



**Statistics  
South Africa**

Preferred supplier of quality statistics



# Domestic Tourism Survey

## A. Particulars of the dwelling

Unique  
no.

A1. PSU number

A2. Dwelling unit Number

A3. Assignment number

A4. Survey Date 1 6 0 8 2 0 0 8

A5. Physical identification of the dwelling unit

A6. Telephone number for enumerated household (if any)

A7. Total number of persons in the household

A8. Questionnaire no. for this household (for person no. 01-10=1, etc.)

## B. Households at selected dwelling unit

B1. Household number for this household

B2. Total number of households at selected dwelling unit

## C. 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

C1.

C2.

C3.

C4.

C5. FINAL RESULT

C6. Comments and full details for result code 02-11

### RESULT CODES

01 Completed

02 Non-contact

03 Refused

04 Partly completed

05 No usable information

06 Vacant/unoccupied dwelling

07 Listing error

08 Demolished

09 Change of status

10 Other non response

11 Ended at question B

Comment in C6 giving full details for  
result code 02-11

## D. Field staff

D1. SO

Persal number

Interview date

D2. SUP

Persal number

Date checked

D3. DSC/PQA

Persal number

Date checked

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Read: *We would like to start by collecting some basic particulars of each person in the household.*

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		Person number		
		01	02	03
F.(ii)	<b>Does.....'s spouse/partner live in this household?</b>  1 = YES 2 = NO → <b>Go to G</b>	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 1 <input type="text"/> 2
F.(iii)	<b>Which person is the spouse/partner of.....?</b> <i>Give person number</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
G	<b>What is the highest level of education that... has successfully completed?</b>  00 = No SCHOOLING 01 = GRADE R/0 02 = GRADE 1/ SUB A 03 = GRADE 2 / SUB B 04 = GRADE 3/STANDARD 1 05 = GRADE 4/ STANDARD 2 06 = GRADE 5/ STANDARD 3 07 = GRADE 6/STANDARD 4 08 = GRADE 7/STANDARD 5 09 = GRADE 8/STANDARD 6/FORM 1 10 = GRADE 9/STANDARD 7/FORM 2 11 = GRADE 10/ STANDARD 8/ FORM 3 12 = GRADE 11/ STANDARD 9/ FORM 4 13 = GRADE 12/STANDARD 10/FORM 5/MATRIC 14 = NTC I 15 = NTC II 16 = NTC III 17 = CERTIFICATE WITH LESS THAN GRADE 12/STD 10 18 = DIPLOMA WITH LESS THAN GRADE 12/STD 10 19 = CERTIFICATE WITH GRADE 12/STD 10 20 = DIPLOMA WITH GRADE 12/STD 10 21 = BACHELORS DEGREE 22 = BACHELORS DEGREE AND DIPLOMA 23 = HONOURS DEGREE 24 = HIGHER DEGREE (MASTERS, DOCTORATE) 25 = OTHER, <i>specify in the box at the bottom</i> 26 = DON'T KNOW	<input type="text"/> 00 <input type="text"/> 01 <input type="text"/> 02 <input type="text"/> 03 <input type="text"/> 04 <input type="text"/> 05 <input type="text"/> 06 <input type="text"/> 07 <input type="text"/> 08 <input type="text"/> 09 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 15 <input type="text"/> 16 <input type="text"/> 17 <input type="text"/> 18 <input type="text"/> 19 <input type="text"/> 20 <input type="text"/> 21 <input type="text"/> 22 <input type="text"/> 23 <input type="text"/> 24 <input type="text"/> 25 <input type="text"/> 26	<input type="text"/> 00 <input type="text"/> 01 <input type="text"/> 02 <input type="text"/> 03 <input type="text"/> 04 <input type="text"/> 05 <input type="text"/> 06 <input type="text"/> 07 <input type="text"/> 08 <input type="text"/> 09 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 15 <input type="text"/> 16 <input type="text"/> 17 <input type="text"/> 18 <input type="text"/> 19 <input type="text"/> 20 <input type="text"/> 21 <input type="text"/> 22 <input type="text"/> 23 <input type="text"/> 24 <input type="text"/> 25 <input type="text"/> 26	<input type="text"/> 00 <input type="text"/> 01 <input type="text"/> 02 <input type="text"/> 03 <input type="text"/> 04 <input type="text"/> 05 <input type="text"/> 06 <input type="text"/> 07 <input type="text"/> 08 <input type="text"/> 09 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 15 <input type="text"/> 16 <input type="text"/> 17 <input type="text"/> 18 <input type="text"/> 19 <input type="text"/> 20 <input type="text"/> 21 <input type="text"/> 22 <input type="text"/> 23 <input type="text"/> 24 <input type="text"/> 25 <input type="text"/> 26
		<input type="text"/>	<input type="text"/>	<input type="text"/>

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Person number						
04	05	06	07	08	09	10
<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>
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## TOURISM EMPLOYMENT

*Ask for everyone in the household*

		Person number		
		01	02	03
<b>H(i)</b>	<b>Do you or ANY other individuals in your household work within the formal tourism industry?</b>  1 = YES, FULL TIME (40 HOURS OR OVER A WEEK) 2 = YES, PART TIME (UNDER 40 HOURS A WEEK) 3 = NO → <b>Go to H (iii)</b>	<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
<b>H(ii)</b>	<b>If yes, what area best describes your area of work?</b>  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 TOURISM INDUSTRIES, <i>specify in the box at the bottom</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 <input type="checkbox"/> 9 <input type="text"/>	<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="text"/>	<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="text"/>
<b>H(iii)</b>	<b>Do you or ANY other individuals in your household work within the informal tourism industry?</b>  1 = YES, FULL TIME (40 HOURS OR OVER A WEEK) 2 = YES, PART TIME (UNDER 40 HOURS A WEEK) 3 = NO → <b>Go to I</b>	<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
<b>H(iv)</b>	<b>If yes, what area best describes your area of work?</b>  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 TOURISM INDUSTRIES, <i>specify in the box at the bottom</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 <input type="checkbox"/> 9 <input type="text"/>	<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="text"/>	<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="text"/>
<b>I</b>	<b>Is there any other person residing in this household, other than those already mentioned, who is not presently here?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	→ IF "YES" GO BACK TO A	

