

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

C2: DSC name

C3: PQM name

Assignment Number

Assignment Number

Assignment Number

Unique No.

D: Survey date

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:

1

2

3

4

5

6

7

8

9

0

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.

h

h

m

m

INTERVIEW START TIME

		Person number									
		01	02	03	04	05	06	07	08	09	10
A	First name and surname First name: <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> Surname:	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
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B	Has stayed here (in this household) for at least four nights on average per week during the last four weeks? 1 = Yes 2 = No → End of interview for this person	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>
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C	Is a male or a female? 1 = Male 2 = Female	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>
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D	What is’s date of birth and age in completed years? Day of Birth: <i>Example of day</i> 05 Month of birth: <i>Example of month</i> 11 Year of birth: <i>Example of year</i> 2007 Age in years <i>Less than one year = 0</i>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>
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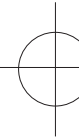
		Person number									
		01	02	03	04	05	06	07	08	09	10
E	What population group does belong to? 1 = Black African 2 = Coloured 3 = Indian/Asian 4 = White 5 = Other (<i>specify in box below</i>)	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>
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F(i)	What is’s present marital status? 1 = Married 2 = Living together like husband and wife 3 = Widow/Widower → Go to G 4 = Divorced/Separated → Go to G 5 = Never married → Go to G	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div>
		<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>
F(ii)	Does’s spouse/partner live in this household? 1 = Yes 2 = No → Go to G	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>
		<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>
F(iii)	Which person is the spouse/partner of? <i>Give person number</i>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
		<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>



Person number										
	01	02	03	04	05	06	07	08	09	10
G What is the highest level of education that ... has successfully completed? <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	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>

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	<p>During the last calendar week (Sunday to Saturday), didwork for a wage, salary, commission or any payment in kind (including paid domestic work), even if it was for only one hour?</p> <p><i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i></p> <p>1 = YES 2 = NO 3 = DO NOT KNOW</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>
H(i)b	<p>During the last calendar week (Sunday to Saturday), didrun 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?</p> <p><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></p> <p>1 = YES 2 = NO 3 = DO NOT KNOW</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>
H(i)c	<p>During the last calendar week (Sunday to Saturday), didhelp without being paid in any kind of business run by your household, even if it was for only one hour?</p> <p><i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i></p> <p>1 = YES 2 = NO 3 = DO NOT KNOW</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>



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 2 = NO → Go to I 3 = DO NOT KNOW → Go to I <i>Those helping unpaid in household businesses should have a "no" answer if they do not have a job to definitely return to.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
H(iii)	Does work for 1 = National/Provincial/Local Government? 2 = A private household? 3 = A parastatal (e.g. transnet)? 4 = A private enterprise? 5 = Non-profit organisation (NGO/CBO)? 6 = Don't know	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<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"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
H(iv)	What are the goods and services produced by the organisation/businesswork for? Is it? 1 = Accommodation 2 = Restaurants and bars 3 = Passenger transport (e.g. road, rail, air) 4 = Travel agents, tour operators 5 = Tour guides 6 = Recreation and entertainment 7 = Cultural services 8 = Trading (e.g. ebony and curios) 9 = Other	<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 <input type="checkbox"/> 9	<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 <input type="checkbox"/> 9	<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 <input type="checkbox"/> 9	<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 <input type="checkbox"/> 9	<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 <input type="checkbox"/> 9	<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 <input type="checkbox"/> 9	<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 <input type="checkbox"/> 9	<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 <input type="checkbox"/> 9	<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 <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"/> <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
1.1	In the past three Calendar months, has ... taken any day trip inside South Africa? 1 = Yes → Go to 1.3 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.2	Why did ... not take any trips inside South Africa in the past three Calendar months? 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 → Go to Section 4	<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"/>
1.3	Was this the first time ... undertook any day trip in the past three Calendar months? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.4	How many day trips did ... take inside South Africa in the past three Calendar months?	<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"/>

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.

