

# Domestic Tourism Survey 2016

## A: PARTICULARS OF THE DWELLING

A1: PSU Segment Number

A2: Dwelling Unit Number

A3: Physical identification of the dwelling unit

A4: Landline/cellphone number of enumerated household

A5: Total number of persons in the household

A6: Questionnaire number of this household

B: HOUSEHOLDS AT THE SELECTED DWELLING UNIT

B1: Household number for this household

B2: Total number of households at selected dwelling

## C: FIELD STAFF

C1: Survey Officer name

C2: DSC name

C3: PQM name

Assignment Number

Assignment Number

Assignment Number

UNIQUE NO.

D: SURVEY DATE

D1: Collection month

## E: RESPONSE DETAILS

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

E2: Final result code

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

RESULT CODES			
11	Completed	32	Vacant dwelling
12	Partly Completed	33	Demolished
21	Non-contact	34	New dwelling under construction
22	Refusal	35	Status change
23	Other non-response	36	Listing Error
31	Unoccupied dwelling	37	Non-household member

### Aim and use of the survey

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

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

### The survey design

A representative national sample of approximately 31 163 Dwelling Units (DUs) has been drawn from the 3 324 Primary Sampling Units (PSUs) that form the current master sample. The master sample is based on the 2011 Population Census Enumeration Areas (EAs). Between 1 and 30 dwelling units have been randomly sampled from each PSU and all the households residing within these sampled dwelling units will be enumerated.

### Write figures very carefully

Close the zeros (0) so that they will not be mistaken for the sixes (6).

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

Your figures should be made like this:

1	2	3	4	5
6	7	8	9	0

Your crosses should not touch the sides:



FLAP: PARTICULARS OF ALL PERSONS IN THE HOUSEHOLD

Read out: Please give the name and surname of every person who resides in this dwellingand was part of this houdehold at least four nights a week on average and has done so over the last four weeks. Do not forget to include babies, the bedridden, domestic workers who are paid in kind only and the elderly persons. By household I mean all persons who live together and provide themselves jointly with food or other essentials for living or a single person living alone. Do not include persons in special dwellings, like boarding schools, retirement homes, hospitals, prisons, teachers' quarters, nurses' homes, etc.

h

h

m

m

If there are more than 10 persons in the household, use a second questionnaire.

INTERVIEW START TIME

		Person number									
		01	02	03	04	05	06	07	08	09	10
A	<b>First name and surname</b>  First name: <i>Write down first name and surname of each member of the household, starting with the head or acting head. If more than one head or acting head take the oldest.</i>  Surname:										
B	<b>Has... been part of this household for at least four nights on average per week during the last four weeks?</b>  1 = YES 2 = NO → <i>End of interview for this person</i>										
		<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>	<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>
C	<b>Is... male or female?</b> 1 = MALE 2 = FEMALE										
		<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>	<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>
D	<b>What is .....’s date of birth and age in completed years?</b>  Day of birth: <i>Example of day</i> <div><div>0</div><div>5</div></div>  Month of birth: <i>Example of month</i> <div><div>1</div><div>1</div></div>  Year of birth: <i>Example of year</i> <div><div>2</div><div>0</div><div>0</div><div>7</div></div>  Age in years <i>(Less than one year = 0)</i> <div><div>0</div><div>0</div><div>8</div></div>										
		<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>	<div>d d</div> <div><div></div><div></div></div>
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		<div>y y y y</div> <div><div></div><div></div><div></div><div></div></div>	<div>y y y y</div> <div><div></div><div></div><div></div><div></div></div>	<div>y y y y</div> <div><div></div><div></div><div></div><div></div></div>	<div>y y y y</div> <div><div></div><div></div><div></div><div></div></div>	<div>y y y y</div> <div><div></div><div></div><div></div><div></div></div>	<div>y y y y</div> <div><div></div><div></div><div></div><div></div></div>	<div>y y y y</div> <div><div></div><div></div><div></div><div></div></div>	<div>y y y y</div> <div><div></div><div></div><div></div><div></div></div>	<div>y y y y</div> <div><div></div><div></div><div></div><div></div></div>	<div>y y y y</div> <div><div></div><div></div><div></div><div></div></div>
		<div></div> <div><div></div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div><div></div></div>
		<div></div> <div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div></div>	<div></div> <div><div></div><div></div><div></div></div>

		Person number									
		01	02	03	04	05	06	07	08	09	10
E	<b>What population group does ..... belong to?</b> 1 = BLACK AFRICAN 2 = COLOURED 3 = INDIAN/ASIAN 4 = WHITE 5 = OTHER <i>specify.....</i>										
		<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>
		<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>
		<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>
		<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>
		<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>
F(i)	<b>What is .....’s present marital status?</b> 1 = Legally married (include customary, traditional, religious, etc) 2 = Living together like husband and wife/partners 3 = Divorced → <b>Go to G</b> 4 = Separated, but still legally married → <b>Go to G</b> 5 = Widowed → <b>Go to G</b>										
		<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>
		<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>
		<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>
		<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>
		<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>
F(ii)	<b>Is...’s spouse/partner a residing member of this household?</b>  1 = YES 2 = NO → <b>Go to G</b>										
		<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>	<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>
F(iii)	<b>Who is...’s spouse or partner?</b>  <i>Give person number</i>										
		<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>