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Person number						
04	05	06	07	08	09	10
<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>
<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>
<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>
<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>	<div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div></div>

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FIELDWORKER SECTION PROMPT TABLE			
Use the table below as a guideline for sections that should be completed			
DAY TRIPS		TRIPS BY RESPONDENT	TRIPS BY OTHER MEMBERS OF HOUSEHOLD
	Within South Africa	If any, Section 2 must be completed	If any, Section 3 must be completed
OVERNIGHT TRIPS		TRIPS BY RESPONDENT	TRIPS BY OTHER MEMBERS OF HOUSEHOLD
	Within South Africa	If any, Section 4 must be completed	If any, Section 5 must be completed
	Outside South Africa	If any, Section 6 must be completed	If any, Section 7 must be completed

Mark "x" on the numbers below if a trip has been reported in the relevant section

2	3	4
5	6	7



SECTION 1

This section covers information regarding trips taken by the members of the household over the last six months.

Read out: Now I am going to ask some questions about trips undertaken in the last six months, i.e. from February until July. 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.**

These trips can be for a number of reasons including visiting friends and family, funerals, religious events, sports events, shopping, holidays, business or any **other reason**. Do not include trips to your usual place of work or study, nor to any place for short term or seasonal work contract.

TRIPS BY RESPONDENT

1.1. a	<p>In the last six months, have you taken any day trips inside South Africa? That is trips in which you returned on the same day and did not stay overnight.</p> <p>1 = YES    →    <b>PUT an X in Box 2 on the prompt table.</b></p> <p>2 = NO    →    <b>Go to 1.2. a</b></p>	<p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>
1.1.b	<p>How many day trips did you take inside South Africa in the last six months?</p>	<p><input type="text"/> <input type="text"/></p>
1.2.a	<p>In the last six months, have you taken any overnight trips inside South Africa?</p> <p>1 = YES    →    <b>PUT an X in Box 4 on the prompt table.</b></p> <p>2 = NO    →    <b>Go to 1.3a</b></p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p>
1.2.b	<p>How many overnight trips did you take inside South Africa in the last six months?</p>	<p><input type="text"/> <input type="text"/></p>
1.3.a	<p>In the last six months, have you taken any overnight trips outside South Africa? Include trips that were partly taken inside South Africa and partly in another country.</p> <p>1 = YES    →    <b>PUT AN “X” IN BOX 6 ON THE PROMPT TABLE.</b></p> <p>2 = NO    →    <b>GO TO 1.4</b></p>	<p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>
1.3.b	<p>How many overnight trips did you take outside South Africa in the last six months?</p>	<p><input type="text"/> <input type="text"/></p>

## BARRIERS TO TAKING TRIPS

**Ask if answer to 1.1.a is No (the respondent has not taken a day trip inside South Africa).**

[illegible]

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**Ask if answer to Q1.2.a is No (the respondent has not taken any overnight trips inside South Africa)**

[illegible]

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TRIPS BY OTHER MEMBERS OF THE HOUSEHOLD

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The following questions cover information regarding trips taken by other members of the household over the last six months.

Read out: *Now I am going to ask some questions about trips undertaken in the last six months, i.e. from February until July. These are trips outside your usual environment (i.e. 40KMs and above one way but visited less frequently than once a week).*

*Check the prompt table at the end of the sections to find out which sections to be completed.*

**Note that the trip must be completed. Check the prompt table at the end of the sections to find out which sections to be completed.**

1.6.a	<p><b>In the last six months, has any other member of your household taken any day trips inside South Africa? Again, that is trips in which they returned on the same day and did not stay overnight.</b></p> <div><div><div>1 = YES</div><div>2 = No</div><div>3 = DON'T KNOW</div></div><div>}</div><div><div>→ PUT AN "X" IN BOX 3 ON THE PROMPT TABLE.</div><div>→ Go to 1.7. a</div></div></div> <div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>
1.6.b	<p><b>How many day trips did other members of your household take inside South Africa in the last six months?</b></p> <div><div><div></div></div><div><div></div></div></div>
1.7.a	<p><b>In the last six months has any other member of your household taken any overnight trips inside South Africa?</b></p> <div><div><div>1 = YES</div><div>2 = No</div><div>3 = DON'T KNOW</div></div><div>}</div><div><div>→ PUT AN "X" IN BOX 5 ON THE PROMPT TABLE.</div><div>→ Go to 1.8.a</div></div></div> <div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>
1.7.b	<p><b>How many overnight trips did other members of your household take inside South Africa in the last six months?</b></p> <div><div><div></div></div><div><div></div></div></div>
1.8.a	<p><b>In the last six months has any other member of your household taken any overnight trips outside South Africa? Include trips that were partly taken inside South Africa and partly in another country.</b></p> <div><div><div>1 = YES</div><div>2 = No</div><div>3 = DON'T KNOW</div></div><div>}</div><div><div>→ PUT AN "X" IN BOX 7 ON THE PROMPT TABLE.</div><div>→ Go to PROMPT TABLE</div></div></div> <div><div><div></div>1</div><div><div></div>2</div><div><div></div>3</div></div>
1.8.b	<p><b>How many overnight trips did other members of your household take outside South Africa in the last six months?</b></p> <div><div><div></div></div><div><div></div></div></div>