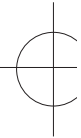
		Person number									
		01	02	03	04	05	06	07	08	09	10
1.5	Can you tell me in which month(s) these trips took place? <i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</i>										
	Interview month: January										
	01 = December										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

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
1.6a	<p>Identify the most recent day trip that the respondent undertook</p> <p>Ask the respondent</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"/>	<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"/>
1.6b	<p>Record the month CODE (as written in Q1.5) of the month in which the trip took place.</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>Go to Section 2</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
1.7a	<p>Identify the most recent day trip that other household members undertook, where the respondent was NOT part of the trip.</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"/>	<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"/>
1.7b	<p>Record the month CODE (as written in Q1.5) of the month in which the trip took place.</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>Go to Section 3</p>	<input type="checkbox"/> <input type="checkbox"/>									



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

 $+$

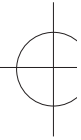
5 = Kwa-Zulu Natal	 5	25 = Ugu District Municipality 26 = uMgungundlovu District Municipality 27 = uThukela District Municipality 28 = uMzinyathi District Municipality 29 = Amajuba District Municipality 30 = Zululand District Municipality 31 = uMkhanyakude District Municipality 32 = uThungulu District Municipality 33 = iLembe District Municipality 34 = Sisonke District Municipality 35 = Ethekwini Metropolitan Municipality 98 = Don't know	 	                         <
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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"/>
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2.6.5	SOCIAL ACTIVITY Mark all options mentioned	Respondent	Other household members
	27 = Visiting friends/family	<div><div>Y</div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div>N</div></div>	<div><div>Y</div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div>N</div></div>
	28 = Weddings/funerals/ christenings/initiation	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>
	29 = Other social activity Specify	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>
		<div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>	<div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>
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2.6.6	RELIGIOUS ACTIVITY Mark all options mentioned	Respondent	Other household members
	30 = Religious conference	<div><div>Y</div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div>N</div></div>	<div><div>Y</div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div>N</div></div>
	31 = Place of worship e.g. church, mosque, synagogue, temple	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>
	32 = Other religious Specify	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>
		<div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>	<div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>
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2.6.7	MEDICAL/HEALTH Mark all options mentioned	Respondent	Other household members
	33 = Medical e.g. treatment in clinic/hospital	<div><div>Y</div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div>N</div></div>	<div><div>Y</div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div><div>N</div></div>
	34 = Health/wellness e.g. hydro, spa, beauty centre, health farm	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>
	35 = Other medical Specify	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>
		<div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>	<div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>
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2.7	What was the main type of transport used to reach the main destination? <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i> 1 = AIRCRAFT 2 = BUS 3 = CAR 4 = MOTORCYCLE/SCOOTER 5 = BICYCLE 6 = TAXI 7 = TRAIN 8 = OTHER <i>Specify</i>	<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	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><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><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><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><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><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				

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

2.8.1	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 2 = No 3 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
		—————> Go to 2.9 —————> Go to 2.9

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

2.8.3	Please indicate which of the following items were included in the package 1 = Airfare 2 = Land transport 3 = Food and beverages 4 = Recreation and entertainment (<i>e.g payments to a zoo etc</i>) 5 = Travel insurance 6 = Shopping 7 = Other	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 (<i>e.g payments to a zoo etc</i>)	<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

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

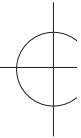
- include all expenses, even those paid for by another party, for example, your host, employer or company
- please include all tips and taxes

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"/>	<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"/>
2.10	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="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"/>
	02 = Gifts	<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"/>
	03 = Travel Insurance	<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"/>
	04 = Other financial services	<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"/>
	05 = Servicing the vehicle	<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"/>
	06 = Checking/servicing alarm system	<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"/>
	07 = Hiring security	<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"/>
	08 = Hiring house sitter	<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"/>



		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										
	TOTAL										

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

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

	1	8
0	0	0

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	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	02 = Train	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	03 = Land transport (fuel, kombi, bus tickets, toll fees, parking)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	04 = Car hire	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	05 = Food and beverages	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	06 = Recreational/entertainment (sports, game parks and amusement parks)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	07 = Cultural services (performing arts/ museums)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	08 = Medical expenses	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	09 = Shopping	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>



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

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="text"/> b <input type="text"/> c <input type="text"/> d <input type="text"/>	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="text"/> f <input type="text"/> g <input type="text"/>	
	Transport	h = Road Infrastructure i = Local public transport j = Car hire facilities k = Domestic flights	h <input type="text"/> i <input type="text"/> j <input type="text"/> k <input type="text"/>	
	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="text"/> m <input type="text"/> n <input type="text"/> o <input type="text"/> p <input type="text"/> q <input type="text"/>	

Go back to Q1.7a

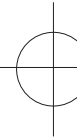
SECTION 3: DAY TRIPS UNDERTAKEN BY OTHER HOUSEHOLD MEMBERS WITHOUT THE RESPONDENT

