



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

h h m m

+ INTERVIEW START TIME

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This section covers particulars of each person in the household

The following information must be obtained for every person who has stayed in this household for at least four nights on average per week during the last four weeks. Do not forget babies.

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

		Person number		
		01	02	03
Who is the <u>head</u> (or the <u>acting head</u>) of the household? <i>(record that person in column 01)</i>				
A	Record first name and surname <i>Write down first name and surname of each member of the household, starting with the head or acting head.</i> <i>If more than one head or acting head, take the oldest</i>	First name: Surname: 		
B	Has.....stayed in this household for at least four nights on average per week during the last four weeks? 1 = YES 2 = NO → <i>End of questions for this person</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
C	Is..... a male or a female? 1 = MALE 2 = FEMALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
D	What is.....'s date of birth and age in completed years? Day (dd) Month (mm) Year (yyyy) Age <i>(less than 1 year = 000)</i>	Day of birth: Example of day 0 1 Month of birth: Example of month 0 3 Year of birth: Example of year 1 9 8 3		
E	What population group does..... belong to? 1 = AFRICAN/BLACK 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER, specify, in the box at the bottom	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
F.(i)	What is 's present marital status? 1 = MARRIED 2 = LIVING TOGETHER LIKE HUSBAND AND WIFE 3 = WIDOW/WIDOWER 4 = DIVORCED or SEPARATED 5 = NEVER MARRIED } → Go to G	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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		Person number		
		01	02	03
F.(ii)	Does.....'s spouse/partner live in this household? 1 = YES 2 = NO → Go to G	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
F.(iii)	Which person is the spouse/partner of.....? <i>Give person number</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G	What is the highest level of education that... has successfully completed? 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="checkbox"/> 00 <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 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26	<input type="checkbox"/> 00 <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 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26	<input type="checkbox"/> 00 <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 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26
		<input type="text"/>	<input type="text"/>	<input type="text"/>

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Person number						
04	05	06	07	08	09	10
<input type="checkbox"/> 1 <input type="checkbox"/> 2						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> 00 <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 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26	<input type="checkbox"/> 00 <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 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<input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26	<input type="checkbox"/> 00 <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 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input 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TOURISM EMPLOYMENT

Ask for everyone in the household

		Person number		
		01	02	03
H(i)	<p>Do you or ANY other individuals in your household work within the formal tourism industry?</p> <p>1 = YES, FULL TIME (40 HOURS OR OVER A WEEK) 2 = YES, PART TIME (UNDER 40 HOURS A WEEK) 3 = NO → Go to H (iii)</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
H(ii)	<p>If yes, what area best describes your area of work?</p> <p>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></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <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"/>
H(iii)	<p>Do you or ANY other individuals in your household work within the informal tourism industry?</p> <p>1 = YES, FULL TIME (40 HOURS OR OVER A WEEK) 2 = YES, PART TIME (UNDER 40 HOURS A WEEK) 3 = NO → Go to I</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
H(iv)	<p>If yes, what area best describes your area of work?</p> <p>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></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <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"/>
I	<p>Is there any other person residing in this household, other than those already mentioned, who is not presently here?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>→ IF "YES" GO BACK TO A</p>	

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Person number

04	05	06	07	08	09	10
<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"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
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<input type="checkbox"/>						

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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

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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 → PUT an X in Box 2 on the prompt table.</p> <p>2 = NO → Go to 1.2. a</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="checkbox"/> <input type="checkbox"/></p>
1.2.a	<p>In the last six months, have you taken any overnight trips inside South Africa?</p> <p>1 = YES → PUT an X in Box 4 on the prompt table.</p> <p>2 = NO → Go to 1.3a</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="checkbox"/> <input type="checkbox"/></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 → PUT AN "X" IN BOX 6 ON THE PROMPT TABLE.</p> <p>2 = NO → GO TO 1.4</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="checkbox"/> <input type="checkbox"/></p>

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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.

