden District Municipality	3	3		
2 = Eastern Cape	<input type="checkbox"/> 2	06 = Central Karoo District Municipality	4	4		
		07 = Don't know				
		08 = Cacadu District Municipality	M	M		
		09 = Amatole District Municipality				
		10 = Chris Hani District Municipality	2	2		
3 = Northern Cape	<input type="checkbox"/> 3	11 = OR Tambo District Municipality				
		12 = Alfred Nzo District Municipality	3	3		
		13 = Nelson Mandela Bay Metropolitan				
		14 = Buffalo City Metropolitan Municipality	4	4		
		15 = Don't know				
4 = Free State	<input type="checkbox"/> 4	16 = John Taolo Gaetsewe District Municipality	M	M		
		17 = Namakwa District Municipality				
		18 = Pixley Ka Seme District Municipality	2	2		
		19 = Siyanda District Municipality				
		20 = Frances Baard District Municipality	3	3		
		21 = Xhariep District Municipality	4	4		
		22 = Mangaung Metropolitan Municipality				
		23 = Lejweleputswa District Municipality	2	2		
		24 = Thabo Mofutsanyane District Municipality				
		25 = Fezile Dabi District Municipality	3	3		
		98 = Don't know	4	4		





5 = Kwa-Zulu Natal	5	25 = Ugu District Municipality 26 = uMgungundlovu District Municipality 27 = uThukela District Municipality 28 = uMzinyathi District Municipality 29 = Amajuba District Municipality 30 = Zululand District Municipality 31 = uMkhanyakude District Municipality 32 = uThungulu District Municipality 33 = iLembe District Municipality 34 = Sisonke District Municipality 35 = Ethekwini Metropolitan Municipality 98 = Don't know	<b>M</b> 2 3 4	<b>M</b> 2 3 4		
6 = North West	6	36 = Bojanala Platinum District Municipality 37 = Ngaka Modiri Molema District Municipality 38 = Dr Ruth Segomotsi Mompati District Municipality 39 = Dr Kenneth Kaunda District Municipality 98 = Don't know	<b>M</b> 2 3 4	<b>M</b> 2 3 4		
7 = Gauteng	7	40 = Sedibeng District Municipality 41 = Metsweding District Municipality 42 = West Rand District Municipality 43 = Ekurhuleni Metropolitan Municipality 44 = City of Johannesburg Metropolitan Municipality 45 = City of Tshwane Metropolitan Municipality 98 = Don't know	<b>M</b> 2 3 4	<b>M</b> 2 3 4		
8 = Mpumalanga	8	46 = Gert Sibande District Municipality 47 = Nkangala District Municipality 48 = Ehlanzeni District Municipality 98 = Don't know	<b>M</b> 2 3 4	<b>M</b> 2 3 4		
9 = Limpopo	9	49 = Mopani District Municipality 50 = Vhembe District Municipality 51 = Capricorn District Municipality 52 = Waterberg District Municipality 53 = Greater Sekhukhune District Municipality 98 = Don't know	<b>M</b> 2 3 4	<b>M</b> 2 3 4		





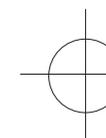




6.7.5	<b>SOCIAL ACTIVITY</b> Mark all options mentioned	<b>Other household members</b>																										
		Y	N																									
	27 = Visiting friends/family	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
	28 = Weddings/funerals/christenings/initiation	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
	29 = Other social activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
	Specify .....	<table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																										
6.7.6	<b>RELIGIOUS ACTIVITY</b> Mark all options mentioned	<b>Other household members</b>																										
		Y	N																									
	30 = Religious conference	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
	31 = Place of worship e.g. church, mosque, synagogue, temple	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
	32 = Other religious	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
	Specify .....	<table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																										