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

3.1 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
1 = Western Cape	1	01 = City of Cape Town Metropolitan Municipality 02 = West Coast District Municipality 03 = Cape Winelands Municipality 04 = Overberg District Municipality 05 = Eden District Municipality 06 = Central Karoo District Municipality 98 = Don't know		
2 = Eastern Cape	2	07 = Cacadu District Municipality 08 = Amatole District Municipality 09 = Chris Hani District Municipality 10 = Joe Gqabi District Municipality 11 = OR Tambo District Municipality 12 = Alfred Nzo District Municipality 13 = Nelson Mandela Bay Metropolitan 14 = Buffalo City Metropolitan Municipality 98 = Don't know		
3 = Northern Cape	3	15 = John Taolo Gaetsewe District Municipality 16 = Namakwa District Municipality 17 = Pixley Ka Seme District Municipality 18 = Siyanda District Municipality 19 = Frances Baard District Municipality 98 = Don't know		
4 = Free State	4	20 = Xhariep District Municipality 21 = Mangaung Metropolitan Municipality 22 = Lejweleputswa District Municipality 23 = Thabo Mofutsanyane District Municipality 24 = Fezile Dabi District Municipality 98 = Don't know		

Read out each item to the respondent.

[illegible][illegible]

[illegible][illegible]

3.6.5	SOCIAL ACTIVITY Mark all options mentioned	Other household members
	27 = Visiting friends/family	<div><div>Y</div><div><input type="checkbox"/> 1</div><div><div>N</div><div><input type="checkbox"/> 2</div></div></div>
	28 = Weddings/funerals/ christenings/initiation	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>
	29 = Other social activity Specify	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div> <div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>
3.6.6	RELIGIOUS ACTIVITY Mark all options mentioned	Other household members
	30 = Religious conference	<div><div>Y</div><div><input type="checkbox"/> 1</div><div><div>N</div><div><input type="checkbox"/> 2</div></div></div>
	31 = Place of worship e.g. church, mosque, synagogue, temple	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>
	32 = Other religious Specify	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div> <div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>

3.6.7	MEDICAL/HEALTH Mark all options mentioned	Other household members
	33 = Medical e.g. treatment in clinic/hospital	<div><div>Y</div><div><input type="checkbox"/> 1</div><div><div>N</div><div><input type="checkbox"/> 2</div></div></div>
	34 = Health/wellness e.g. hydro, spa, beauty centre, health farm	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div>
	35 = Other medical Specify	<div><div><input type="checkbox"/> 1</div><div><input type="checkbox"/> 2</div></div> <div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>



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

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	<input type="checkbox"/> 1
	2 = No → Go to 3.9	<input type="checkbox"/> 2
	3 = Don't know → Go to 3.9	<input type="checkbox"/> 3

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

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	

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"/>	<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"/>
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="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"/>
	02 = Gifts	<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"/>
	03 = Travel Insurance	<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"/>
	04 = Other financial services	<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"/>
	05 = Servicing the vehicle	<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"/>
	06 = Checking/servicing alarm system	<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"/>
	07 = Hiring security	<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"/>
	08 = Hiring house sitter	<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"/>



		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										
	TOTAL										

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

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,.....										
TOTAL											

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="text"/> b <input type="text"/> c <input type="text"/> d <input type="text"/>	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="text"/> f <input type="text"/> g <input type="text"/>	
	Transport	h = Road Infrastructure i = Local public transport j = Car hire facilities k = Domestic flights	h <input type="text"/> i <input type="text"/> j <input type="text"/> k <input type="text"/>	
	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="text"/> m <input type="text"/> n <input type="text"/> o <input type="text"/> p <input type="text"/> q <input type="text"/>	

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
4.1	In the past three Calender months, has ... taken any overnight trips inside South Africa? 1 = Yes → Go to 4.3 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.2	Why did ... not take any overnight trips inside South Africa in the past three Calendar months? 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 → Go to Section 7	<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"/>
4.3	Was this the first time ... undertook any overnight trip in the past three Calendar months? 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.4	How many overnight trips did ... take inside South Africa in the past three Calendar months?	<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"/>

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

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
4.6a	<p>Identify the most recent overnight trip that the respondent undertook</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>										
4.6b	<p>Record the month CODE (as written in Q4.5) of the month in which the trip took place.</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>Go to Section 5</p>										