<p>1.6.a</p>	<p>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.</p> <p>1 = YES → PUT AN "X" IN BOX 3 ON THE PROMPT TABLE.</p> <p>2 = No</p> <p>3 = DON'T KNOW } → Go to 1.7. a</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>
<p>1.6.b</p>	<p>How many day trips did other members of your household take inside South Africa in the last six months?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>1.7.a</p>	<p>In the last six months has any other member of your household taken any overnight trips inside South Africa?</p> <p>1 = YES → PUT AN "X" IN BOX 5 ON THE PROMPT TABLE.</p> <p>2 = No</p> <p>3 = DON'T KNOW } → Go to 1.8.a</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>
<p>1.7.b</p>	<p>How many overnight trips did other members of your household take inside South Africa in the last six months?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>1.8.a</p>	<p>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.</p> <p>1 = YES → PUT AN "X" IN BOX 7 ON THE PROMPT TABLE.</p> <p>2 = No</p> <p>3 = DON'T KNOW } → Go to PROMPT TABLE</p>	<p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>
<p>1.8.b</p>	<p>How many overnight trips did other members of your household take outside South Africa in the last six months?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>

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2.3	What date did this trip take place? <i>Write the date in the following format (dd/mm/yyyy)</i>	<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"/>																																																																																											
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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	<input type="text"/> <input type="text"/>																																																																																																				
2.5	Of the people mentioned above, how many were members of your household?	<input type="text"/> <input type="text"/>																																																																																																				
2.6	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																																																																																																				
2.7	What was the main purpose of this trip? 01 = Leisure/vacation/holiday 02 = Shopping – business 03 = Shopping - personal 04 = Sporting – spectator 05 = Sporting - participant 06 = Visiting friends and/or family 07 = Funeral 08 = Business or professional trip 09 = Business conference 10 = Study/educational trip 11 = Medical 12 = Wellness (e.g. spa, health farm) 13 = Religious 14 = OTHER, <i>specify.....</i>	<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 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>																																																																																																			
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2.9.6	RELIGIOUS ACTIVITY	Respondent		Other household members	
		<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 30
	30 = Religious conference	<input type="checkbox"/> 31	<input type="checkbox"/> 31	<input type="checkbox"/> 31	<input type="checkbox"/> 31
	31 = Place of worship e.g. church, mosque, synagogue, temple	<input type="checkbox"/> 32	<input type="checkbox"/> 32	<input type="checkbox"/> 32	<input type="checkbox"/> 32
	32 = Other religious specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.9.7	MEDICAL/HEALTH	Respondent		Other household members	
		<input type="checkbox"/> 33	<input type="checkbox"/> 33	<input type="checkbox"/> 33	<input type="checkbox"/> 33
	33 = Medical e.g. treatment in clinic/hospital	<input type="checkbox"/> 34	<input type="checkbox"/> 34	<input type="checkbox"/> 34	<input type="checkbox"/> 34
	34 = Health/wellness e.g. hydro, spa, beauty centre, health farm	<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 35
	35 = Other medical specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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2.10.1	<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>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
2.10.2	<p>How much did the package trip cost? Give the total cost of the package of all persons in the group.</p>	<p style="text-align: center;">Rands</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2.10.3	<p>Please indicate which of the following items were included in the package.</p> <ol style="list-style-type: none"> 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 style="text-align: center;">INCLUDED</p> <p style="text-align: center;">Yes</p> <input type="checkbox"/> 1 <input type="checkbox"/> 1	<p style="text-align: center;">No</p> <input type="checkbox"/> 2 <input type="checkbox"/> 2	<p style="text-align: center;">Don't know</p> <input type="checkbox"/> 3 <input type="checkbox"/> 3

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2.13

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 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	Can you tell me which month(s) these trips took place? <i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</i>	NUMBER OF TRIPS
	1. February	<input type="text"/> <input type="text"/>
	2. March	<input type="text"/> <input type="text"/>
	3. April	<input type="text"/> <input type="text"/>
	4. May	<input type="text"/> <input type="text"/>
	5. June	<input type="text"/> <input type="text"/>
	6. July	<input type="text"/> <input type="text"/>
	Total (Add 1-6 to confirm Total)	<input type="text"/> <input type="text"/>

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.