		Person number										
		01	02	03	04	05	06	07	08	09	10	
<b>G</b>	<b>What is the highest level of education that ... has successfully completed?</b> <i>Diplomas or certificates must be of six months plus study duration full-time (or equivalent) to be included</i>  98 = NO SCHOOLING 00 = GRADE R/0 01 = GRADE 1/SUB A/CLASS 1 02 = GRADE 2/SUB B/CLASS 2 03 = GRADE 3/STANDARD 1/ABET 1 (KHARI GUDE, SANLI) 04 = GRADE 4/STANDARD 2 05 = GRADE 5/STANDARD 3/ABET 2 06 = GRADE 6/STANDARD 4 07 = GRADE 7/STANDARD 5/ABET 3 08 = GRADE 8/STANDARD 6/FORM 1 09 = GRADE 9/STANDARD 7/FORM 2/ABET 4 10 = GRADE 10/STANDARD 8/FORM 3 11 = GRADE 11/STANDARD 9/FORM 4 12 = GRADE 12/STANDARD 10/FORM 5/MATRIC (NO EXEMPTION) 13 = GRADE 12/STANDARD 10/FORM 5/MATRIC (EXEMPTION *) 14 = NTC 1/N1/NC (V) LEVEL 2 15 = NTC 2/N2/NC (V) LEVEL 3 16 = NTC 3/N3/NC (V) LEVEL 4 17 = N4/NTC 4 18 = N5/NTC 5 19 = N6/NTC 6 20 = CERTIFICATE WITH LESS THAN GRADE 12/STANDARD 10 21 = DIPLOMA WITH LESS THAN GRADE 12/STANDARD 10 22 = CERTIFICATE WITH GRADE 12/STANDARD 10 23 = DIPLOMA WITH GRADE 12/STANDARD 10 24 = HIGHER DIPLOMA (TECHNIKON) 25 = POST HIGHER DIPLOMA (TECHNIKON MASTERS, DOCTORAL) 26 = BACHELORS DEGREE 27 = BACHELORS DEGREE AND POST-GRADUATE DIPLOMA 28 = HONOURS DEGREE 29 = HIGHER DEGREE (MASTERS, DOCTORATE) 30 = OTHER, specify..... 31 = DO NOT KNOW											

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

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



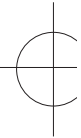
If yes to any part of QH(i) go to H(iii), otherwise go to H(ii)

		Person number									
		01	02	03	04	05	06	07	08	09	10
H(ii)	<b>In the last week (Monday to Sunday), even though...did not do any work for pay, profit or did not help without pay in a household business, did...have a job that he/she would definitely return to?</b>  1 = YES 2 = NO → Go to I 3 = DO NOT KNOW → Go to I <i>Those helping unpaid in household businesses should have a "no" answer if they do not have a job to definitely return to.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
H(iii)	<b>Is the establishment/institution/business/organisation you work for (the one that pays your salary) classified as...</b>  1 = National/Provincial/Local Government? 2 = Government controlled business (e.g. Eskom/Telkom)? 3 = A private enterprise? 4 = Non-profit organisation (NGO/CBO)? 5 = A private household? 6 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
H(iv)	<b>What are the main goods and services produced by the organisation/business... work for? Select one option.</b> 1 = Accommodation 2 = Restaurant and bars 3 = Passenger transport (e.g. road, rail, air) 4 = Travel agents, tour operators 5 = Tour guides 6 = Recreation and entertainment 7 = Cultural services 8 = Trading (e.g. ebony and curios) 9 = Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
I	<b>Is there any other person who is part of 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									
J	<b>Indicate the person number of the person who will be the respondent throughout the questionnaire</b>	<input type="text"/>	<input type="text"/>								

## SECTION 1: DAY TRIPS

*Read out:* Now I am going to ask some questions about day trips undertaken in the past three Calendar months. These are trips outside your usual environment (i.e. 40kms and above, one way, but visited less frequently than once a week, unless for leisure purposes). Note that the trip must be completed, i.e. the person must have returned to his/her usual place of residence.

		Person number									
		01	02	03	04	05	06	07	08	09	10
1.1	<b>In the past three Calendar months, has ... taken any day trips inside South Africa?</b> 1 = YES → <b>Go to Q1.3</b> 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.2	<b>Why did ... not take any trips inside South Africa in the past three Calendar months?</b> Record only ONE response 01 = TRIPS WITHIN 40KM RADIUS/FAMILY RELATIVE STAYS WITHIN 40KM RADIUS 02 = FINANCIAL REASONS (NOT ENOUGH MONEY) 03 = TOO EXPENSIVE/I WOULD RATHER SPEND MONEY ON SOMETHING ELSE 04 = NOT ENOUGH TIME TO TRAVEL 05 = TOO BUSY AT WORK/SCHOOL 06 = NO FAMILY/FRIENDS TO VISIT SOMEWHERE ELSE 07 = TOO MUCH HASSLE TO TRAVEL 08 = SICK 09 = DISABLED 10 = TOO OLD 11 = WORRIED ABOUT SAFETY/SECURITY/CRIME 12 = HAVE YOUNG CHILDREN 13 = I NO LONGER WISH TO TRAVEL 14 = NO INTEREST/NOTHING TO SEE OR DO THAT APPEALS TO ME 15 = TAKING CARE OF SICK/ELDERLY RELATIVE 16 = PREGNANCY 17 = IN MOURNING 18 = NO PARTICULAR REASON 19 = OTHER, specify..... → <b>Go to Section 4</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
1.3	<b>Was this the first time ... undertook any day trip in the past three Calendar months?</b> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.4	<b>How many day trips did ... take inside South Africa in the past three Calendar months?</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



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

[illegible]

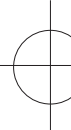
# INFORMATION ABOUT THE MOST RECENT DAY TRIP TAKEN BY THE RESPONDENT WITH OR WITHOUT OTHER HOUSEHOLD MEMBERS

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

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

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

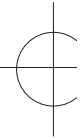




**Read out:** Now I would like you to focus on the most recent day trip that you undertook, inside South Africa, in the past three calendar months travelling with or without the other household members.

<b>2.1 What was the main destination on this trip?</b>	<b>PROVINCIAL CODE</b> <i>Mark the province</i>	<b>DISTRICT NAME</b>	<b>DISTRICT CODE</b> <i>Write the district code</i>	<b>PLACE NAME</b> <i>Write the place names.</i>
1 = Western Cape Indicate the province, district name and place name.	<input type="checkbox"/> 1	01 = City of Cape Town Metropolitan Municipality 02 = West Coast District Municipality 03 = Cape Winelands Municipality 04 = Overberg District Municipality 05 = Eden District Municipality 06 = Central Karoo District Municipality 98 = Do not know	<input type="checkbox"/> <input type="checkbox"/>	<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="text"/></div><div style="width: 50%;"><input type="text"/></div></div>
2 = Eastern Cape	<input type="checkbox"/> 2	07 = Cacadu District Municipality 08 = Amatole District Municipality 09 = Chris Hani District Municipality 10 = Joe Gqabi District Municipality 11 = OR Tambo District Municipality 12 = Alfred Nzo District Municipality 13 = Nelson Mandela Bay Metropolitan 14 = Buffalo City Metropolitan Municipality 98 = Do not know	<input type="checkbox"/> <input type="checkbox"/>	<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="text"/></div><div style="width: 50%;"><input type="text"/></div></div>
3 = Northern Cape	<input type="checkbox"/> 3	15 = John Taolo Gaetsewe District Municipality 16 = Namakwa District Municipality 17 = Pixley Ka Seme District Municipality 18 = Siyanda District Municipality 19 = Frances Baard District Municipality 98 = Do not know	<input type="checkbox"/> <input type="checkbox"/>	<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="text"/></div><div style="width: 50%;"><input type="text"/></div></div>
4 = Free State	<input type="checkbox"/> 4	20 = Xhariep District Municipality 21 = Mangaung Metropolitan Municipality 22 = Lejweleputswa District Municipality 23 = Thabo Mofutsanyane District Municipality 24 = Fezile Dabi District Municipality 98 = Do not know	<input type="checkbox"/> <input type="checkbox"/>	<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="text"/></div><div style="width: 50%;"><input type="text"/></div></div>