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

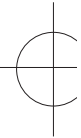
						Person number					
		01	02	03	04	05	06	07	08	09	10
4.7a	<p>Identify the most recent overnight trip that other household members undertook, where the respondent was NOT part of the trip.</p> <p>On the most recent overnight trip, indicate which household member/s travelled WITHOUT the respondent.</p> <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>										
4.7b	<p>Record the month CODE (as written in Q4.5) of the month in which the trip took place.</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>Go to Section 6</p>										

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		
		06 = Central Karoo District Municipality				
2 = Eastern Cape	2	07 = Cacadu District Municipality	M	M		
		08 = Amatole District Municipality				
		09 = Chris Hani District Municipality	2	2		
		10 = Joe Gqabi District Municipality	3	3		
		11 = OR Tambo District Municipality	4	4		
		12 = Alfred Nzo District Municipality				
3 = Northern Cape	3	13 = Nelson Mandela Bay Metropolitan				
		14 = Buffalo City Metropolitan Municipality				
		15 = Kgalagadi District Municipality	M	M		
		16 = Namakwa District Municipality	2	2		
		17 = Pixley Ka Seme District Municipality	3	3		
		18 = Siyanda District Municipality	4	4		
4 = Free State	4	19 = Frances Baard District Municipality				
		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	4	4		
		98 = Don't know				

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	M 2 3 4	M 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	M 2 3 4	M 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	M 2 3 4	M 2 3 4		
8 = Mpumalanga	8	46 = Gert Sibande District Municipality 47 = Nkangala District Municipality 48 = Ehlanzeni District Municipality 98 = Don't know	M 2 3 4	M 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	M 2 3 4	M 2 3 4		



Read out each item to the respondent.

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5.7.3	SPORTS Mark all options mentioned	Respondent	Other household members																																																																																																														
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	13 = Individual sports, e.g. swimming, walking, hiking, cycling	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	14 = Water sports e.g. diving, snorkeling, sailing, surfing	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	15 = Adventure activity e.g. water rafting, mountaineering	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	16 = Attended a sporting event as a spectator	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	17 = Participated in a sporting event e.g. race, competition	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	18 = Other sports, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
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5.7.4	NATURE BASED Mark all options mentioned	Respondent	Other household members																																																																																																														
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	19 = Visited a rural area	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	20 = Wildlife e.g. game viewing, whale watching, bird watching	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	21 = Hunting	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	22 = Beach e.g. sunbathing and swimming	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	23 = Visited parks/gardens	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	24 = Sightseeing	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	25 = Visited a mountain area	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
	26 = Other outdoors/nature based <i>Specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																														
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	27 = Visiting friends/family	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	28 = Weddings/funerals/ christenings/initiation	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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5.7.6	RELIGIOUS ACTIVITY Mark all options mentioned	Respondent	Other household members																																																																																																				
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	30 = Religious conference	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	32 = Other religious activity <i>Specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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5.7.7	MEDICAL/HEALTH Mark all options mentioned	Respondent	Other household members																																																																																
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	34 = Health/wellness e.g. hydro, spa, beauty centre, health farm	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																
	35 = Other medical activity specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																
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5.8	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																																																																																																																								
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	2 = BUS <input type="checkbox"/> 2																																																																																																																								
	3 = CAR <input type="checkbox"/> 3																																																																																																																								
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	6 = TAXI <input type="checkbox"/> 6																																																																																																																								
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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"/> <input type="checkbox"/>
02 = Guest House/Guest Farm	02 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
03 = Bed and Breakfast	03 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
04 = Lodge	04 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
05 = Hostel/Backpackers	05 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
06 = Self-catering establishment	06 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
07 = Stayed with friends and relatives	07 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
08 = Holiday Home/Second Home	08 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
09 = Campsite	09 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10 = Caravan Park	10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11 = Other, <i>specify</i>	11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12 = Total	12 <input type="checkbox"/> <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"/> <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"/>

5.10 Was there any special promotion or event that prompted you to go at that particular time? <i>You can mark more than one response</i>																											
01 = No special promotion or event 02 = Family event/occasion 03 = Cheap airfares 04 = Accommodation promotion 05 = Participation in sport event 06 = Spectator of a sport event 07 = Music/cultural event 08 = Business/Exhibition/Conference 09 = Wine/food festival 10 = Club meeting/reunion 11 = Religious event 12 = Other <i>specify</i>	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table> <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"/>	Y	N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																										
5.11 How was the trip booked? Was it through 1 = A Tour operator 2 = A Travel agent 3 = Booked independently 4 = No booking necessary → Go to 5.14 5 = Did not make booking myself, don't know → Go to 5.14	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																										