3.2	What was the main destination on this trip? <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>	PROVINCIAL CODE	PLACE NAME
	1 = Western Cape	<input type="text"/> 1	<input type="text"/>
	2 = Eastern Cape	<input type="text"/> 2	<input type="text"/>
	3 = Northern Cape	<input type="text"/> 3	<input type="text"/>
	4 = Free State	<input type="text"/> 4	<input type="text"/>
	5 = Kwa-Zulu Natal	<input type="text"/> 5	<input type="text"/>
	6 = North West	<input type="text"/> 6	<input type="text"/>
	7 = Gauteng	<input type="text"/> 7	<input type="text"/>
	8 = Mpumalanga	<input type="text"/> 8	<input type="text"/>
	9 = Limpopo	<input type="text"/> 9	<input type="text"/>

<p>3.9.2</p>	<p>BUSINESS/ PROFESSIONAL</p> <p>09 = Meeting</p> <p>10 = Business conference, convention</p> <p>11 = Trading e.g. bought goods from suppliers or sold goods to customers</p> <p>12 = Other business/ professional</p> <p>Specify.....</p>	<p>Other household members</p> <p><input type="checkbox"/> 09</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <p><input type="checkbox"/> 12</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				
<p>3.9.3</p>	<p>SPORTS</p> <p>13 = Individual sports e.g. swimming, walking, hiking, cycling</p> <p>14 = Water sports e.g. diving, snorkeling, sailing, surfing</p> <p>15 = Adventure activity e.g. water rafting, mountaineering</p> <p>16 = Attended a sporting event as a spectator</p> <p>17 = Participated in a sporting event e.g. race, competition</p> <p>18 = Other sports,</p> <p>Specify.....</p>	<p>Other household members</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14</p> <p><input type="checkbox"/> 15</p> <p><input type="checkbox"/> 16</p> <p><input type="checkbox"/> 17</p> <p><input type="checkbox"/> 18</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				

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

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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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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 border="0"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	d	d	m	m	y	y	y	y	<input type="text"/>							
d	d	m	m	y	y	y	y											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
4.3.2	End date (when you returned from the trip) <i>Write the date in the following format (dd/mm/yyyy)</i>	<table border="0"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	d	d	m	m	y	y	y	y	<input type="text"/>							
d	d	m	m	y	y	y	y											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
4.4	How many nights were spent on this trip?	<input type="text"/> <input type="text"/>																
4.5	Including yourself, 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"/>																
4.6	Of the people mentioned above, how many were members of your household?	<input type="text"/> <input type="text"/>																
4.7	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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<p>4.11.5 SOCIAL ACTIVITY</p> <p>27 = Visiting friends/ family</p> <p>28 = Weddings/ funerals/ christenings/ Initiation</p> <p>29 = Other social activity specify.....</p>		<p>Respondent</p> <p><input type="checkbox"/> 27</p> <p><input type="checkbox"/> 28</p> <p><input type="checkbox"/> 29</p> <table border="1" data-bbox="976 523 1243 993"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																					<p>Other household members</p> <p><input type="checkbox"/> 27</p> <p><input type="checkbox"/> 28</p> <p><input type="checkbox"/> 29</p> <table border="1" data-bbox="1300 523 1568 993"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				
<p>4.11.6 RELIGIOUS ACTIVITY</p> <p>30 = Religious conference</p> <p>31 = Place of worship e.g. church, mosque, synagogue, temple</p> <p>32 = Other religious specify.....</p>		<p>Respondent</p> <p><input type="checkbox"/> 30</p> <p><input type="checkbox"/> 31</p> <p><input type="checkbox"/> 32</p> <table border="1" data-bbox="976 1215 1243 1685"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																					<p>Other household members</p> <p><input type="checkbox"/> 30</p> <p><input type="checkbox"/> 31</p> <p><input type="checkbox"/> 32</p> <table border="1" data-bbox="1300 1215 1568 1685"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				