6.7.7	<b>MEDICAL / HEALTH</b> Mark all options mentioned	<b>Other household members</b>																										
		Y	N																									
	33 = Medical e.g. treatment in clinic/hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
	34 = Health/wellness e.g. hydro, spa, beauty centre, health farm	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
	35 = Other medical	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
	Specify .....	<table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																										
6.8	<b>What was the main type of transport used to reach the main destination? This is the transport used for the longest part of the journey in terms of distance to reach the destination</b>																											
	1 = AIRCRAFT		<input type="checkbox"/> 1																									
	2 = BUS		<input type="checkbox"/> 2																									
	3 = CAR		<input type="checkbox"/> 3																									
	4 = MOTORCYCLE/SCOOTER		<input type="checkbox"/> 4																									
	5 = BICYCLE		<input type="checkbox"/> 5																									
	6 = TAXI		<input type="checkbox"/> 6																									
	7 = TRAIN		<input type="checkbox"/> 7																									
	8 = OTHER		<input type="checkbox"/> 8																									
	Specify .....		<table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																									





<b>6.12</b>	<b>What method was used to book?</b>	
	1 = Personal visit to travel shop	<input type="checkbox"/> 1
	2 = Entirely by telephone	<input type="checkbox"/> 2
	3 = On the internet	<input type="checkbox"/> 3
	4 = Through fax/post	<input type="checkbox"/> 4
	5 = Don't know	<input type="checkbox"/> 5
<b>6.13</b>	<b>How long before the trip was the booking made?</b>	
	1 = Under two weeks	<input type="checkbox"/> 1
	2 = Two to four weeks	<input type="checkbox"/> 2
	3 = One month	<input type="checkbox"/> 3
	4 = Two months	<input type="checkbox"/> 4
	5 = Three months	<input type="checkbox"/> 5
	6 = Four months	<input type="checkbox"/> 6
	7 = Five months	<input type="checkbox"/> 7
	8 = Six months or more	<input type="checkbox"/> 8
	9 = Don't know	<input type="checkbox"/> 9

<b>6.14.2</b>	Rands
<b>How much did this package trip cost?</b>	
<b>Give the total cost of the package for household members who were in the group</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>6.14.3</b>	<b>Please indicate which of the following items were included in the package</b>	INCLUDED		
		YES	NO	DON'T KNOW
	1 = Airfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	2 = Land transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	3 = Accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	4 = Food and beverages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	5 = Recreation and entertainment ( <i>e.g payments to a zoo etc</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	6 = Travel insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	7 = Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	8 = <i>Other .....</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**6.14** Read out: Now the following questions relate to package trips

<b>6.14.1</b>	<b>Was this last overnight trip a package? (Where two or more expense items, such as transport and accommodation, were included in an all-inclusive price)</b>	
	1 = Yes	<input type="checkbox"/> 1
	2 = No → Go to 6.15	<input type="checkbox"/> 2
	3 = Don't know → Go to 6.15	<input type="checkbox"/> 3

Now thinking about any money spent before the trip on items related to the trip

- Read: I now want you to tell me about the total expenditure before this trip
- that's all OTHER expenditure for those who have been on a package trip
  - if not a package trip, record all the expenses incurred by you and by the other members of your household also on the trip

- include all expenses, even those paid for by another party, for example, your host, employer or company
- please include all tips and taxes

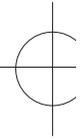
Example: R18 000 should be recorded as follows

NO "R" sign should be recorded and NO cents are to be recorded

	1	8
0	0	0

		Person number													
		01	02	03	04	05	06	07	08	09	10				
6.15	Please indicate exactly which members of the household went on this trip.	<input type="checkbox"/>													
6.16	How much money did other members of your household spend on the following before the trip?														
	01 = Food for the trip	<input type="text"/>													
	02 = Gifts	<input type="text"/>													
	03 = Travel Insurance	<input type="text"/>													
	04 = Other financial services	<input type="text"/>													
	05 = Servicing the vehicle	<input type="text"/>													
	06 = Checking/servicing alarm system	<input type="text"/>													
	07 = Hiring security	<input type="text"/>													
	08 = Hiring house sitter	<input type="text"/>													





	Person number									
	01	02	03	04	05	06	07	08	09	10
09 = Clothing										
10 = Toiletries										
11 = Luggage										
12 = Medical supplies/inoculations										
13 = Electrical appliances e.g. adaptors										
14 = Child care										
15 = Other, specify .....										
<b>TOTAL</b>										

Now thinking about any money spent on this trip on items related to the trip

Read: I now want you to tell me about the total expenditure on this trip

- that's all **OTHER** expenditure for those who have been on a package trip
- if not a package trip, record all the expenses incurred by the other members of your household on the trip