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

Read out each item to the respondent

2.6.1	RECREATION / ENTERTAINMENT <i>Mark all options mentioned</i>	Respondent	Other household members																																																																																																				
		Y N	Y N																																																																																																				
	01 = Entertainment (e.g. cinema, concert, show)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	02 = Theme parks (e.g. aquariums)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	03 = Cultural, historical and heritage (e.g. cultural village, museums, art gallery, township tour)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	04 = Eating out (e.g. restaurants, cafés)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	05 = Night life (e.g. bars, nightclubs, discos)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	06 = Visited a casino	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	07 = Shopping (e.g. malls, flea/craft markets)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	08 = Other recreation, entertainment, specify.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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2.6.2	BUSINESS / PROFESSIONAL <i>Mark all options mentioned</i>	Respondent	Other household members																																																																																																				
		Y N	Y N																																																																																																				
	09 = Meeting	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	10 = Business conference, convention	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	11 = Trading (e.g. bought goods from suppliers or sold goods to customers)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	12 = Other business/professional Specify .....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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2.6.5	<b>SOCIAL ACTIVITY</b> <i>Mark all options mentioned</i>	<b>Respondent</b>	<b>Other household members</b>
		<div><div>Y</div><div>N</div></div>	<div><div>Y</div><div>N</div></div>
	27 = Visiting friends/family	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>
	28 = Weddings/funerals/ christenings/initiation	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>
	29 = Other social activity Specify .....	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
2.6.6	<b>RELIGIOUS ACTIVITY</b> <i>Mark all options mentioned</i>	<b>Respondent</b>	<b>Other household members</b>
		<div><div>Y</div><div>N</div></div>	<div><div>Y</div><div>N</div></div>
	30 = Religious conference	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>
	31 = Place of worship(e.g. church, mosque, synagogue, temple)	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>
	32 = Other religious Specify .....	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

2.6.7	<b>MEDICAL/HEALTH</b> <i>Mark all options mentioned</i>	<b>Respondent</b>	<b>Other household members</b>
		<div><div>Y</div><div>N</div></div>	<div><div>Y</div><div>N</div></div>
	33 = Medical/health (e.g. treatment in clinic/hospital)	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>
	34 = Wellness (e.g. hydro, spa, beauty centre, health farm)	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>
	35 = Other medical/health activity Specify.....	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>
		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>



2.7

**What was the main type of transport used to reach the main destination?**

This is the transport used for the longest part of the journey in terms of distance to reach the destination.

- 1 = AIRCRAFT
- 2 = BUS
- 3 = CAR
- 4 = MOTORCYCLE/SCOOTER
- 5 = BICYCLE
- 6 = TAXI
- 7 = TRAIN
- 8 = OTHER
- Specify .....

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8


**2.8** Read out: The following questions relate to package trips. A package trip is a trip in which two or more expense items, such as transport and a meal, were included in an all-inclusive price.

**2.8.1** Was this day trip a package trip?

- 1 = YES
- 2 = NO → Go to Q2.9
- 3 = DO NOT KNOW → Go to Q2.9

- ☐ 1
- ☐ 2
- ☐ 3

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

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

Rands

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**2.8.3** Please indicate which of the following items were included in the package

- 1 = Airfare
- 2 = Land transport (e.g. car, taxi, bus)
- 3 = Food and beverages
- 4 = Recreation and entertainment (e.g. payments to a zoo etc)
- 5 = Travel insurance
- 6 = Shopping (e.g. Shopping voucher)
- 7 = Other .....

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

Read out: Now I want you to tell me about the total expenditure before the trip on items related to the trip.

- That is all OTHER expenditure for those who have been on a package trip
- If not a package trip, include all expenses incurred by you and by other members of the household also on the trip.
- Include all expenses, even those paid for by another party, for example, your host, employer or company.
- Please include all tips and taxes.

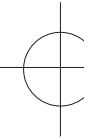
Example: R18 000 should be recorded as follows.....

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

	1	8
0	0	0

		Person number									
		01	02	03	04	05	06	07	08	09	10
2.9	Please indicate exactly which members of the household went on this trip.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2.10	How much money did you and/or other members of your household spent on the following before the trip?										
	01 = Food and beverages	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	06 = Checking/servicing alarm system	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>





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

- Read out: Now I want you to tell me about the total expenditure on the trip on items related to the trip.
- That is all OTHER expenditure for those who have been on a package trip.
  - If not a package trip, include all the expenses incurred by you and by the other members of the household also on the trip.
  - Include all expenses, even those paid for by another party, for example, your host, employer or company
  - Please include all tips and taxes.

Example: R18 000 should be recorded as follows.....

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

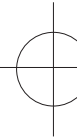
	1	8
0	0	0

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

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

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

**Go back to Q1.7a**



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

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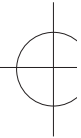




*Read out each item to the respondent.*

[illegible][illegible]



[illegible][illegible]



3.7	<p><b>What was the main type of transport used to reach the main destination?</b> <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i></p> <p>1 = AIRCRAFT</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, specify.....</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	<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> </table>																																																												

**3.8** *Read out: The following questions relate to the package trips. Package trips are those trips where two or more expense items, such as transport and a meal, were included in an all-inclusive price.*

3.8.1	<p><b>Was this day trip a package trip?</b></p> <p>1 = YES</p> <p>2 = NO → <b>Go to Q3.9</b></p> <p>3 = DO NOT KNOW → <b>Go to Q3.9</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
-------	---	--

3.8.2	<p><b>How much did this package trip cost?</b></p> <p>Give the total cost of the package form household members who were in the group.</p>	<p>Rands</p> <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

3.8.3	<p><b>Please indicate which of the following items were included in the package</b></p> <p>1 = Airfare</p> <p>2 = Land transport (e.g. car, taxi, bus)</p> <p>3 = Food and beverages</p> <p>4 = Recreation and entertainment (e.g. payments to a zoo etc)</p> <p>5 = Travel insurance</p> <p>6 = Shopping (e.g. shopping voucher)</p> <p>7 = Other .....</p>	<p><b>INCLUDED</b></p> <table border="1"> <tr> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </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> </table>	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
	YES	NO	DON'T KNOW																				
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																				
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																				
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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																				
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																				

Read out: Now I want you to tell me about the total expenditure on the trip on items related to the trip.