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<p>4.11.7</p>	<p>MEDICAL/HEALTH</p> <p>33 = Medical e.g. treatment in clinic/hospital</p> <p>34 = Health/wellness e.g. hydro, spa, beauty centre, health farm</p> <p>35 = Other medical specify.....</p>	<p>Respondent</p> <p><input type="checkbox"/> 33</p> <p><input type="checkbox"/> 34</p> <p><input type="checkbox"/> 35</p> <table border="1" data-bbox="925 498 1197 975"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																			<p>Other household members</p> <p><input type="checkbox"/> 33</p> <p><input type="checkbox"/> 34</p> <p><input type="checkbox"/> 35</p> <table border="1" data-bbox="1260 498 1532 975"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																		
<p>4.12</p>	<p>Was there any special promotion or event that prompted you to go at this particular time?</p> <p>01 = Family event/ occasion</p> <p>02 = Cheap airfares</p> <p>03 = Accommodation promotion</p> <p>04 = Participation in sport event</p> <p>05 = Spectator of a sport event</p> <p>06 = Music/ cultural event</p> <p>07 = Business/ Exhibition/ Conference</p> <p>08 = Wine/ food festival</p> <p>09 = Club meeting/ reunion</p> <p>10 = Religious event</p> <p>11 = Other, specify.....</p>	<p>YES</p> <p><input type="checkbox"/> 01</p> <p><input type="checkbox"/> 02</p> <p><input type="checkbox"/> 03</p> <p><input type="checkbox"/> 04</p> <p><input type="checkbox"/> 05</p> <p><input type="checkbox"/> 06</p> <p><input type="checkbox"/> 07</p> <p><input type="checkbox"/> 08</p> <p><input type="checkbox"/> 09</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <table border="1" data-bbox="925 1564 1197 2041"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																			<p>No</p> <p><input type="checkbox"/> 01</p> <p><input type="checkbox"/> 02</p> <p><input type="checkbox"/> 03</p> <p><input type="checkbox"/> 04</p> <p><input type="checkbox"/> 05</p> <p><input type="checkbox"/> 06</p> <p><input type="checkbox"/> 07</p> <p><input type="checkbox"/> 08</p> <p><input type="checkbox"/> 09</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <table border="1" data-bbox="1260 1564 1532 2041"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																		

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4.13	How was the trip booked? Was it through 1 = A Tour operator 2 = A Travel agent 3 = Booked independently 4 = No booking necessary 5 = Did not make booking myself, don't know } → Go to 4.16.1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																																								
4.14	What method was used to book? 1 = Personal visit to travel shop 2 = Entirely by telephone 3 = On the internet 4 = Through fax/ post 5 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																																								
4.15	How long before the trip was the booking made? 1 = Under two weeks 2 = Two to four weeks 3 = One month 4 = Two months 5 = Three months 6 = Four months 7 = Five months 8 = Six months or more 9 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9																																								
4.16.1	Was this last overnight trip a package, (where two or more expense items, such as transport and accommodation, were included in an all-inclusive price)? 1 = Yes 2 = No 3 = Don't know } → Go to Q4.17	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																																								
4.16.2	How much did this package trip cost? Give the total cost of the package of all persons in the group.	<p style="text-align: center;">Rands</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																								
4.16.3	Please indicate which of the following items were included in the package.	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">INCLUDED</th> <th></th> <th></th> </tr> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Don't know</th> </tr> </thead> <tbody> <tr> <td>1. Airfare</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>2. Land transport</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>3. Accommodation</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>4. Food and beverages</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>5. Recreation and entertainment (e.g. payments to a zoo etc)</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>6. Travel insurance</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>7. Shopping</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>8. Other</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><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
	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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4.19

Interviewer to answer

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

1 = YES

2 = No

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SECTION 5:

This section covers information on domestic overnight trips undertaken **by other members of the household** in the last six months, without the respondent. Complete this section if other members of the household have undertaken at least one domestic overnight trip in the last six months (i.e. 1.7.a is "Yes").

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

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

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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 border="0"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	d	d	m	m	y	y	y	y	<input type="text"/>							
d	d	m	m	y	y	y	y											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
5.3.2	End date (when you returned from the trip) <i>Write the date in the following format (dd/mm/yyyy)</i>	<table border="0"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	d	d	m	m	y	y	y	y	<input type="text"/>							
d	d	m	m	y	y	y	y											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
5.4	How many nights were spent on this trip?	<input type="text"/> <input type="text"/>																
5.5	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"/>																
5.6	Of the people mentioned above, how many were members of your household?	<input type="text"/> <input type="text"/>																
5.7	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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<p>5.11.3</p>	<p>SPORTS</p> <p>13 = Individual sports e.g. swimming, walking, hiking, cycling</p> <p>14 = Water sports e.g. diving, snorkeling, sailing, surfing</p> <p>15 = Adventure activity e.g. water rafting, mountaineering</p> <p>16 = Attended a sporting event as a spectator</p> <p>17 = Participated in a sporting event e.g. race, competition</p> <p>18 = Other sports,</p> <p>Specify.....</p>	<p>Other household members</p> <p><input type="checkbox"/> 13</p> <p><input type="checkbox"/> 14</p> <p><input type="checkbox"/> 15</p> <p><input type="checkbox"/> 16</p> <p><input type="checkbox"/> 17</p> <p><input type="checkbox"/> 18</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																													
<p>5.11.4</p>	<p>NATURE BASED</p> <p>19 = Visited a rural area</p> <p>20 = Wildlife e.g. game viewing, whale watching, bird watching</p> <p>21 = Hunting</p> <p>22 = Beach e.g. sunbathing and swimming</p> <p>23 = Visited parks/ gardens</p> <p>24 = Sightseeing</p> <p>25 = Visited a mountain area</p> <p>26 = Other outdoors/ nature based</p> <p>Specify.....</p>	<p>Other household members</p> <p><input type="checkbox"/> 19</p> <p><input type="checkbox"/> 20</p> <p><input type="checkbox"/> 21</p> <p><input type="checkbox"/> 22</p> <p><input type="checkbox"/> 23</p> <p><input type="checkbox"/> 24</p> <p><input type="checkbox"/> 25</p> <p><input type="checkbox"/> 26</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																													