- include all expenses, even those paid for by another party, for example, your host, employer or company
- please include all tips and taxes

Example: R18 000 should be recorded as follows

NO "R" sign should be recorded and NO cents are to be recorded

	1	8
0	0	0

6.17 How much money did other members of your household spend on the following whilst on this trip?	Person number									
	01	02	03	04	05	06	07	08	09	10
01 = Airfare										
02 = Train										
03 = Land transport (fuel, kombi, bus tickets, toll fees, parking)										
04 = Car hire										
05 = Accommodation										
06 = Food and beverages										
07 = Recreational/entertainment (sports, game parks and amusement parks)										
08 = Cultural services (performing arts/museums)										
09 = Medical expenses										





6.18 Please indicate how satisfied, other members of your household, were with each of the following elements during this trip.				
Accommodation	a = Value for money accommodation	a	<input type="checkbox"/>	1 = Not at all Satisfied 2 = Not Satisfied 3 = Neutral 4 = Satisfied 5 = Extremely Satisfied 8 = Not applicable
	b = Quality of accommodation	b	<input type="checkbox"/>	
	c = Service levels at accommodation	c	<input type="checkbox"/>	
Information	d = Tourist information when planning your trip	d	<input type="checkbox"/>	
	e = Tour Guides	e	<input type="checkbox"/>	
	f = Tourist information at destination	f	<input type="checkbox"/>	
	g = Information centre/tourism offices	g	<input type="checkbox"/>	
Tourist Attraction	h = Value for money at tourist attraction	h	<input type="checkbox"/>	
	i = Cultural, historical and heritage sites and activities	i	<input type="checkbox"/>	
	j = Natural attractions such as beaches, mountains, scenery, etc.	j	<input type="checkbox"/>	
Transport	k = Road infrastructure	k	<input type="checkbox"/>	
	l = Local public transport	l	<input type="checkbox"/>	
	m = Car hire facilities	m	<input type="checkbox"/>	
	n = Domestic flights	n	<input type="checkbox"/>	
Other	o = Service levels at restaurants	o	<input type="checkbox"/>	
	p = Overall affordability of the trip	p	<input type="checkbox"/>	
	q = Overall satisfaction with the trip	q	<input type="checkbox"/>	
	r = Tourism-related infrastructure, e.g. tourist attractions	r	<input type="checkbox"/>	
	s = Child care facilities	s	<input type="checkbox"/>	
	t = Facilities for the disabled	t	<input type="checkbox"/>	

**Go to Section 7**





7.4.1	<b>Does your household own a radio?</b> <b>(Exclude car radios)</b> 1 = Yes 2 = No                    → <i>Go to 7.5.1</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
7.4.2	<b>How many radios does this household own?</b>	<input type="text"/> <input type="text"/>																
7.5.1.	<b>Does your household own a mobile phone or a device that can be used to make phone calls?</b> 1 = Yes 2 = No                    → <i>Go to 7.6</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
7.5.2	<b>How many mobile phones/ devices does this household own?</b>	<input type="text"/> <input type="text"/>																
7.6	<b>Does your household have any of the following amenities in your home or on your plot?</b> Read all options.  1 = Tap water in house/on plot 2 = Hot running water from a geyser 3 = Flush toilet in/outside house	<table border="0"> <tr> <td></td> <td>Y</td> <td></td> <td>N</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td></td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td></td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td></td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table>		Y		N	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		<input type="checkbox"/> 1	<input type="checkbox"/> 2
	Y		N															
<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 3		<input type="checkbox"/> 1	<input type="checkbox"/> 2															
7.7	<b>In the month prior to the survey period, did this household make use of a domestic or household workers' services excluding for business purposes?</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																