- That is all OTHER expenditure for those who have been on a package trip.
- If not a package trip, include all the expenses incurred by you and by the other members of the household also on the trip.
- Include all expenses, even those paid for by another party, for example, your host, employer or company
- Please include all tips and taxes.

Example: R18 000 should be recorded as follows.....  
NO "R" sign should be recorded and NO cents are recorded

	1	8
0	0	0

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



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

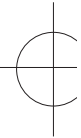
Read out: Now I want you to tell me about the total expenditure on the trip on items related to the trip.

- That is all OTHER expenditure for those who have been on a package trip.
- If not a package trip, include all the expenses incurred by you and by the other members of the household also on the trip.
- Include all expenses, even those paid for by another party, for example, your host, employer or company
- Please include all tips and taxes.

Example: R18 000 should be recorded as follows.....  
NO "R" sign should be recorded and NO cents are recorded

	1	8
0	0	0

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

+

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



#### SECTION 4: OVERNIGHT TRIPS

*Read out:* Now I am going to ask some questions about overnight trips undertaken in the past three Calendar months. These trips are outside your usual environment (i.e. 40kms and above, one way, but visited less frequently than once a week, unless for leisure purposes). Note that the trip must be completed, i.e. the person must have returned to his/her usual place of residence.

		Person number									
		01	02	03	04	05	06	07	08	09	10
4.1	<b>In the past three Calendar months, has ... taken any overnight trips inside South Africa?</b> 1 = YES → <b>Go to Q4.3</b> 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.2	<b>Why did ... not take any overnight trips inside South Africa in the past three Calendar months?</b> Record only ONE response 01 = TRIPS WITHIN 40KM RADIUS/FAMILY RELATIVE STAYS WITHIN 40KM RADIUS 02 = FINANCIAL REASONS (NOT ENOUGH MONEY) 03 = TOO EXPENSIVE/I WOULD RATHER SPEND MONEY ON SOMETHING ELSE 04 = NOT ENOUGH TIME TO TRAVEL 05 = TOO BUSY AT WORK/SCHOOL 06 = NO FAMILY/FRIENDS TO VISIT SOMEWHERE ELSE 07 = TOO MUCH HASSLE TO TRAVEL 08 = SICK 09 = DISABLED 10 = TOO OLD TO TRAVEL 11 = WORRIED ABOUT SAFETY/SECURITY/CRIME 12 = HAVE YOUNG CHILDREN 13 = I NO LONGER WISH TO TRAVEL 14 = NO INTEREST/NOTHING TO SEE OR DO THAT APPEALS ME 15 = TAKING CARE OF SICK/ELDERLY RELATIVE 16 = PREGNANCY 17 = IN MOURNING 18 = NO PARTICULAR REASON 19 = OTHER, specify..... → <b>Go to Section 7</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
4.3	<b>Was this the first time ... undertook any overnight trip in the past three Calendar months?</b> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.4	<b>How many overnight trips did ... take inside South Africa in the past three Calendar months?</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Ask if answer 4.1.a is “YES”

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
4.5	<p><b>Can you tell me in which month(s) these trips took place?</b></p> <p><i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates. Record a '0' for the month/s where household did not take any day trip.</i></p> <p><b>Interview month: January</b></p> <p>01 = December</p> <p>02 = November</p> <p>03 = October</p> <p><b>Total (Add 01 - 03 to confirm total)</b></p> <p><b>Interview month: February</b></p> <p>04 = January</p> <p>05 = December</p> <p>06 = November</p> <p><b>Total (Add 04 - 06 to confirm total)</b></p> <p><b>Interview month: March</b></p> <p>07 = February</p> <p>08 = January</p> <p>09 = December</p> <p><b>Total (Add 07 - 09 to confirm total)</b></p>										

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

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

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

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

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

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

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

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

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

5.6	What was the main purpose of this trip? <i>Select one option</i>	
	01 = LEISURE/VACATION/HOLIDAY	<div><div></div>01</div> <div><div></div>02</div>
	02 = SHOPPING - BUSINESS	<div><div></div>03</div>
	03 = SHOPPING - PERSONAL	<div><div></div>04</div>
	04 = SPORTING - SPECTATOR	<div><div></div>05</div>
	05 = SPORTING - PARTICIPANT	<div><div></div>06</div>
	06 = VISITING FRIENDS AND/OR FAMILY	<div><div></div>07</div>
	07 = FUNERAL	<div><div></div>08</div>
	08 = BUSINESS OR PROFESSIONAL TRIP	<div><div></div>09</div>
	09 = BUSINESS CONFERENCE	<div><div></div>10</div>
	10 = STUDY/EDUCATIONAL TRIP	<div><div></div>11</div>
	11 = MEDICAL/HEALTH	<div><div></div>12</div>
	12 = WELLNESS (E.G. SPA, HEALTH FARM)	<div><div></div>13</div>
	13 = RELIGIOUS	<div><div></div>14</div>
	14 = CHILD CARE	<div><div></div>15</div>
	15 = CULTURAL OCCASSION (E.G. INITIATION)	<div><div></div>16</div>
	16 = OTHER SOCIAL EVENTS (E.G. WEDDING, PARTY)	<div><div></div>17</div>
	17 = OTHER, specify.....	

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

Read out each item to the respondent.