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<p>5.11.5</p>	<p>SOCIAL ACTIVITY</p> <p>27 = Visiting friends/ family</p> <p>28 = Weddings/ funerals/ christenings/ Initiation</p> <p>29 = Other social activity specify.....</p>	<p>Other household members</p> <p><input type="checkbox"/> 27</p> <p><input type="checkbox"/> 28</p> <p><input type="checkbox"/> 29</p> <table border="1" data-bbox="976 523 1243 993"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				
<p>5.11.6</p>	<p>RELIGIOUS ACTIVITY</p> <p>30 = Religious conference</p> <p>31 = Place of worship e.g. church, mosque, synagogue, temple</p> <p>32 = Other religious specify.....</p>	<p>Other household members</p> <p><input type="checkbox"/> 30</p> <p><input type="checkbox"/> 31</p> <p><input type="checkbox"/> 32</p> <table border="1" data-bbox="976 1215 1243 1685"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				

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<p>5.11.7</p>	<p>MEDICAL/HEALTH</p> <p>33 = Medical e.g. treatment in clinic/hospital</p> <p>34 = Health/wellness e.g. hydro, spa, beauty centre, health farm</p> <p>35 = Other medical specify.....</p>	<p>Other household members</p> <p><input type="checkbox"/> 33</p> <p><input type="checkbox"/> 34</p> <p><input type="checkbox"/> 35</p> <table border="1" data-bbox="925 498 1197 975"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																															
<p>5.12</p>	<p>Was there any special promotion or event that prompted you to go at this particular time?</p> <p>01 = Family event/ occasion</p> <p>02 = Cheap airfares</p> <p>03 = Accommodation promotion</p> <p>04 = Participation in sport event</p> <p>05 = Spectator of a sport event</p> <p>06 = Music/ cultural event</p> <p>07 = Business/ Exhibition/ Conference</p> <p>08 = Wine/ food festival</p> <p>09 = Club meeting/ reunion</p> <p>10 = Religious event</p> <p>11 = Other, specify.....</p>	<p>YES</p> <p><input type="checkbox"/> 01</p> <p><input type="checkbox"/> 02</p> <p><input type="checkbox"/> 03</p> <p><input type="checkbox"/> 04</p> <p><input type="checkbox"/> 05</p> <p><input type="checkbox"/> 06</p> <p><input type="checkbox"/> 07</p> <p><input type="checkbox"/> 08</p> <p><input type="checkbox"/> 09</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <table border="1" data-bbox="925 1564 1197 2041"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																								<p>No</p> <p><input type="checkbox"/> 01</p> <p><input type="checkbox"/> 02</p> <p><input type="checkbox"/> 03</p> <p><input type="checkbox"/> 04</p> <p><input type="checkbox"/> 05</p> <p><input type="checkbox"/> 06</p> <p><input type="checkbox"/> 07</p> <p><input type="checkbox"/> 08</p> <p><input type="checkbox"/> 09</p> <p><input type="checkbox"/> 10</p> <p><input type="checkbox"/> 11</p> <table border="1" data-bbox="1260 1564 1532 2041"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																							