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

5.14.2	How much did this package trip cost? Give the total cost of the package for household members who were in the group	Rands <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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5.14.3	Please indicate which of the following items were included in the package 1 = Airfare 2 = Land transport 3 = Accommodation 4 = Food and beverages 5 = Recreation and entertainment (<i>e.g payments to a zoo etc</i>) 6 = Travel insurance 7 = Shopping 8 = <i>Other</i>	<table border="1"> <thead> <tr> <th colspan="3">INCLUDED</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table>	INCLUDED			YES	NO	DON'T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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5.14 Read out: Now the following questions relate to package trips

5.14.1	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) 1 = Yes 2 = No → Go to 5.15 3 = Don't know → Go to 5.15	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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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

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
5.15	Please indicate exactly which members of the household went on this trip.	<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"/>
5.16	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"/>	<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"/>
	02 = Gifts	<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"/>
	03 = Travel Insurance	<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"/>
	04 = Other financial services	<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"/>
	05 = Servicing the vehicle	<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"/>
	06 = Checking/servicing alarm system	<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"/>
	07 = Hiring security	<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"/>
	08 = Hiring house sitter	<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"/>

		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										
	TOTAL										

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

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

	1	8
0	0	0

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										

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

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	1	01 = City of Cape Town Metropolitan Municipality	M			
		02 = West Coast District Municipality				
		03 = Cape Winelands Municipality	2	2		
		04 = Overberg District Municipality	3	3		
		05 = Eden District Municipality	4	4		
		06 = Central Karoo District Municipality				
2 = Eastern Cape	2	07 = Cacadu District Municipality	M			
		08 = Amatole District Municipality				
		09 = Chris Hani District Municipality	2	2		
		10 = Joe Gqabi District Municipality	3	3		
		11 = OR Tambo District Municipality	4	4		
		12 = Alfred Nzo District Municipality				
3 = Northern Cape	3	13 = Nelson Mandela Bay Metropolitan				
		14 = Buffalo City Metropolitan Municipality				
		15 = John Taolo Gaetsewe District Municipality	M			
		16 = Namakwa District Municipality	2	2		
		17 = Pixley Ka Seme District Municipality	3	3		
		18 = Siyanda District Municipality	4	4		
4 = Free State	4	19 = Frances Baard District Municipality				
		98 = Don't know				
		20 = Xhariep District Municipality	M			
		21 = Mangaung Metropolitan Municipality				
		22 = Lejweleputswa District Municipality	2	2		
		23 = Thabo Mofutsanyane District Municipality	3	3		
		24 = Fezile Dabi District Municipality	4	4		
		98 = Don't know				

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	M 2 3 4	M 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	M 2 3 4	M 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	M 2 3 4	M 2 3 4		
8 = Mpumalanga	8	46 = Gert Sibande District Municipality 47 = Nkangala District Municipality 48 = Ehlanzeni District Municipality 98 = Don't know	M 2 3 4	M 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	M 2 3 4	M 2 3 4		

Read out each item to the respondent.

[illegible][illegible]

6.7.5	SOCIAL ACTIVITY Mark all options mentioned	Other household members																
	27 = Visiting friends/family 28 = Weddings/funerals/christenings/initiation 29 = Other social activity <i>Specify</i>	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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"/>
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<input type="checkbox"/>	<input type="checkbox"/>																	
6.7.6	RELIGIOUS ACTIVITY Mark all options mentioned	Other household members																
	30 = Religious conference 31 = Place of worship e.g. church, mosque, synagogue, temple 32 = Other religious <i>Specify</i>	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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"/>
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6.7.7	MEDICAL / HEALTH Mark all options mentioned	Other household members																
	33 = Medical e.g. treatment in clinic/hospital 34 = Health/wellness e.g. hydro, spa, beauty centre, health farm 35 = Other medical <i>Specify</i>	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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"/>
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6.8	What was the main type of transport used to reach the main destination? <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i>																	
	1 = AIRCRAFT 2 = BUS 3 = CAR 4 = MOTORCYCLE/SCOOTER 5 = BICYCLE 6 = TAXI 7 = TRAIN 8 = OTHER <i>Specify</i>	<table border="1"> <tbody> <tr> <td><input type="checkbox"/> 1</td> </tr> <tr> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 4</td> </tr> <tr> <td><input type="checkbox"/> 5</td> </tr> <tr> <td><input type="checkbox"/> 6</td> </tr> <tr> <td><input type="checkbox"/> 7</td> </tr> <tr> <td><input type="checkbox"/> 8</td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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6.9 What type of accommodation was used on this last trip?
Please indicate how many nights were spent at each type of accommodation.