5.7.1	RECREATION / ENTERTAINMENT <i>Mark all options mentioned</i>	Respondent	Other household members	5.7.2	BUSINESS / PROFESSIONAL <i>Mark all options mentioned</i>	Respondent	Other household members
		Y N	Y N			Y N	Y N
	01 = Entertainment (e.g. cinema, concert, show)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		09 = Meeting	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	02 = Theme parks (e.g. aquariums)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		10 = Business conference, convention	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	03 = Cultural, historical and heritage (e.g. cultural village, museums, art gallery, township tour)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		11 = Trading (e.g. bought goods from suppliers or sold goods to customers)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	04 = Eating out (e.g. restaurants, cafés)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		12 = Other business/professional, specify.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	05 = Night life (e.g. bars, nightclubs, discos)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	06 = Visited a casino	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	07 = Shopping (e.g. malls, flea/craft markets)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	08 = Other recreation, entertainment, specify.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	13 = Individual sports (e.g. swimming, walking, hiking, cycling)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	14 = Water sports (e.g. diving, snorkelling, sailing, surfing)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	15 = Adventure activity (e.g. water rafting, mountaineering)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	16 = Attended a sporting event as a spectator	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	17 = Participated in a sporting event (e.g. race, competition)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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5.7.4	<b>NATURE BASED</b> <i>Mark all options mentioned</i>	<b>Respondent</b>	<b>Other household members</b>																																																																																																				
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	19 = Visited a rural area	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	20 = Wild life (e.g. game viewing, whale watching, bird watching)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	21 = Hunting	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	22 = Beach (e.g. sunbathing and swimming)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	23 = Visited parks gardens	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	24 = Sightseeing	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	25 = Visited a mountain area	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	26 = Other outdoor/nature based, specify.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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5.7.5	SOCIAL ACTIVITY <i>Mark all options mentioned</i>	Respondent	Other household members																																																																																																				
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	27 = Visiting friends/family	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	28 = Weddings/funerals/ christenings/initiation	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	29 = Other social activity, specify.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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5.7.6	RELIGIOUS ACTIVITY <i>Mark all options mentioned</i>	Respondent	Other household members																																																																																																				
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	30 = Religious conference	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	31 = Place of worship (e.g. church, mosque, synagogue, temple)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	32 = Other religious activity, specify.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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5.7.7	MEDICAL/HEALTH <i>Mark all options mentioned</i>	Respondent	Other household members																																																																																
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	33 = Medical/health (e.g. treatment in clinic/hospital)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																
	34 = Wellness (e.g. hydro, spa, beauty centre, health farm)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																
	35 = Other medical/health activity, specify.....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																
		<table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																																									<table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																																								

5.8	What was the main type of transport used to reach the main destination? <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i>																																																																																																																																												
	1 = AIRCRAFT <input type="checkbox"/> 1																																																																																																																																												
	2 = BUS <input type="checkbox"/> 2																																																																																																																																												
	3 = CAR <input type="checkbox"/> 3																																																																																																																																												
	4 = MOTORCYCLE/SCOOTER <input type="checkbox"/> 4																																																																																																																																												
	5 = BICYCLE <input type="checkbox"/> 5																																																																																																																																												
	6 = TAXI <input type="checkbox"/> 6																																																																																																																																												
	7 = TRAIN <input type="checkbox"/> 7																																																																																																																																												
	8 = OTHER <input type="checkbox"/> 8																																																																																																																																												
	<i>Specify .....</i>																																																																																																																																												
	<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><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>																																																																																																																																												

<b>5.9 What type of accommodation was used on this last trip?</b> Please indicate the number of nights that were spent at each type of accommodation.																																																																																																																									
	<b>Number of nights</b>																																																																																																																								
01 = Hotel	01 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
02 = Guest house/guest Farm	02 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
03 = Bed and breakfast	03 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
04 = Lodge	04 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
05 = Hostel/backpackers	05 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
06 = Self-catering establishment	06 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
07 = Stayed with friends and relatives	07 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
08 = Holiday home/second home	08 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
09 = Campsite	09 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
10 = Caravan park	10 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
11 = Other, <i>specify</i> .....	11 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
12 = <b>Total</b>	12 <input type="text"/> <input type="text"/> <input type="text"/>																																																																																																																								
If other, specify in blocks provided.	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <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>																																																																																																																								

<b>5.10 Was there any special promotion or event that prompted you to go at that particular time?</b> <i>You can mark more than one response</i>																																															
01 = No special promotion or event 02 = Family event/occasion 03 = Cheap airfares 04 = Accommodation promotion 05 = Participation in sport event 06 = Spectator of a sport event 07 = Music/cultural event 08 = Business/Exhibition/Conference 09 = Wine/food festival 10 = Club meeting/reunion 11 = Religious event 12 = Other <i>specify</i> .....	<table border="1"> <tr> <th>Y</th> <th>N</th> </tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </table> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>	Y	N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2																				
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<input type="checkbox"/> 1	<input type="checkbox"/> 2																																														
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																														
<b>5.11 How was the trip booked?</b> 1 = A Tour operator 2 = A Travel agent 3 = Booked independently 4 = No booking necessary 5 = Do not know	<table border="1"> <tr><td><input type="checkbox"/> 1</td></tr> <tr><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> 5</td></tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5																																									
<input type="checkbox"/> 1																																															
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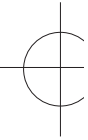
5.12	<b>What method was used to book?</b>	
	1 = Personal visit to travel shop	<input type="checkbox"/> 1
	2 = Entirely by telephone	<input type="checkbox"/> 2
	3 = On the internet	<input type="checkbox"/> 3
	4 = Through fax/post	<input type="checkbox"/> 4
	5 = Do not know	<input type="checkbox"/> 5
5.13	<b>How long before the trip was the booking made?</b>	
	1 = Under two weeks	<input type="checkbox"/> 1
	2 = Two to four weeks	<input type="checkbox"/> 2
	3 = One month	<input type="checkbox"/> 3
	4 = Two months	<input type="checkbox"/> 4
	5 = Three months	<input type="checkbox"/> 5
	6 = Four months	<input type="checkbox"/> 6
	7 = Five months	<input type="checkbox"/> 7
	8 = Six months or more	<input type="checkbox"/> 8
	9 = Do not know	<input type="checkbox"/> 9

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

5.14.3	<b>Please indicate which of the following items were included in the package</b>	INCLUDED		
		YES	NO	DON'T KNOW
	1 = Airfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	2 = Land transport (e.g. car, taxi, bus)	<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 (e.g. Shopping voucher)	<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

5.14 Read out: The following questions relate to package trips. A package trip is a trip in which two or more expense items, such as transport and accommodation, were included in an all-inclusive price.