**Go to Section 8**





<p><b>8.4</b></p>	<p><b>What was the main purpose of this trip</b>  <i>Record one response only</i></p> <p>01 = Leisure/ vacation/ holiday          02 = Shopping – business          03 = Shopping – personal          04 = Sporting – spectator          05 = Sporting – participant          06 = Visiting friend and/or family          07 = Funeral          08 = Business or professional trip          09 = Business conference          10 = Study/ educational trip          11 = Medical          12 = Wellness (e.g. spa, health farm)          13 = Religious          14 = Child care          15 = Cultural occasion (e.g. initiation)          16 = Other, specify.....</p>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <table border="1" style="width: 100%; height: 40px; margin-top: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
<p><b>8.5</b></p>	<p><b>What was the main type of transport used to reach the main destination?</b>  <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i></p> <p>1 = Aircraft          2 = Bus          3 = Car          4 = Motorcycle/ Scooter          5 = Taxi          6 = Train          7 = Ship / Boat          8 = Other, Specify.....</p>	<div style="text-align: center;"> <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8         </div> <table border="1" style="width: 100%; height: 40px; margin-top: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				

<p><b>8.6</b></p>	<p><b>Which port of departure was used to leave the country?</b>  <i>This refers to the point at which the individual left the country.</i></p> <p><b>Air</b></p> <p>01 = Cape Town International Airport          02 = King Shaka International Airport          03 = OR Tambo International Airport</p> <p><b>Road</b></p> <p>04 = Botswana          05 = Lesotho          06 = Mozambique          07 = Namibia          08 = Swaziland          09 = Zimbabwe</p> <p><b>Sea</b></p> <p>10 = Cape Town harbour          11 = Durban harbour          12 = Port Elizabeth harbour</p> <p><b>Other</b></p> <p>13 = Other ports of departure, specify.....</p>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <table border="1" style="width: 100%; height: 40px; margin-top: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				





**8.9 What was the main purpose of this trip**  
*Record one response only*

01 = Leisure/ vacation/ holiday  
 02 = Shopping – business  
 03 = Shopping – personal  
 04 = Sporting – spectator  
 05 = Sporting – participant  
 06 = Visiting friend and/or family  
 07 = Funeral  
 08 = Business or professional trip  
 09 = Business conference  
 10 = Study/ educational trip  
 11 = Medical  
 12 = Wellness (e.g. spa, health farm)  
 13 = Religious  
 14 = Child care  
 15 = Cultural occasion (e.g. initiation)  
 16 = Other, specify.....

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**8.10 What was the main type of transport used to reach the main destination?**  
*This is the transport used for the longest part of the journey in terms of distance to reach the destination*

1 = Aircraft  
 2 = Bus  
 3 = Car  
 4 = Motorcycle/ Scooter  
 5 = Taxi  
 6 = Train  
 7 = Ship / Boat  
 8 = Other, Specify.....

1  
 2  
 3  
 4  
 5  
 6  
 7  
 8

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**8.11 Which port of departure was used to leave the country?**  
*This refers to the point at which the individual left the country.*

**Air**  
 01 = Cape Town International Airport  
 02 = King Shaka International Airport  
 03 = OR Tambo International Airport

**Road**  
 04 = Botswana  
 05 = Lesotho  
 06 = Mozambique  
 07 = Namibia  
 08 = Swaziland  
 09 = Zimbabwe

**Sea**  
 10 = Cape Town harbour  
 11 = Durban harbour  
 12 = Port Elizabeth harbour

**Other**  
 13 = Other ports of departure, specify.....

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--





**OVERNIGHT TRIPS OR TRAVEL**

Now I am going to ask some questions about overnight trips or travel patterns undertaken in the past three Calendar months. These should be outside your usual environment (i.e. 40kms and above one way but visited less frequently than once a week). Note that a trip must be completed, but for an individual that travelled one way, the definition of a trip does not apply.

		Person number									
		01	02	03	04	05	06	07	08	09	10
8.12	<b>In the past three Calendar months, has .... taken any overnight trip outside the borders of South Africa?</b> 1 = Yes 2 = No → <b>Go to Section 9</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
8.13	<b>Has ... returned from the overnight trip outside the borders of South Africa?</b> 1 = Yes → <b>Go to 8.15</b> 2 = No	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
8.14	<b>What is the reason that ... has not returned from his/her travels?</b> <i>Record one response only</i> 01 = Moved permanently to another country 02 = Leisure/ vacation/ holiday 03 = Shopping – business 04 = Shopping – personal 05 = Sporting – spectator 06 = Sporting – participant 07 = Visiting friend and/or family 08 = Funeral 09 = Business or professional trip 10 = Business conference 11 = Study/ educational trip 12 = Medical 13 = Wellness ( e.g. spa, health farm) 14 = Religious 15 = Child care 16 = Other, specify.....  → <b>Go to Section 9</b>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> </div>									