01 = Hotel

02 = Guest House/Guest Farm

03 = Bed and Breakfast

04 = Lodge

05 = Hostel/Backpackers

06 = Self-catering establishment

07 = Stayed with friends and relatives

08 = Holiday Home/Second Home

09 = Campsite

10 = Caravan Park

11 = Other, *specify*

12 = **Total**

Number of nights

01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		

You can mark more than one response

Y		N	
<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	2
<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	2
<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	2
<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	2
<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	2
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<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	2
<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	2
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<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

- 1 = A Tour operator
- 2 = A Travel agent
- 3 = Booked independently
- 4 = No booking necessary → **Go to 6.14**
- 5 = Did not make booking myself, don't know → **Go to 6.14**

- 1
- 2
- 3
- 4
- 5



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

6.14.2	How much did this package trip cost? Give the total cost of the package for household members who were in the group	Rands <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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6.14.3	Please indicate which of the following items were included in the package 1 = Airfare 2 = Land transport 3 = Accommodation 4 = Food and beverages 5 = Recreation and entertainment (<i>e.g payments to a zoo etc</i>) 6 = Travel insurance 7 = Shopping 8 = <i>Other</i>	<table border="1"> <thead> <tr> <th colspan="3">INCLUDED</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table>	INCLUDED			YES	NO	DON'T KNOW	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
INCLUDED																																
YES	NO	DON'T KNOW																														
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																														
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																														
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<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																														
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																														

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

6.14.1	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) 1 = Yes 2 = No → Go to 6.15 3 = Don't know → Go to 6.15	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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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
6.15	Please indicate exactly which members of the household went on this trip.	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
6.16	How much money did other members of your household spend on the following before the trip?										
	01 = Food for the trip	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	02 = Gifts	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	03 = Travel Insurance	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	04 = Other financial services	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	05 = Servicing the vehicle	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	06 = Checking/servicing alarm system	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	07 = Hiring security	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	08 = Hiring house sitter	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>



		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										
	TOTAL										

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	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	02 = Train	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	03 = Land transport (fuel, kombi, bus tickets, toll fees, parking)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	04 = Car hire	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	05 = Accommodation	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	06 = Food and beverages	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	07 = Recreational/entertainment (sports, game parks and amusement parks)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	08 = Cultural services (performing arts/ museums)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	09 = Medical expenses	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

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

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"/>
		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 to Section 7

SECTION 7 HOUSEHOLD LIVING CONDITIONS

7.1 Indicate the type of main dwelling that the household occupies on this piece of land? 01 = Dwelling/house or brick/concrete block structure on a separate stand or yard or on farm 02 = Traditional dwelling/hut/structure made of traditional materials 03 = Flat or apartment in a block of flats 04 = Cluster house in complex 05 = Town house (semi-detached house in complex) 06 = Semi-detached house 07 = Dwelling/house/flat/room in backyard 08 = Informal dwelling/shack in backyard 09 = Informal dwelling/shack not in backyard, e.g. in an informal/squatter settlement or on farm 10 = Room/flatlet on a property or a larger dwelling/servants' quarters/granny flat 11 = Caravan/tent 12 = Other, <i>specify</i>	
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7.2 Does the household own any of the following items? Read all options. 01 = TV set 02 = Swimming pool 03 = DVD player/Blu Ray Player 04 = Pay TV (M-Net/DsTV/Top TV) Subscription 05 = Air conditioner (excluding fans) 06 = Computer/Desktop/Laptop 07 = Vacuum cleaner/floor polisher 08 = Dish washing machine 09 = Washing machine 10 = Tumble dryer 11 = Home telephone (excluding a cell) 12 = Deep freezer - free standing 13 = Refrigerator or combined fridge/freezer 14 = Electric stove 15 = Microwave oven 16 = Built-in kitchen sink 17 = Home security service 18 = Home theatre system	Y	N	
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	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	
	1	2	
	<input type="checkbox"/> </		

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

Go to Section 8

SECTION 8: INTERNATIONAL TRIPS

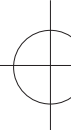
Read: Now I am going to ask some questions about trips outside the borders of South Africa, undertaken in the past three months. These are trips outside your usual environment (i.e. 40kms and above one way but visited less frequently than once a week). Note that the trip must be completed.