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2.3	What date did this trip take place?																																																																																																																																	
	Write the date in the following format (dd/mm/yyyy)	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	d	d	m	m	y	y	y	y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																																
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2.4	Including yourself, how many people in total went on this trip? Include those who are not members of your household	<table><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>																																																																																																																														
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2.5	Of the people mentioned above, how many were members of your household?	<table><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>																																																																																																																														
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2.6	Please indicate exactly which members of the household went on this trip	<table><tr><td><input type="checkbox"/></td><td>01</td></tr><tr><td><input type="checkbox"/></td><td>02</td></tr><tr><td><input type="checkbox"/></td><td>03</td></tr><tr><td><input type="checkbox"/></td><td>04</td></tr><tr><td><input type="checkbox"/></td><td>05</td></tr><tr><td><input type="checkbox"/></td><td>06</td></tr><tr><td><input type="checkbox"/></td><td>07</td></tr><tr><td><input type="checkbox"/></td><td>08</td></tr><tr><td><input type="checkbox"/></td><td>09</td></tr><tr><td><input type="checkbox"/></td><td>10</td></tr></table>	<input type="checkbox"/>	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>	05	<input type="checkbox"/>	06	<input type="checkbox"/>	07	<input type="checkbox"/>	08	<input type="checkbox"/>	09	<input type="checkbox"/>	10																																																																																																												
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2.7	<p>What was the main purpose of this trip?</p> <p>01 = Leisure/vacation/holiday</p> <p>02 = Shopping – business</p> <p>03 = Shopping - personal</p> <p>04 = Sporting – spectator</p> <p>05 = Sporting - participant</p> <p>06 = Visiting friends and/or family</p> <p>07 = Funeral</p> <p>08 = Business or professional trip</p> <p>09 = Business conference</p> <p>10 = Study/educational trip</p> <p>11 = Medical</p> <p>12 = Wellness (e.g. spa, health farm)</p> <p>13 = Religious</p> <p>14 = OTHER,</p> <p>specify.....</p>	<table><tr><td><input type="checkbox"/></td><td>01</td></tr><tr><td><input type="checkbox"/></td><td>02</td></tr><tr><td><input type="checkbox"/></td><td>03</td></tr><tr><td><input type="checkbox"/></td><td>04</td></tr><tr><td><input type="checkbox"/></td><td>05</td></tr><tr><td><input type="checkbox"/></td><td>06</td></tr><tr><td><input type="checkbox"/></td><td>07</td></tr><tr><td><input type="checkbox"/></td><td>08</td></tr><tr><td><input 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2.10.1	<p>Was this last day trip a package, (where two or more expense items, such as transport and a meal, were included in the price)?</p> <p>1 = YES 2 = No → Go to Q2.11 3 = DON'T KNOW → Go to Q2.11</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>		
2.10.2	<p>How much did the package trip cost?</p> <p>Give the total cost of the package of all persons in the group.</p>	<p>Rands</p> <div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>		
2.10.3	<p>Please indicate which of the following items were included in the package.</p> <p>1. Airfare 2. Land transport 3. Food and beverages 4. Recreation and entertainment (e.g. payments to a zoo etc) 5. Travel insurance 6. Shopping 7. Other</p>	<p>INCLUDED</p> <p>Yes</p> <div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 1</div>	<p>No</p> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 2</div>	<p>Don't know</p> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 3</div>

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**Read: I now want you to tell me about the total expenditure (in Rands) on this trip (that's all OTHER expenditure for those who have been on a package trip and also those who have not been on a package trip), including 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.

[illegible]

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**Now thinking about any money (in Rands) spent before the trip on items related to the trip.**

		Person (respondent) number											
2.12	How much money did you and/or other members of your household spend on the following?	01				02				03			
	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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
	06 = Checking/ servicing alarm systems	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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"/>	<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"/>	<input type="text"/>	<input type="text"/>
	09 = Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	10 = Toiletries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11 = Luggage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	12 = Medical supplies/ inoculations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	13 = Electrical appliances e.g. adapters	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	14 = Other, specify.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2.13	<i>Interviewer to answer</i> <b>Did the respondent use/refer to the diary to help complete this section?</b>  1 = YES 2 = No	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>



SECTION 3:

This section covers information on domestic day trips undertaken by other members of the household **without the respondent**. **Complete this section if other members of the household have undertaken at least one domestic day trip in the last six months (i.e. 1.6.a is “Yes”)**

Read out: You’ve already told me that members of your household have completed.... day trips within South Africa in the last six months.

3.1	<b>Can you tell me which month(s) these trips took place?</b> <i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</i>	<b>NUMBER OF TRIPS</b>	
	1. February		
	2. March		
	3. April		
	4. May		
	5. June		
	6. July		
	<b>Total (Add 1-6 to confirm Total)</b>		
<b>Read: I would like you to focus on the most recent domestic day trip that your household members have undertaken in the last six months.</b>			
3.2	<b>What was the main destination on this trip?</b> <i>Select the province and write place names</i> <i>If the other household members visited more than one place, state the destination where the most hours were spent</i>	<b>PROVINCIAL CODE</b>	<b>PLACE NAME</b>
	1 = Western Cape		
	2 = Eastern Cape		
	3 = Northern Cape		
	4 = Free State		
	5 = Kwa-Zulu Natal		
	6 = North West		
	7 = Gauteng		
	8 = Mpumalanga		
	9 = Limpopo		

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3.9.6	<b>RELIGIOUS ACTIVITY</b>  30 = Religious conference  31 = Place of worship e.g. church, mosque, synagogue, temple  32 = Other religious specify.....	<b>Other household members</b>  <div><input type="checkbox"/> 30</div> <div><input type="checkbox"/> 31</div> <div><input type="checkbox"/> 32</div> <table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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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3.9.7	<b>MEDICAL/HEALTH</b>  33 = Medical e.g. treatment in clinic/hospital  34 = Health/wellness e.g. hydro, spa, beauty centre, health farm  35 = Other medical specify.....	<b>Other household members</b>  <div><input type="checkbox"/> 33</div> <div><input type="checkbox"/> 34</div> <div><input type="checkbox"/> 35</div> <table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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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3.10.1	<b>Was this last day trip a package, (where two or more expense items, such as transport and a meal, were included in the price)?</b>  1 = YES 2 = No → Go to Q3.11 3 = DON'T KNOW → Go to Q3.11	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>																																																													

3.10.2	How much did this package trip cost? Give the total cost of the package of all persons in the group.	Rands		
		<div></div>	<div></div>	<div></div>
3.10.3	Please indicate which of the following items were included in the package.	INCLUDED		
		Yes	No	Don't know
	1. Airfare	<div>1</div>	<div>2</div>	<div>3</div>
	2. Land transport	<div>1</div>	<div>2</div>	<div>3</div>
	3. Food and beverages	<div>1</div>	<div>2</div>	<div>3</div>
	4. Recreation and entertainment (e.g. payments to a zoo etc)	<div>1</div>	<div>2</div>	<div>3</div>
	5. Travel insurance	<div>1</div>	<div>2</div>	<div>3</div>
	6. Shopping	<div>1</div>	<div>2</div>	<div>3</div>
	7. Other	<div>1</div>	<div>2</div>	<div>3</div>

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Read: I now want you to tell me about the total expenditure (in Rands) on this trip (that's all OTHER expenditure for those who have been on a package trip and also those who have not been on a package trip), including 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.