**INFORMATION ABOUT THE MOST RECENT INTERNATIONAL OVERNIGHT TRIP or TRAVEL TAKEN BY THE RESPONDENT WITH OR WITHOUT OTHER HOUSEHOLD MEMBERS**

		Person number									
		01	02	03	04	05	06	07	08	09	10
8.15	<p><b>Identify the most recent overnight trip that the respondent undertook</b></p> <p><b>Ask the respondent</b></p> <p><b>On the most recent overnight trip, indicate which (if any) household member/s travelled with you.</b></p> <p><i>When recording the person numbers of individuals who took the trip. Also include the respondent's person number in the block in the respondent's column.</i></p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8.16	<p><b>What are the names of the countries that were visited on the most recent overnight trip?</b></p> <p><b>Please record the code of the countries as written on the last page of the questionnaire.</b></p> <p><i>Don't know = 888</i> <i>Other = 998</i> <i>Specify for other in the blocks</i></p>	M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
8.17	<p><b>How many nights did the household member/s spend in each of the countries that they visited?</b></p>	Number of nights spent									
		M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									





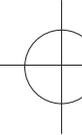
INFORMATION ABOUT THE MOST RECENT INTERNATIONAL OVERNIGHT TRIP or TRAVEL TAKEN BY OTHER HOUSEHOLD MEMBERS, WITHOUT THE RESPONDENT

		Person number									
		01	02	03	04	05	06	07	08	09	10
8.21	<p><b>Identify the most recent overnight trip that other household members undertook, where the respondent was NOT part of the trip.</b></p> <p>On the most recent overnight trip, indicate which household member/s travelled WITHOUT the respondent.</p> <p><b>DO NOT INCLUDE THE RESPONDENT'S PERSON NUMBER. HE/SHE WAS NOT PART OF THE TRIP. Only record the person numbers of individual/s who took the trip in their column/s.</b></p>	<input type="checkbox"/>									
8.22	<p><b>What are the names of the countries that were visited on the most recent overnight trip?</b></p> <p><i>Please record the code of the countries as written on the last page of the questionnaire.</i></p> <p><i>Don't know = 888</i>  <i>Other = 998</i>  <i>Specify for other in the blocks</i></p>	M	<input type="checkbox"/>								
		2	<input type="checkbox"/>								
		3	<input type="checkbox"/>								
		4	<input type="checkbox"/>								
			<input type="checkbox"/>								
			<input type="checkbox"/>								
8.23	<p><b>How many nights did the household member/s spend in each of the countries that they visited?</b></p>	Number of nights spent									
		M	<input type="checkbox"/>								
		2	<input type="checkbox"/>								
		3	<input type="checkbox"/>								
		4	<input type="checkbox"/>								









001	Afghanistan
002	Albania
003	Algeria
004	Andorra
005	Angola
006	Antigua And Barbuda
007	Argentina
008	Armenia
009	Ascension
010	Australia
011	Austria
012	Azerbaijan
013	Azores Island
014	Bahamas
015	Bahrain
016	Bangladesh
017	Barbados
018	Belarus
019	Belgium
020	Belize
021	Benin
022	Bermuda
023	Bhutan
024	Bolivia
025	Borneo
026	Bosnia-Herzegovina
027	Botswana
028	Bouvet Island
029	Br Virgin Island
030	Brazil
031	Brunei Darussalam
032	Bulgaria
033	Burkina Faso
034	Burundi
035	Byelorussian SSR
036	Cambodia
037	Cameroon
038	Canada
039	Canary Isles
040	Cape Verde Island
041	Central African Republic
042	Chad