5.14.1	<b>Was this overnight trip a package trip?</b>	
	1 = YES	<input type="checkbox"/> 1
	2 = NO → Go to Q5.15	<input type="checkbox"/> 2
	3 = DO NOT KNOW → Go to Q5.15	<input type="checkbox"/> 3



Read out: Now I want you to tell me about the total expenditure on the trip on items related to the trip.

- That is all OTHER expenditure for those who have been on a package trip.
- If not a package trip, include all the expenses incurred by you and by the other members of the household also on the trip.
- Include all expenses, even those paid for by another party, for example, your host, employer or company
- Please include all tips and taxes.

Example: R18 000 should be recorded as follows.....

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

	1	8
0	0	0

		Person number									
		01	02	03	04	05	06	07	08	09	10
5.15	Please indicate exactly which members of the household went on this trip.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5.16	How much money did you and/or other members of your household spent on the following before the trip?										
	01 = Food and beverages	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	06 = Checking/servicing alarm system	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <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"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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



Read out: Now I want you to tell me about the total expenditure on the trip on items related to the trip.

- That is all OTHER expenditure for those who have been on a package trip.
- If not a package trip, include all the expenses incurred by you and by the other members of the 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.

	1	8
0	0	0

Example: R18 000 should be recorded as follows....

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

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

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



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

1 = Very dissatisfied  
 2 = Dissatisfied  
 3 = Somewhat satisfied  
 4 = Satisfied  
 5 = Very satisfied  
 8 = Not applicable

**Go back to Q4.7a**

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

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

□ ⊗ ○

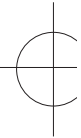
5 = Kwa-Zulu Natal	5	25 = Ugu District Municipality 26 = uMgungundlovu District Municipality 27 = uThukela District Municipality 28 = uMzinyathi District Municipality 29 = Amajuba District Municipality 30 = Zululand District Municipality 31 = uMkhanyakude District Municipality 32 = uThungulu District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



*Read out each item to the respondent.*

[illegible][illegible]





<b>6.7.5</b>	<b>SOCIAL ACTIVITY</b> <i>Mark all options mentioned</i>	<b>Other household members</b>
	<p>27 = Visiting friends/family</p> <p>28 = Weddings/funerals/christenings/initiation</p> <p>29 = Other social activity Specify .....</p>	<div style="text-align: center;">Y                  N</div> <div> <input type="checkbox"/> 1    <input type="checkbox"/> 2         </div> <div> <input type="checkbox"/> 1    <input type="checkbox"/> 2         </div> <div> <input type="checkbox"/> 1    <input type="checkbox"/> 2         </div>
<b>6.7.6</b>	<b>RELIGIOUS ACTIVITY</b> <i>Mark all options mentioned</i>	<b>Other household members</b>
	<p>30 = Religious conference</p> <p>31 = Place of worship (e.g. church, mosque, synagogue, temple)</p> <p>32 = Other religious Specify .....</p>	<div style="text-align: center;">Y                  N</div> <div> <input type="checkbox"/> 1    <input type="checkbox"/> 2         </div> <div> <input type="checkbox"/> 1    <input type="checkbox"/> 2         </div> <div> <input type="checkbox"/> 1    <input type="checkbox"/> 2         </div>

<b>6.7.7</b>	<b>MEDICAL / HEALTH</b> <i>Mark all options mentioned</i>	<b>Other household members</b>																																																																								
	<p>33 = Medical/health (e.g. treatment in clinic/hospital)</p> <p>34 = Wellness (e.g. hydro, spa, beauty centre, health farm)</p> <p>35 = Other medical/health activity, specify.....</p>	<table border="0"> <tr> <td></td><td>Y</td><td></td><td>N</td><td></td><td></td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td><td>2</td><td></td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td><td>2</td><td></td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td><td>2</td><td></td> </tr> <tr> <td></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></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></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></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>		Y		N				<input type="checkbox"/>	1	<input type="checkbox"/>	2			<input type="checkbox"/>	1	<input type="checkbox"/>	2			<input type="checkbox"/>	1	<input type="checkbox"/>	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<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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<b>6.8</b>	<p><b>What was the main type of transport used to reach the main destination?</b> <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i></p> <p>1 = AIRCRAFT</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, specify.....</p>	<table border="0"> <tr> <td></td><td><input type="checkbox"/></td><td>1</td><td></td><td></td><td></td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td>2</td><td></td><td></td><td></td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td>3</td><td></td><td></td><td></td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td>4</td><td></td><td></td><td></td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td>5</td><td></td><td></td><td></td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td>6</td><td></td><td></td><td></td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td>7</td><td></td><td></td><td></td> </tr> <tr> <td></td><td><input type="checkbox"/></td><td>8</td><td></td><td></td><td></td> </tr> <tr> <td></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></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></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></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"/>	1					<input type="checkbox"/>	2					<input type="checkbox"/>	3					<input type="checkbox"/>	4					<input type="checkbox"/>	5					<input type="checkbox"/>	6					<input type="checkbox"/>	7					<input type="checkbox"/>	8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6.12	<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 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
6.13	<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 = Do not know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

6.14.2	<b>How much did this package trip cost?</b>  Give the total cost of the package for household members who were in the group	Rands <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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6.14.3	<b>Please indicate which of the following items were included in the package</b>  1 = Airfare 2 = Land transport (e.g. car, taxi, bus) 3 = Accommodation 4 = Food and beverages 5 = Recreation and entertainment (e.g. payments to a zoo etc) 6 = Travel insurance 7 = Shopping (e.g. Shopping voucher) 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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6.14 *Read out:* The following questions relate to package trips. A package trip is a trip in which two or more expense items, such as transport and accommodation, were included in an all-inclusive price.

6.14.1	<b>Was this overnight trip a package trip?</b>  1 = YES 2 = NO → Go to Q6.15 3 = DO NOT KNOW → Go to Q6.15	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------	--	--

Read out: Now I want you to tell me about the total expenditure on the trip on items related to the trip.

- That is all OTHER expenditure for those who have been on a package trip.
- If not a package trip, include all the expenses incurred by you and by the other members of the household also on the trip.
- Include all expenses, even those paid for by another party, for example, your host, employer or company
- Please include all tips and taxes.

Example: R18 000 should be recorded as follows.....

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

	1	8
0	0	0

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



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

Read out: Now I want you to tell me about the total expenditure on the trip on items related to the trip.