		Person (respondent) number		
3.11	How much money did other members of your household spend on this trip?	01	02	03
	01 = Airfare	<div></div>	<div></div>	<div></div>
	02 = Parking	<div></div>	<div></div>	<div></div>
	03 = Land transport (fuel, Kombi, bus/train tickets, car hire, toll fees)	<div></div>	<div></div>	<div></div>
	04 = Food and beverages	<div></div>	<div></div>	<div></div>
	05 = Recreation/ entertainment (sports, game parks and amusement parks)	<div></div>	<div></div>	<div></div>
	06 = Cultural services (performing arts/ museums)	<div></div>	<div></div>	<div></div>
	07 = Medical expenses	<div></div>	<div></div>	<div></div>
	08 = Shopping	<div></div>	<div></div>	<div></div>
	09 = Tour guide	<div></div>	<div></div>	<div></div>
	10 = Other, specify.....	<div></div>	<div></div>	<div></div>
		<div></div>	<div></div>	<div></div>
	TOTAL	<div></div>	<div></div>	<div></div>

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**Now thinking about any money (in Rands) spent before the trip on items related to the trip.**

	Person (respondent) number					
3.12	How much money did other members of your household spend on this trip?	01	02	03		
	01 = Food for the trip					
	02 = Gifts					
	03 = Travel insurance					
	04 = Other financial services					
	05 = Servicing the vehicle					
	06 = Checking/ servicing alarm systems					
	07 = Hiring security					
	08 = Hiring house sitter					
	09 = Clothing					
	10 = Toiletries					
	11 = Luggage					
	12 = Medical supplies/ inoculations					
	13 = Electrical appliances e.g. adapters					
	14 = Other, specify.....					
	TOTAL					

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3.13

*Interviewer to answer*  
**Did the respondent use/refer to the diary to help complete this section?**

1 = YES

2 = No

☐

1

☐

2

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## SECTION 4:

This section covers information on domestic overnight trips undertaken **by the respondent** in the last six months.

**Complete this section if the respondent has undertaken at least one domestic overnight trip in the last six months (i.e. 1.2.a is "Yes").**

Note that the respondent may take the trips alone or with other household members.

*Read out: You've already told me that you have completed...trips in South Africa in the last six months.*

[illegible]

4.3	What date did this trip take place?																					
4.3.1	Start date (when you left for the trip) <i>Write the date in the following format (dd/mm/yyyy)</i>	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	d	d	m	m	y	y	y	y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
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4.3.2	End date (when you returned from the trip) <i>Write the date in the following format (dd/mm/yyyy)</i>	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	d	d	m	m	y	y	y	y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
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4.4	How many nights were spent on this trip?	<table><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>																		
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4.5	Including yourself, how many people in total went on this trip? Include those who are not members of your house hold.	<table><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>																		
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4.6	Of the people mentioned above, how many were members of your household?	<table><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>																		
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4.7	Please indicate exactly which members of the household went on this trip	<table><tr><td><input type="checkbox"/></td><td>01</td></tr><tr><td><input type="checkbox"/></td><td>02</td></tr><tr><td><input type="checkbox"/></td><td>03</td></tr><tr><td><input type="checkbox"/></td><td>04</td></tr><tr><td><input type="checkbox"/></td><td>05</td></tr><tr><td><input type="checkbox"/></td><td>06</td></tr><tr><td><input type="checkbox"/></td><td>07</td></tr><tr><td><input type="checkbox"/></td><td>08</td></tr><tr><td><input type="checkbox"/></td><td>09</td></tr><tr><td><input type="checkbox"/></td><td>10</td></tr></table>	<input type="checkbox"/>	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>	05	<input type="checkbox"/>	06	<input type="checkbox"/>	07	<input type="checkbox"/>	08	<input type="checkbox"/>	09	<input type="checkbox"/>	10
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4.8	<p><b>What was the main purpose of this trip?</b></p> <p>01 = Leisure/vacation/holiday</p> <p>02 = Shopping – business</p> <p>03 = Shopping - personal</p> <p>04 = Sporting – spectator</p> <p>05 = Sporting - participant</p> <p>06 = Visiting friends and/or family</p> <p>07 = Funeral</p> <p>08 = Business or professional trip</p> <p>09 = Business conference</p> <p>10 = Study/educational trip</p> <p>11 = Medical</p> <p>12 = Wellness (e.g. spa, health farm)</p> <p>13 = Religious</p> <p>14 = OTHER,</p> <p>specify.....</p>	<div><input type="checkbox"/> 01</div> <div><input type="checkbox"/> 02</div> <div><input type="checkbox"/> 03</div> <div><input type="checkbox"/> 04</div> <div><input type="checkbox"/> 05</div> <div><input type="checkbox"/> 06</div> <div><input type="checkbox"/> 07</div> <div><input type="checkbox"/> 08</div> <div><input type="checkbox"/> 09</div> <div><input type="checkbox"/> 10</div> <div><input type="checkbox"/> 11</div> <div><input type="checkbox"/> 12</div> 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4.9	<p><b>What was the main type of transport used to reach the main destination?</b></p> <p><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</p> <p>2 = BUS</p> <p>3 = CAR</p> <p>4 = MOTORCYCLE/SCOOTER</p> <p>5 = BICYCLE</p> <p>6 = TAXI</p> <p>7 = TRAIN</p> <p>8= OTHER</p> <p>(SPECIFY).....</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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4.10 What was the main type of accommodation used on this last trip?