043	Channel Island
044	Chile
045	China
046	Christmas Island
047	Cocos (Keeling) Island
048	Colombia
049	Comoros
050	Congo Brazaville
051	Cook Islands
052	Costa Rica
053	Cote D'Ivoire
054	Crete
055	Croatia
056	Cuba
057	Cyprus
058	Czech Republic
059	Denmark
060	Djibouti
061	Dominica
062	Democratic Republic of Congo
063	East Indian Islands
064	East Timor
065	Ecuador
066	Egypt
067	El Salvador
068	Equatorial Guinea
069	Eritrea
070	Estonia
071	Ethiopia
072	Falkland Island (Malvinas)
073	Faroe Island
074	Federated States of Micron
075	Fiji
076	Finland
077	France
078	French Guinea
079	French Polynesia
080	French Southernter
081	Gabon
082	Gambia
083	Georgia
084	Germany

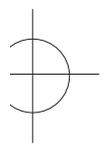
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086	Gibraltar
087	Greece
088	Greenland
089	Grenada
090	Guam
091	Guatemala
092	Guinea
093	Guinea-Bissau
094	Guyana
095	Guyana (Guinea-British)
096	Haiti
097	Hebrides
098	Honduras
099	Hong Kong
100	Hungary
101	Iceland
102	India
103	Indonesia
104	Iran
105	Iraq
106	Ireland
107	Isle Of Guernsey
108	Isle Of Jersey
109	Isle Of Man
110	Isle Of Wight
111	Israel
112	Italy
113	Jamaica
114	Japan
115	Java
116	Jordan
117	Kazakhstan
118	Kenya
119	Kiribati
120	Democratic People's Republic of Korea
121	Kuwait
122	Kyrgyzstan
123	Laos
124	Latvia
125	Lebanon
126	Lesotho

127 Liberia  
128 Libya  
129 Liechtenstein  
130 Lithuania  
131 Luxembourg  
132 Macau  
133 Madagascar  
134 Madeira Islands  
135 Malawi  
136 Malaysia  
137 Maldives  
138 Mali  
139 Malta  
140 Marshall Islands  
141 Mauritania  
142 Mauritius  
143 Mexico  
144 Moldova  
145 Monaco  
146 Mongolia  
147 Morocco  
148 Mozambique  
149 Myanmar  
150 Namibia  
151 Nauru  
152 Nepal  
153 New Caledonia  
154 New Guinea  
155 New Zealand  
156 Nicaragua  
157 Niger  
158 Nigeria  
159 Norfolk Island  
160 Northern Mariana Island  
161 Norway  
162 Oman  
163 Pakistan  
164 Palau  
165 Palestine  
166 Panama  
167 Papua New Guinea  
168 Paraguay

169 Peru  
170 Philippines  
171 Pitcairn  
172 Poland  
173 Portugal  
174 Puerto Rico  
175 Qatar  
176 Reunion  
177 Romania  
178 Russian Federation  
179 Rwanda  
180 Saint Helena  
181 Samoa  
182 San Marino  
183 Sao Tome and Principe  
184 Saudi Arabia  
185 Senegal  
186 Serbia and Montenegro  
187 Seychelles  
188 Shetland Islands  
189 Sicily  
190 Sierra Leone  
191 Singapore  
192 Slovakia  
193 Slovenia  
194 Solomon Island  
195 Somalia  
196 South Korea  
197 South Sudan  
198 Spain  
199 Sri Lanka  
200 St Lucia  
201 St Vincent And Grenadines  
202 Sumatra  
203 Suriname  
204 Swaziland  
205 Sweden  
206 Switzerland  
207 Syria  
208 Taiwan  
209 Tajikistan  
210 Tanzania

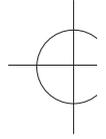
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212 Thailand  
213 The Netherlands  
214 The Sudan  
215 Togo  
216 Tokelau  
217 Tonga Island  
218 Trinidad And Tobago  
219 Tristan Da Cunha  
220 Tunisia  
221 Turkey  
222 Turkmenistan  
223 Turks And Caicos island  
224 Tuvalu  
225 Uganda  
226 UK  
227 Ukraine  
228 United Arab Emirates  
229 Uruguay  
230 Us Virgin Island  
231 USA  
232 Uzbekistan  
233 Vanuatu  
234 Vatican  
235 Venezuela  
236 Vietnam  
237 West Indian Islands  
238 West Indies  
239 Western Sahara  
240 Yemen  
241 Yugoslavia  
242 Zambia  
243 Zimbabwe





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