DAY TRIPS

		Person number									
		01	02	03	04	05	06	07	08	09	10
8.1	<p>In the past three Calendar months, has taken any daytrip outside the borders of South Africa?</p> <p>1 = Yes 2 = No → Go to 8.12</p>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div>

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

8.2	<p>Identify the most recent international day trip that the respondent undertook</p> <p>Ask the respondent</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>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
8.3	<p>What is the name of the country that was visited on their most recent daytrip?</p> <p>This is the trip that was undertaken by the respondent, with or without other household members.</p> <p>Please record the code of the country as written on the last page of the questionnaire.</p> <p>Don't know = 888 Other = 998, Specify for other in the blocks.....</p>	<div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>									



8.9	<p>What was the main purpose of this trip <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> <div> <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"/> </div>
8.10	<p>What was the main type of transport used to reach the main destination? <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> <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> <div> <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"/> </div>

8.11	<p>Which port of departure was used to leave the country? <i>This refers to the point at which the individual left the country.</i></p> <p>Air 01 = Cape Town International Airport 02 = King Shaka International Airport 03 = OR Tambo International Airport</p> <p>Road 04 = Botswana 05 = Lesotho 06 = Mozambique 07 = Namibia 08 = Swaziland 09 = Zimbabwe</p> <p>Sea 10 = Cape Town harbour 11 = Durban harbour 12 = Port Elizabeth harbour</p> <p>Other 13 = Other ports of departure, specify.....</p>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <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"/> </div>
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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	In the past three Calendar months, has taken any overnight trip outside the borders of South Africa? 1 = Yes 2 = No → Go to Section 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
8.13	Has ... returned from the overnight trip outside the borders of South Africa? 1 = Yes → Go to 8.15 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
8.14	What is the reason that ... has not returned from his/her travels? <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..... → Go to Section 9	<div style="text-align: center;"> <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"/> </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>Identify the most recent overnight trip that the respondent undertook</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>										
8.16	<p>What are the names of the countries that were visited on the most recent overnight trip?</p> <p>Please record the code of the countries as written on the last page of the questionnaire.</p> <p>Don't know = 888 Other = 998 Specify for other in the blocks</p>	M									
		2									
		3									
		4									
8.17	<p>How many nights did the household member/s spend in each of the countries that they visited?</p>	Number of nights spent									
		M									
		2									
		3									
		4									

8.18 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 occassion (e.g. initiation)
- 16 = Other, specify.....

☐ ☐

<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"/>

8.19 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.....

<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

<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"/>

8.20 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.....

<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"/>

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>Identify the most recent overnight trip that other household members undertook, where the respondent was NOT part of the trip.</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 individual/s who took the trip in their column/s.</p>										
8.22	<p>What are the names of the countries that were visited on the most recent overnight trip?</p> <p>Please record the code of the countries as written on the last page of the questionnaire.</p> <p>Don't know = 888 Other = 998 Specify for other in the blocks</p>	M									
		2									
		3									
		4									
8.23	<p>How many nights did the household member/s spend in each of the countries that they visited?</p>	Number of nights spent									
		M									
		2									
		3									
		4									

8.24 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 occassion (e.g. initiation)
- 16 = Other, specify.....

8.25 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.....

8.26 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.....

SECTION 9

Interviewer to answer questions below.

9.1

In what language was most of the interview conducted?

Mark only ONE response

01 = Afrikaans

02 = English

03 = Isindebele/South ndebele/North ndebele

04 = Isixhosa/Xhosa

05 = Isizulu/Zulu

06 = Sepedi/Northern sotho

07 = Sesotho/Southern sotho/Sotho

08 = Setswana/Tswana

09 = Siswati/Swazi

10 = Tshivenda/Venda

11 = Xitsonga/Tsonga

12 = Other, (specify)

INTERVIEW END TIME

h

h

m

m

End of Interview
Thank the respondent for his/her co-operation

GENERAL COMMENTS

Question Number	Person Number	General Comments

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-Herzegovena
 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

085 Ghana
 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

211 Tasmania
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