- 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 = Yacht/ Boat
- 12 = Cruise Ship
- 13 = OTHER, specify

- ☐ 01
- ☐ 02
- ☐ 03
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4.11.

While on this trip, which of the following activities did you and/ or other members of your household undertake?

4.11.1

RECREATION ENTERTAINMENT

01 = Entertainment e.g. cinema, concert, show

02 = Theme parks e.g. aquariums

03 = Cultural, historical and heritage e.g. cultural village, museums, art gallery, township tour

04 = Eating out e.g. restaurants, cafés

05 = Night life e.g. bars, night-clubs, discos

06 = Visited a casino

07 = Shopping e.g. malls, flea/ craft markets

08 = Other recreation, entertainment

Specify.....

Respondent

01

02

03

04

05

06

07

08

Other household members

01

02

03

04

05

06

07

08

4.11.2

BUSINESS/ PROFESSIONAL

09 = Meeting

10 = Business conference, convention

11 = Trading e.g. bought goods from suppliers or sold goods to customers

12 = Other business/ professional

Specify.....

Respondent

09

10

11

12

Other household members

09

10

11

12

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4.11.7	<b>MEDICAL/HEALTH</b> 33 = Medical e.g. treatment in clinic/hospital 34 = Health/wellness e.g. hydro, spa, beauty centre, health farm 35 = Other medical specify.....	<b>Respondent</b> <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <table border="1" data-bbox="930 508 1197 982"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																													<b>Other household members</b> <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <table border="1" data-bbox="1249 508 1516 982"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																												
4.12	<b>Was there any special promotion or event that prompted you to go at this particular time?</b>	YES	No																																																																																																																								
	01 = Family event/ occasion 02 = Cheap airfares 03 = Accommodation promotion 04 = Participation in sport event 05 = Spectator of a sport event 06 = Music/ cultural event 07 = Business/ Exhibition/ Conference 08 = Wine/ food festival 09 = Club meeting/ reunion 10 = Religious event 11 = Other, specify.....	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <table border="1" data-bbox="930 1573 1197 2048"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																													<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <table border="1" data-bbox="1249 1573 1516 2048"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> </table>																																																												

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4.13	<b>How was the trip booked? Was it through</b> 1 = A Tour operator 2 = A Travel agent 3 = Booked independently 4 = No booking necessary 5 = Did not make booking myself, don't know } → <b>Go to 4.16.1</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																																								
4.14	<b>What method was used to book?</b> 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																																								
4.15	<b>How long before the trip was the booking made?</b> 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																																								
4.16.1	<b>Was this last overnight trip a package, (where two or more expense items, such as transport and accommodation, were included in an all-inclusive price)?</b> 1 = Yes 2 = No 3 = Don't know } → <b>Go to Q4.17</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																																								
4.16.2	<b>How much did this package trip cost?</b> <b>Give the total cost of the package of all persons in the group.</b>	<b>Rands</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																								
4.16.3	<b>Please indicate which of the following items were included in the package.</b>  1. Airfare 2. Land transport 3. Accommodation 4. Food and beverages 5. Recreation and entertainment (e.g. payments to a zoo etc) 6. Travel insurance 7. Shopping 8. Other	<table border="1"> <thead> <tr> <th colspan="2">INCLUDED</th> <th>No</th> <th>Don't know</th> </tr> <tr> <th>Yes</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td></td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td></td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td></td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td></td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td></td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td></td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td></td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td></td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table>	INCLUDED		No	Don't know	Yes				<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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*Read: I now want you to tell me about the total expenditure (in Rands) on this trip (that's all OTHER expenditure for those who have been on a package trip and also those who have not been on a package trip), including 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.*

		Person (respondent) number		
4.17	How much money did you and/or other members of your household spend on this trip?	01	02	03
	01 = Airfare	<div></div>	<div></div>	<div></div>
	02 = Parking	<div></div>	<div></div>	<div></div>
	03 = Accommodation	<div></div>	<div></div>	<div></div>
	04= Land transport (fuel, Kombi, bus/train tickets, car hire, toll fees)	<div></div>	<div></div>	<div></div>
	05 = Food and beverages	<div></div>	<div></div>	<div></div>
	06 = Recreation/ entertainment (sports, game parks and amusement parks)	<div></div>	<div></div>	<div></div>
	07 = Cultural services (performing arts/ museums)	<div></div>	<div></div>	<div></div>
	08 = Medical expenses	<div></div>	<div></div>	<div></div>
	09 = Shopping	<div></div>	<div></div>	<div></div>
	10 = Tour guide	<div></div>	<div></div>	<div></div>
	11 = Other, specify.....	<div></div>	<div></div>	<div></div>
		<div></div>	<div></div>	<div></div>
	TOTAL	<div></div>	<div></div>	<div></div>

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**Now thinking about any money (in Rands) spent before the trip on items related to the trip.**

	Person (respondent) number												
4.18	How much money did you and/or other members of your household spend on the following?	01				02				03			
	01 = Food for the trip												
	02 = Gifts												
	03 = Travel insurance												
	04 = Other financial services												
	05 = Servicing the vehicle												
	06 = Checking/ servicing alarm systems												
	07 = Hiring security												
	08 = Hiring house sitter												
	09 = Clothing												
	10 = Toiletries												
	11 = Luggage												
	12 = Medical supplies/ inoculations												
	13 = Electrical appliances e.g. adapters												
	14 = Other, specify.....												
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4.19

*Interviewer to answer*  
**Did the respondent use/refer to the diary to help complete this section?**