- That is all OTHER expenditure for those who have been on a package trip.
- If not a package trip, include all the expenses incurred by you and by the other members of the household also on the trip.
- Include all expenses, even those paid for by another party, for example, your host, employer or company
- Please include all tips and taxes.

Example: R18 000 should be recorded as follows.....

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

	1	8
0	0	0

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



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

**Go to Section 7**

## SECTION 7 HOUSEHOLD LIVING CONDITIONS

<b>7.1 Indicate the type of main dwelling that the household occupies on this piece of land?</b> 01 = FORMAL DWELLING/HOUSE OR BRICK/CONCRETE BLOCK STRUCTURE ON A SEPARATE STAND OR YARD OR ON FARM 02 = TRADITIONAL DWELLING/HUT/STRUCTURE MADE OF TRADITIONAL MATERIAL 03 = FLAT OR APARTMENT IN A BLOCK OF FLATS 04 = CLUSTER HOUSE IN COMPLEX 05 = TOWN HOUSE (SEMI-DETACHED HOUSE IN COMPLEX) 06 = SEMI-DETACHED HOUSE 07 = FORMAL DWELLING/HOUSE/FLAT/ROOM IN BACKYARD 08 = INFORMAL DWELLING/SHACK IN BACKYARD 09 = INFORMAL DWELLING/SHACK NOT IN BACKYARD (E.G. IN AN INFORMAL/SQUATTER SETTLEMENT OR ON FARM) 10 = ROOM/APARTMENT ON A PROPERTY OR AN APARTMENT IN A LARGER DWELLING, SERVANTS' QUARTERS/GRANNY FLAT/COTTAGE 11 = CARAVAN/TENT 12 = OTHER, specify.....	
--	--

7.2 Does the household own any of the following items? <i>Read all options</i>	Y	N
01 = Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2
02 = Swimming pool	<input type="checkbox"/> 1	<input type="checkbox"/> 2
03 = DVD player/Blu Ray Player	<input type="checkbox"/> 1	<input type="checkbox"/> 2
04 = Satellite decoder (e.g. M-Net/DStv/StarSat, Open View HD)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
05 = Air conditioner (excluding fans)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
06 = Personal computer/desktop/laptop	<input type="checkbox"/> 1	<input type="checkbox"/> 2
07 = Vacuum cleaner/floor polisher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
08 = Dish washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
09 = Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10 = Tumble dryer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11 = Landline	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12 = Deep freezer - free standing	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13 = Refrigerator or combined fridge/freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14 = Electric/gas stove	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15 = Microwave oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16 = Built-in kitchen sink	<input type="checkbox"/> 1	<input type="checkbox"/> 2
17 = Home security service	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18 = Home theatre system	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>7.3 Does your household own a motor vehicle (e.g. car/bakkie/van/truck)?</b>  1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2	

7.4.1	<b>Does your household own a radio?</b> <b>(Exclude car radios)</b> 1 = YES 2 = NO                      → <i>Go to Q7.5.1</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2												
7.4.2	<b>How many radios does this household own?</b>	<input type="text"/> <input type="text"/>												
7.5.1.	<b>Does your household own a mobile phone or a device that can be used to make phone calls?</b> 1 = YES 2 = NO                      → <i>Go to Q7.6</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2												
7.5.2	<b>How many mobile phones/ devices does this household own?</b>	<input type="text"/> <input type="text"/>												
7.6	<b>Does your household have any of the following amenities in your home or on your plot?</b> Read all options.  1 = Tap water in house/on plot 2 = Hot running water from a geyser 3 = Flush toilet in/outside house	<table border="0"> <thead> <tr> <th>Y</th> <th></th> <th>N</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/> 2</td> </tr> </tbody> </table>	Y		N	<input type="checkbox"/>	1	<input type="checkbox"/> 2	<input type="checkbox"/>	1	<input type="checkbox"/> 2	<input type="checkbox"/>	1	<input type="checkbox"/> 2
Y		N												
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<input type="checkbox"/>	1	<input type="checkbox"/> 2												
<input type="checkbox"/>	1	<input type="checkbox"/> 2												
7.7	<b>In the month prior to the survey period, did this household make use of a domestic or household workers' services excluding for business purposes?</b> 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2												

***Go to Section 8***



SECTION 8: INTERNATIONAL TRIPS

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

DAY TRIPS

		Person number									
		01	02	03	04	05	06	07	08	09	10
8.1	<div>In the past three Calendar months, has .... taken any daytrip outside the borders of South Africa? 1 = YES 2 = NO      → Go to Q8.12</div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>	<div><div>1</div><div>2</div></div>

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

8.2	<div>Identify the most recent international day trip that the respondent undertook. <i>Ask the respondent.</i> On the most recent day trip, indicate which (if any) household member/s travelled with you. <i>When recording the person numbers of individuals who took the trip, also include the respondent's person number in the respondent's column.</i></div>	<div><div><div></div><div></div></div></div>	<div><div><div></div><div></div></div></div>	<div><div><div></div><div></div></div></div>	<div><div><div></div><div></div></div></div>	<div><div><div></div><div></div></div></div>	<div><div><div></div><div></div></div></div>	<div><div><div></div><div></div></div></div>	<div><div><div></div><div></div></div></div>	<div><div><div></div><div></div></div></div>	<div><div><div></div><div></div></div></div>
8.3	<div>What is the name of the country that was visited on their most recent daytrip?  This is the trip that was undertaken by the respondent, with or without other household members.  <i>Please record the code of the country as written on the last page of the questionnaire.</i> Don't know = 888 Other = 998, Specify for other in the blocks.....</div>	<div><div><div><div></div><div></div><div></div></div></div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div></div>									

8.4	<p><b>What was the main purpose of this trip</b>  <i>Select one option</i></p> <p>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/HEALTH          12 = WELLNESS (E.G. SPA, HEALTH FARM)          13 = RELIGIOUS          14 = CHILD CARE          15 = CULTURAL OCCASSION          (E.G. INTIATION)          16 = OTHER SOCIAL EVENTS          (E.G. WEDDING, PARTY)          17 = OTHER, specify.....</p>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
8.5	<p><b>What was the main type of transport used to reach the main destination?</b>  <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i></p> <p>1 = AIRCRAFT          2 = BUS          3 = CAR          4 = MOTORCYCLE/SCOOTER          5 = TAXI          6 = TRAIN          7 = SHIP/BOAT          8 = OTHER, specify.....</p>	<div> <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8         </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>