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5.13	How was the trip booked? Was it through 1 = A Tour operator 2 = A Travel agent 3 = Booked independently 4 = No booking necessary 5 = Did not make booking myself, don't know } → Go to 5.16.1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																														
5.14	What method was used to book? 1 = Personal visit to travel shop 2 = Entirely by telephone 3 = On the internet 4 = Through fax/ post 5 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																														
5.15	How long before the trip was the booking made? 1 = Under two weeks 2 = Two to four weeks 3 = One month 4 = Two months 5 = Three months 6 = Four months 7 = Five months 8 = Six months or more 9 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9																														
5.16.1	Was this last overnight trip a package, (where two or more expense items, such as transport and accommodation, were included in an all-inclusive price)? 1 = Yes 2 = No 3 = Don't know } → Go to Q5.17	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																														
5.16.2	How much did this package trip cost? Give the total cost of the package of all persons in the group.	<p style="text-align: center;">Rands</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																														
5.16.3	Please indicate which of the following items were included in the package. 1. Airfare 2. Land transport 3. Accommodation 4. Food and beverages 5. Recreation and entertainment (e.g. payments to a zoo etc) 6. Travel insurance 7. Shopping 8. Other	<table border="1"> <thead> <tr> <th colspan="3">INCLUDED</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table>	INCLUDED			Yes	No	Don't know	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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5.19

Interviewer to answer

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

1 = YES

2 = No

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

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6.8.1	Was a South African based travel agent or tour operator used to book the trip? 1 = South African based travel agent 2 = South African based tour operator	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																																																																																																																									
If "No" to all in Q6.8.1 Go to Q6.9.1 otherwise continue																																																																																																																																																																																																											
6.8.2	If "Yes" in Q6.8.1 What was booked? 1 = Package trip 2 = Air ticket 3 = Accommodation 4 = Car hire 5 = Bus, 6 = Train 7 = Other, specify	Respondent <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 <table border="1" data-bbox="959 948 1227 1367"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																					Other household members <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 <table border="1" data-bbox="1284 948 1552 1367"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				
6.9.1	Was this last overnight trip a package, (where two or more expense items, such as transport and a meal, were included in the price)? 1 = Yes 2 = No 3 = Don't know → Go to Q6.10.1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																																																																																																																																																																																																									
6.9.2	How much did this package trip cost? Give the total cost of the package of all persons in the group.	Rands <table border="1" data-bbox="1133 1639 1401 1685"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																																																																																																																									
6.9.3	Name of airline (if flight included)	<table border="1" data-bbox="992 1771 1536 2032"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																																																																																																																									

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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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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	Can you tell me which month(s) these trips took place? <i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</i>	NUMBER OF TRIPS
	1. February	<input type="checkbox"/> <input type="checkbox"/>
	2. March	<input type="checkbox"/> <input type="checkbox"/>
	3. April	<input type="checkbox"/> <input type="checkbox"/>
	4. May	<input type="checkbox"/> <input type="checkbox"/>
	5. June	<input type="checkbox"/> <input type="checkbox"/>
	6. July	<input type="checkbox"/> <input type="checkbox"/>
	Total (Add 1-6 to confirm Total)	<input type="checkbox"/> <input type="checkbox"/>
<p>Read: I would like you to focus on the most recent foreign overnight trip that you have undertaken in the last six months.</p>		
7.2	What country did other household members visit? <i>If more than one country was visited, state the country where most nights were spent.</i>	<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 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24

7.8.1	<p>Was a South African based travel agent or tour operator used to book the trip?</p> <p>1 = South African based travel agent 2 = South African based tour operator</p>	<p>YES NO</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>																																																																																																				
<p>If "No" to all in Q7.8.1 Go to Q7.9.1 otherwise continue</p>																																																																																																						
7.8.2	<p>If "Yes" in Q7.8.1</p> <p>What was booked?</p> <p>1 = Package trip 2 = Air ticket 3 = Accommodation 4 = Car hire 5 = Bus, 6 = Train 7 = Other, specify</p>	<p>Other household members</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7</p> <table border="1" data-bbox="966 941 1226 1360"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				
7.9.1	<p>Was this last overnight 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 3 = Don't know → Go to Q7.10.1</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p>																																																																																																				
7.9.2	<p>How much did this package trip cost?</p> <p>Give the total cost of the package of all persons in the group.</p>	<p>Rands</p> <table border="1" data-bbox="1136 1632 1404 1689"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																																																																																				
7.9.3	<p>Name of airline (if flight included)</p>	<table border="1" data-bbox="998 1769 1534 2029"> <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>																																																																																																				

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7.12

Interviewer to answer

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

1 = YES

2 = No

1

2

+

+

FOR PROCESSING

	NAME	NUMBER	DATE
QUALITY ASSURER			
HQ CHECK			
CODING			