1 = YES

2 = No

☐

1

☐

2



5.3	What date did this trip take place?																					
5.3.1	Start date (when you left for the trip) <i>Write the date in the following format (dd/mm/yyyy)</i>	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	d	d	m	m	y	y	y	y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
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5.3.2	End date (when you returned from the trip) <i>Write the date in the following format (dd/mm/yyyy)</i>	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	d	d	m	m	y	y	y	y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
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5.4	How many nights were spent on this trip?	<table><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>																		
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5.5	How many people in total went on this trip? Include those who are not members of your house hold.	<table><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>																		
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5.6	Of the people mentioned above, how many were members of your household?	<table><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>																		
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5.7	Please indicate exactly which members of the household went on this trip	<table><tr><td><input type="checkbox"/></td><td>01</td></tr><tr><td><input type="checkbox"/></td><td>02</td></tr><tr><td><input type="checkbox"/></td><td>03</td></tr><tr><td><input type="checkbox"/></td><td>04</td></tr><tr><td><input type="checkbox"/></td><td>05</td></tr><tr><td><input type="checkbox"/></td><td>06</td></tr><tr><td><input type="checkbox"/></td><td>07</td></tr><tr><td><input type="checkbox"/></td><td>08</td></tr><tr><td><input type="checkbox"/></td><td>09</td></tr><tr><td><input type="checkbox"/></td><td>10</td></tr></table>	<input type="checkbox"/>	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>	05	<input type="checkbox"/>	06	<input type="checkbox"/>	07	<input type="checkbox"/>	08	<input type="checkbox"/>	09	<input type="checkbox"/>	10
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5.8	<p><b>What was the main purpose of this trip?</b></p> <p>01 = LEISURE/VACATION/HOLIDAY</p> <p>02 = SHOPPING – BUSINESS</p> <p>03 = SHOPPING - PERSONAL</p> <p>04 = SPORTING – SPECTATOR</p> <p>05 = SPORTING - PARTICIPANT</p> <p>06 = VISITING FRIENDS AND/OR FAMILY</p> <p>07 = FUNERAL</p> <p>08 = BUSINESS OR PROFESSIONAL TRIP</p> <p>09 = BUSINESS CONFERENCE</p> <p>10 = STUDY/EDUCATIONAL TRIP</p> <p>11 = MEDICAL</p> <p>12 = WELLNESS (E.G. SPA, HEALTH FARM)</p> <p>13 = RELIGIOUS</p> <p>14 = OTHER,</p> <p>SPECIFY.....</p>	<div><input type="checkbox"/> 01</div> <div><input type="checkbox"/> 02</div> <div><input type="checkbox"/> 03</div> <div><input type="checkbox"/> 04</div> <div><input type="checkbox"/> 05</div> <div><input type="checkbox"/> 06</div> <div><input type="checkbox"/> 07</div> <div><input type="checkbox"/> 08</div> <div><input type="checkbox"/> 09</div> <div><input type="checkbox"/> 10</div> <div><input type="checkbox"/> 11</div> <div><input type="checkbox"/> 12</div> <div><input type="checkbox"/> 13</div> <div><input type="checkbox"/> 14</div> <div><table><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></div>																																																																																																				
5.9	<p><b>What was the main type of transport used to reach the main destination?</b></p> <p><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</p> <p>2 = BUS</p> <p>3 = CAR</p> <p>4 = MOTORCYCLE/SCOOTER</p> <p>5 = BICYCLE</p> <p>6 = TAXI</p> <p>7 = TRAIN</p> <p>8= OTHER</p> <p>(SPECIFY).....</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> <div><input type="checkbox"/> 4</div> <div><input type="checkbox"/> 5</div> <div><input type="checkbox"/> 6</div> <div><input type="checkbox"/> 7</div> <div><input type="checkbox"/> 8</div> <div><table><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></div>																																																																																																				

5.10 What was the main type of accommodation used on this last trip?

- 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 = Yacht/ Boat
- 12 = Cruise Ship
- 13 = OTHER, specify

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5.11.	While on this trip, which of the following activities did you and/ or other members of your household undertake?	
5.11.1	<div>RECREATION ENTERTAINMENT</div> <div>01 = Entertainment e.g. cinema, concert, show</div> <div>02 = Theme parks e.g. aquariums</div> <div>03 = Cultural, historical and heritage e.g. cultural village, museums, art gallery, township tour</div> <div>04 = Eating out e.g. restaurants, cafés</div> <div>05 = Night life e.g. bars, night-clubs, discos</div> <div>06 = Visited a casino</div> <div>07 = Shopping e.g. malls, flea/ craft markets</div> <div>08 = Other recreation, entertainment</div> <div>Specify.....</div>	<div>Other household members</div> <div><div>01</div><div>02</div><div>03</div><div>04</div><div>05</div><div>06</div><div>07</div><div>08</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
5.11.2	<div>BUSINESS/ PROFESSIONAL</div> <div>09 = Meeting</div> <div>10 = Business conference, convention</div> <div>11 = Trading e.g. bought goods from suppliers or sold goods to customers</div> <div>12 = Other business/ professional</div> <div>Specify.....</div>	<div>Other household members</div> <div><div>09</div><div>10</div><div>11</div><div>12</div><div></div><div></div><div></div><div></div><div></div><div></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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5.11.7	<b>MEDICAL/HEALTH</b> 33 = Medical e.g. treatment in clinic/hospital  34 = Health/wellness e.g. hydro, spa, beauty centre, health farm  35 = Other medical specify.....	Other household members <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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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5.12	<b>Was there any special promotion or event that prompted you to go at this particular time?</b>	YES	No																																																																																																																								
	01 = Family event/ occasion 02 = Cheap airfares 03 = Accommodation promotion 04 = Participation in sport event 05 = Spectator of a sport event 06 = Music/ cultural event 07 = Business/ Exhibition/ Conference 08 = Wine/ food festival 09 = Club meeting/ reunion 10 = Religious event 11 = Other, specify.....	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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5.13	<b>How was the trip booked? Was it through</b> 1 = A Tour operator 2 = A Travel agent 3 = Booked independently 4 = No booking necessary 5 = Did not make booking myself, don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																																				
5.14	<b>What method was used to book?</b> 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																																				
5.15	<b>How long before the trip was the booking made?</b> 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																																				
5.16.1	<b>Was this last overnight trip a package, (where two or more expense items, such as transport and accommodation, were included in an all-inclusive price)?</b> 1 = Yes 2 = No 3 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																																				
5.16.2	<b>How much did this package trip cost?</b> <b>Give the total cost of the package of all persons in the group.</b>	<b>Rands</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																				
5.16.3	<b>Please indicate which of the following items were included in the package.</b> 1. Airfare 2. Land transport 3. Accommodation 4. Food and beverages 5. Recreation and entertainment (e.g. payments to a zoo etc) 6. Travel insurance 7. Shopping 8. Other	<table border="1"> <thead> <tr> <th>INCLUDED</th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>1. Airfare</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>2. Land transport</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>3. Accommodation</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>4. Food and beverages</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>5. Recreation and entertainment (e.g. payments to a zoo etc)</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>6. Travel insurance</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>7. Shopping</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td>8. Other</td> <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	1. Airfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2. Land transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3. Accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	4. Food and beverages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	5. Recreation and entertainment (e.g. payments to a zoo etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	6. Travel insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	7. Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	8. Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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2. Land transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																			
3. Accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																			
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**Read:** I now want you to tell me about the total expenditure (in Rands) on this trip (that's all OTHER expenditure for those who have been on a package trip and also those who have not been on a package trip), including all the expenses incurred by you and 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.