8.6	<p><b>Which port of departure was used to leave the country?</b>          This refers to the point at which the individual left the country.</p> <p><b>Air</b>          01 = Cape Town International Airport          02 = King Shaka International Airport          03 = OR Tambo International Airport</p> <p><b>Road</b>          04 = Botswana          05 = Lesotho          06 = Mozambique          07 = Namibia          08 = Swaziland          09 = Zimbabwe</p> <p><b>Sea</b>          10 = Cape Town harbour          11 = Durban harbour          12 = Port Elizabeth harbour</p> <p><b>Other</b>          13 = Other ports of departure, specify.....</p>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
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INFORMATION ABOUT THE MOST RECENT INTERNATIONAL DAY TRIP TAKEN BY OTHER HOUSEHOLD MEMBERS, WITHOUT THE RESPONDENT

		Person number									
		01	02	03	04	05	06	07	08	09	10
8.7	<p><b>Identify the most recent day trip that other household members undertook, where the respondent was NOT part of the trip.</b></p> <p><b>On the most recent day trip, indicate which household member/s travelled WITHOUT the respondent.</b></p> <p><i>DO NOT INCLUDE THE RESPONDENT'S PERSON NUMBER. HE/SHE WAS NOT PART OF THE TRIP. Only record the person numbers of individual/s who took the trip in their column/s.</i></p>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
8.8	<p><b>What is the name of the country that was visited on their most recent daytrip?</b></p> <p><i>This is the trip that was undertaken by other household members, without the respondent.</i></p> <p><i>Please record the code of the country as written on the last page of the questionnaire.</i></p> <p>Don't know = 888</p> <p>Other = 998</p> <p>Specify for other in the blocks</p>	<div></div>									



### OVERNIGHT TRIPS OR TRAVEL

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
8.12	<p><b>In the past three Calendar months, has .... taken any overnight trip outside the borders of South Africa?</b></p> <p>1 = YES 2 = NO      → <b>Go to Section 9</b></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
8.13	<p><b>Has ... returned from the overnight trip outside the borders of South Africa?</b></p> <p>1 = YES      → <b>Go to Q8.15</b> 2 = NO</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
8.14	<p><b>What is the reason that ... has not returned from his/her travels?</b></p> <p><i>Select one option.</i></p> <p>01 = MOVED PERMANENTLY TO ANOTHER COUNTRY 02 = LEISURE/VACATION/HOLIDAY 03 = SHOPPING - BUSINESS 04 = SHOPPING - PERSONAL 05 = SPORTING - SPECTATOR 06 = SPORTING - PARTICIPANT 07 = VISITING FRIENDS AND/OR FAMILY 08 = FUNERAL 09 = BUSINESS OR PROFESSIONAL TRIP 10 = BUSINESS CONFERENCE 11 = STUDY/EDUCATIONAL TRIP 12 = MEDICAL/HEALTH 13 = WELLNESS (E.G. SPA, HEALTH FARM) 14 = RELIGIOUS 15 = CHILD CARE 16 = CULTURAL OCCASSION (E.G. INTIATION) 17 = OTHER SOCIAL EVENTS (E.G. WEDDING, PARTY) 18 = OTHER, specify.....</p> <p>→ <b>Go to Section 9</b></p>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>									

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

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

8.18

**What was the main purpose of this trip**

*Select one option.*

- 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/HEALTH
- 12 = WELLNESS (E.G. SPA, HEALTH FARM)
- 13 = RELIGIOUS
- 14 = CHILD CARE
- 15 = CULTURAL OCCASSION  
(E.G. INTIATION)
- 16 = OTHER SOCIAL EVENTS  
(E.G. WEDDING, PARTY)
- 17 = OTHER, specify.....


8.19

**What was the main type of transport used to reach the main destination?**

*This is the transport used for the longest part of the journey in terms of distance to reach the destination*

- 1 = AIRCRAFT
- 2 = BUS
- 3 = CAR
- 4 = MOTORCYCLE/SCOOTER
- 5 = TAXI
- 6 = TRAIN
- 7 = SHIP/BOAT
- 8 = OTHER, specify.....


8.20

**Which port of departure was used to leave the country?**

This refers to the point at which the individual left the country.

**Air**

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

**Road**

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

**Sea**

- 10 = Cape Town harbour
- 11 = Durban harbour
- 12 = Port Elizabeth harbour

**Other**

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


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

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



8.24

**What was the main purpose of this trip**

*Select one option.*

- 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/HEALTH
- 12 = WELLNESS (E.G. SPA, HEALTH FARM)
- 13 = RELIGIOUS
- 14 = CHILD CARE
- 15 = CULTURAL OCCASSION  
(E.G. INTIATION)
- 16 = OTHER SOCIAL EVENTS  
(E.G. WEDDING, PARTY)
- 17 = OTHER, specify.....

☐ ☐

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

8.25

**What was the main type of transport used to reach the main destination?**

*This is the transport used for the longest part of the journey in terms of distance to reach the destination*

- 1 = AIRCRAFT
- 2 = BUS
- 3 = CAR
- 4 = MOTORCYCLE/SCOOTER
- 5 = TAXI
- 6 = TRAIN
- 7 = SHIP/BOAT
- 8 = OTHER, specify.....

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8

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

8.26

**Which port of departure was used to leave the country?**

This refers to the point at which the individual left the country.

**Air**

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

**Road**

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

**Sea**

- 10 = Cape Town harbour
- 11 = Durban harbour
- 12 = Port Elizabeth harbour

**Other**

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

☐ ☐

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

SECTION 9

Interviewer to answer questions below.

9.1

In what language was most of the interview conducted?

Mark only ONE response

01 = Afrikaans

02 = English

03 = Isindebele/South ndebele/North ndebele

04 = Isixhosa/Xhosa

05 = Isizulu/Zulu

06 = Sepedi/Northern sotho

07 = Sesotho/Southern sotho/Sotho

08 = Setswana/Tswana

09 = Siswati/Swazi

10 = Tshivenda/Venda

11 = Xitsonga/Tsonga

12 = Other, (specify) .....

INTERVIEW END TIME

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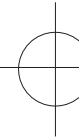
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End of Interview  
Thank the respondent for his/her co-operation

GENERAL COMMENTS

Question Number	Person Number	General Comments



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

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

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

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

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

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