		Person (respondent) number																	
5.17	How much money did other members of your household spend on this trip?	01						02						03					
	01 = Airfare																		
	02 = Parking																		
	03 = Accommodation																		
	04 = Land transport (fuel, Kombi, bus/train tickets, car hire, toll fees)																		
	05 = Food and beverages																		
	06 = Recreation/ entertainment (sports, game parks and amusement parks)																		
	07 = Cultural services (performing arts/ museums)																		
	08 = Medical expenses																		
	09 = Shopping																		
	10 = Tour guide																		
	11 = Other, specify.....																		
	TOTAL																		

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**Now thinking about any money (in Rands) spent before the trip on items related to the trip.**

		Person (respondent) number											
5.18	How much money did other members of your household spend on the following?	01				02				03			
	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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
	06 = Checking/ servicing alarm systems	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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"/>	<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"/>	<input type="text"/>	<input type="text"/>
	09 = Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	10 = Toiletries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11 = Luggage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	12 = Medical supplies/ inoculations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	13 = Electrical appliances e.g. adapters	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	14 = Other, specify.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>										

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5.19	<i>Interviewer to answer</i> <b>Did the respondent use/refer to the diary to help complete this section?</b>  1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

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SECTION 6:

This section covers information on overnight trips outside South Africa undertaken by the respondent in the last six months.

Complete this section if the respondent has undertaken at least one overnight trip outside South Africa in the last six months (i.e. 1.3.a is “Yes”) Note that the respondent may take the trips alone or with other household members.  
You’ve already told me that you have completed.... overnight trips outside of South Africa in the last six months

6.1	<div>Can you tell me which month(s) these trips took place?</div> <div>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</div>	NUMBER OF TRIPS
	1. February	<div><div></div><div></div></div>
	2. March	<div><div></div><div></div></div>
	3. April	<div><div></div><div></div></div>
	4. May	<div><div></div><div></div></div>
	5. June	<div><div></div><div></div></div>
	6. July	<div><div></div><div></div></div>
	Total (Add 1-6 to confirm Total)	<div><div></div><div></div></div>
	Read: I would like you to focus on the most recent overnight trip outside South Africa that you have undertaken in the last six months?	
6.2	<div>What country did you visit?</div> <div>If more than one country was visited, state the country where most nights were spent.</div> <div>01= Angola</div> <div>02= Australia</div> <div>03= Belgium</div> <div>04= Botswana</div> <div>05= Brazil</div> <div>06= Canada</div> <div>07= People's Republic of China</div> <div>08= Democratic Republic of Congo (Zaire)</div> <div>09= France</div> <div>10= Germany</div> <div>11= India</div> <div>12= Ireland</div> <div>13= Italy</div> <div>14= Japan</div> <div>15= Lesotho</div> <div>16= Malawi</div> <div>17= Mozambique</div> <div>18= Namibia</div> <div>19= Netherlands</div> <div>20= Nigeria</div> <div>21= Portugal</div> <div>22= Spain</div> <div>23= Swaziland</div> <div>24= Sweden</div>	<div><div></div>01</div> <div><div></div>02</div> <div><div></div>03</div> <div><div></div>04</div> <div><div></div>05</div> <div><div></div>06</div> <div><div></div>07</div> <div><div></div>08</div> <div><div></div>09</div> <div><div></div>10</div> <div><div></div>11</div> <div><div></div>12</div> <div><div></div>13</div> <div><div></div>14</div> <div><div></div>15</div> <div><div></div>16</div> <div><div></div>17</div> <div><div></div>18</div> <div><div></div>19</div> <div><div></div>20</div> <div><div></div>21</div> <div><div></div>22</div> <div><div></div>23</div> <div><div></div>24</div>

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	<div>25 = Switzerland</div> <div>26 = United Kingdom</div> <div>27 = United States of America</div> <div>28 = Zambia</div> <div>29 = Zimbabwe</div> <div>30 = Other, specify.....</div>	<div><div></div>25</div> <div><div></div>26</div> <div><div></div>27</div> <div><div></div>28</div> <div><div></div>29</div> <div><div></div>30</div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></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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*Read: I now want you to tell me about the total expenditure (in Rands) on this trip (that's all OTHER expenditure for those who have been on a package trip and also those who have not been on a package trip), including 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.*

		Person (respondent) number		
6.10.1	How much money did you and/or other members of your household spend in South Africa on this trip?	01	02	03
	01 = Airfare			
	02 = Parking			
	03 = Accommodation			
	04 = Land transport (fuel, Kombi, bus/train tickets, car hire, toll fees)			
	05 = Food and beverages			
	06 = Recreation/ entertainment (sports, game parks and amusement parks)			
	07 = Cultural services (performing arts/ museums)			
	08 = Medical expenses			
	09 = Shopping			
	10 = Tour guide			
	11 = Other, specify.....			
	TOTAL			

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**Now thinking about any money (in Rands) spent before the trip on items related to the trip.**

	Person (respondent) number												
6.11	How much money did you and/or other members of your household spend on the following?	01				02				03			
	01 = Food for the trip												
	02 = Gifts												
	03 = Travel insurance												
	04 = Other financial services												
	05 = Servicing the vehicle												
	06 = Checking/ servicing alarm systems												
	07 = Hiring security												
	08 = Hiring house sitter												
	09 = Clothing												
	10 = Toiletries												
	11 = Luggage												
	12 = Medical supplies/ inoculations												
	13 = Electrical appliances e.g. adapters												
	14 = Other, specify.....												

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6.12

*Interviewer to answer*

**Did the respondent use/refer to the diary to help complete this section?**

1 = YES

2 = No

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1

☐

2

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SECTION 7

This section covers information on overnight trips outside South Africa undertaken by other members of the household without the respondent.

Complete this section if other members of the household have undertaken at least one overnight trip outside South Africa in the last six months (i.e. 1.8.a is 'Yes')

You've already told me that members of your household have completed.... overnight trips outside South Africa in the last six months.

7.1	<div>Can you tell me which month(s) these trips took place?</div> <div>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</div>	NUMBER OF TRIPS
	1. February	<div><div></div><div></div></div>
	2. March	<div><div></div><div></div></div>
	3. April	<div><div></div><div></div></div>
	4. May	<div><div></div><div></div></div>
	5. June	<div><div></div><div></div></div>
	6. July	<div><div></div><div></div></div>
	Total (Add 1-6 to confirm Total)	<div><div></div><div></div></div>
	Read: I would like you to focus on the most recent foreign overnight trip that you have undertaken in the last six months.	
7.2	<div>What country did other household members visit?</div> <div>If more than one country was visited, state the country where most nights were spent.</div> <div>01= Angola</div> <div>02= Australia</div> <div>03= Belgium</div> <div>04= Botswana</div> <div>05= Brazil</div> <div>06= Canada</div> <div>07= People's Republic of China</div> <div>08= Democratic Republic of Congo (Zaire)</div> <div>09= France</div> <div>10= Germany</div> <div>11= India</div> <div>12= Ireland</div> <div>13= Italy</div> <div>14= Japan</div> <div>15= Lesotho</div> <div>16= Malawi</div> <div>17= Mozambique</div> <div>18= Namibia</div> <div>19= Netherlands</div> <div>20= Nigeria</div> <div>21= Portugal</div> <div>22= Spain</div> <div>23= Swaziland</div> <div>24= Sweden</div>	<div><div></div>01</div> <div><div></div>02</div> <div><div></div>03</div> <div><div></div>04</div> <div><div></div>05</div> <div><div></div>06</div> <div><div></div>07</div> <div><div></div>08</div> <div><div></div>09</div> <div><div></div>10</div> <div><div></div>11</div> <div><div></div>12</div> <div><div></div>13</div> <div><div></div>14</div> <div><div></div>15</div> <div><div></div>16</div> <div><div></div>17</div> <div><div></div>18</div> <div><div></div>19</div> <div><div></div>20</div> <div><div></div>21</div> <div><div></div>22</div> <div><div></div>23</div> <div><div></div>24</div>

	25 = Switzerland 26 = United Kingdom 27 = United States of America 28 = Zambia 29 = Zimbabwe 30 = Other, specify.....	<input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <table border="1"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																		
7.3	What date did this trip take place?																																																																			
7.3.1	<b>Start date (when household members left for the trip)</b> Write the date in the following format (dd/mm/yyyy)	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	d	d	m	m	y	y	y	y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																		
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7.3.2	<b>End date (when household members returned from the trip)</b> Write the date in the following format (dd/mm/yyyy)	<table border="1"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	d	d	m	m	y	y	y	y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																		
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7.4	How many nights were spent on this trip?	<input type="text"/> <input type="text"/>																																																																		
7.5	How many people in total went on this trip? Include those who are not members of your house hold.	<input type="text"/> <input type="text"/>																																																																		
7.6	Of the people mentioned above, how many were members of your household?	<input type="text"/> <input type="text"/>																																																																		
7.7	Please indicate exactly which members of the household went on this trip.	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10																																																																		



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Read: I now want you to tell me about the total expenditure (in Rands) on this trip (that's all **OTHER** expenditure for those who have been on a package trip and also those who have not been on a package trip), **including 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.

		Person (respondent) number																	
7.10.1	How much money did other members of your household spend in South Africa on this trip?	01						02						03					
	01 = Airfare																		
	02 = Parking																		
	03 = Accommodation																		
	04 = Land transport (fuel, Kombi, bus/train tickets, car hire, toll fees)																		
	05 = Food and beverages																		
	06 = Recreation/ entertainment (sports, game parks and amusement parks)																		
	07 = Cultural services (performing arts/ museums)																		
	08 = Medical expenses																		
	09 = Shopping																		
	10 = Tour guide																		
	11 = Other, specify.....																		
	TOTAL																		

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**Now thinking about any money (in Rands) spent before the trip on items related to the trip.**

		Person (respondent) number														
7.11	How much money did other members of your household spend on the following?	01					02					03				
	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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	06 = Checking/ servicing alarm systems	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	09 = Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	10 = Toiletries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11 = Luggage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	12 = Medical supplies/ inoculations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	13 = Electrical appliances e.g. adapters	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	14 = Other, specify.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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7.12	<i>Interviewer to answer</i> <b>Did the respondent use/refer to the diary to help complete this section?</b>  1 = YES 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2

## SECTION 8:

[illegible]

INTERVIEW END TIME  h  h  m  m

***End of interview.***

***Thank the respondent for his/her co-operation.***

**FOR PROCESSING**

	NAME	NUMBER	DATE
QUALITY ASSURER			
HQ CHECK			
CODING			