

FLAP: PARTICULARS OF ALL PERSONS IN THE HOUSEHOLD

Read out: Please give the name and surname of every person who resides in this dwelling and was part of this household 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	First name and surname										
	First name: <i>Write down first name and surname of each member of the household, starting with the head or acting head. If more than one head or acting head take the oldest.</i> Surname:										
B	Has... been part of this household for at least four nights on average per week during the last four weeks?										
	1 = YES 2 = NO → End of interview for this person	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
C	Is... male or female?										
	1 = MALE 2 = FEMALE	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
D	What iss date of birth and age in completed years?										
	Day of birth: <i>Example of day</i>	d d	d d	d d	d d	d d	d d	d d	d d	d d	d d
	Month of birth: <i>Example of month</i>	m m	m m	m m	m m	m m	m m	m m	m m	m m	m m
	Year of birth: <i>Example of year</i>	y y y y	y y y y	y y y y	y y y y	y y y y	y y y y	y y y y	y y y y	y y y y	y y y y
	Age in years <i>(Less than one year = 0)</i>	0 0 8									

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





	Person number									
	01	02	03	04	05	06	07	08	09	10
G What is the highest level of education that ... has successfully completed? <i>Diplomas or certificates must be of six months plus study duration full-time (or equivalent) to be included</i> 98 = NO SCHOOLING 00 = GRADE R/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	<input type="checkbox"/>									

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>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?</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									
H(i)b	<p>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?</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									
H(i)c	<p>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?</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									





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)	<p>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?</p> <p>1 = YES 2 = NO → <i>Go to I</i> 3 = DO NOT KNOW → <i>Go to I</i></p> <p><i>Those helping unpaid in household businesses should have a "no" answer if they do not have a job to definitely return to.</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3									
H(iii)	<p>Is the establishment/institution/business/organisation you work for (the one that pays your salary) classified as...</p> <p>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</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"/> 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)	<p>What are the main goods and services produced by the organisation/business... work for? Select one option.</p> <p>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</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="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	<p>Is there any other person who is part of this household, other than those already mentioned, who is not presently here?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	→ If "Yes" go back to A										
J	<p>Indicate the person number of the person who will be the respondent throughout the questionnaire</p>	<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	<p>In the past three Calendar months, has ... taken any day trips inside South Africa? 1 = YES → Go to Q1.3 2 = NO</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
1.2	<p>Why did ... not take any trips inside South Africa in the past three Calendar months? Record only ONE response</p> <p>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.....</p> <p>→ Go to Section 4</p>	<input type="checkbox"/> <input type="checkbox"/>									
1.3	<p>Was this the first time ... undertook any day trip in the past three Calendar months? 1 = YES 2 = NO</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
1.4	<p>How many day trips did ... take inside South Africa in the past three Calendar months?</p>	<input type="checkbox"/> <input type="checkbox"/>									





Ask if answer 1.1 is "YES"

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
<p>1.5 Can you tell me in which month(s) these trips took place? <i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates. Record a '0' for the month/s where household did not take any day trip.</i></p> <p>Interview month: January</p> <p>01 = December</p> <p>02 = November</p> <p>03 = October</p> <p>Total (Add 01 - 03 to confirm total)</p> <p>Interview month: February</p> <p>04 = January</p> <p>05 = December</p> <p>06 = November</p> <p>Total (Add 04 - 06 to confirm total)</p> <p>Interview month: March</p> <p>07 = February</p> <p>08 = January</p> <p>09 = December</p> <p>Total (Add 07 - 09 to confirm total)</p>											

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
1.6a	<p>Identify the most recent day trip that the respondent undertook</p> <p><i>Ask the respondent</i></p> <p>On the most recent day trip, indicate which (if any) household member/s travelled with you.</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"/>									
1.6b	<p>Record the month CODE (as written in Q1.5) of the month in which the trip took place.</p> <p><i>The month CODE should 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>Go to Section 2</p>	<input type="checkbox"/>									

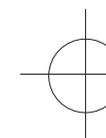
INFORMATION ABOUT THE MOST RECENT DAY TRIP TAKEN BY OTHER HOUSEHOLD MEMBERS WITHOUT THE RESPONDENT

		Person number									
		01	02	03	04	05	06	07	08	09	10
1.7a	<p>Identify the most recent day trip that other household members undertook, where the respondent was NOT part of the trip.</p> <p>On the most recent day trip, indicate which household member/s travelled WITHOUT the respondent.</p> <p><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"/>									
1.7b	<p>Record the month CODE (as written in Q1.5) of the month in which the trip took place.</p> <p><i>The month CODE should 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>Go to Section 3</p>	<input type="checkbox"/>									



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





2.2	On which date did this trip take place? <i>Write the date in the following format (dd/mm/yyyy)</i>	d d m m y y y y <input type="text"/> <input type="text"/>
2.3	Including yourself how many people in total went on this trip? Include those who are not members of your household	<input type="text"/> <input type="text"/> <input type="text"/>
2.4	Of the people mentioned above, how many were members of your household?	<input type="text"/> <input type="text"/>

2.5	What was the main purpose of this trip? <i>Select one option</i> 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"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17																																																															
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2.6 While on this trip, which of the following activities did you and/or other members of your household undertake, apart from those in the main purpose
Read out each item to the respondent

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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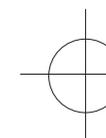
2.6.2 BUSINESS / PROFESSIONAL <i>Mark all options mentioned</i>	Respondent		Other household members	
	Y	N	Y	N
09 = Meeting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10 = Business conference, convention	<input type="checkbox"/> 1	<input 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 <i>Specify</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2.6.3	SPORTS <i>Mark all options mentioned</i>	Respondent		Other household members	
		Y	N	Y	N
	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
	18 = Other sports, 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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.6.4	NATURE BASED <i>Mark all options mentioned</i>	Respondent		Other household members	
		Y	N	Y	N
	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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2.8 *Read out:* 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	<input type="checkbox"/> 1
2 = NO → Go to Q2.9	<input type="checkbox"/> 2
3 = DO NOT KNOW → Go to Q2.9	<input type="checkbox"/> 3

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

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

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

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.

	1	8
0	0	0

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

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

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





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

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



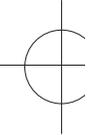
2.12 Please indicate your level of satisfaction with each of the following elements during this trip.			
Information	a = Tourist information when planning your trip b = Tour Guide c = Tourist information at destination d = Information centre / tourism offices	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/>	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="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/>	
Transport	h = Road Infrastructure i = Local public transport j = Car hire facilities k = Domestic flights	h <input type="checkbox"/> i <input type="checkbox"/> j <input type="checkbox"/> k <input type="checkbox"/>	
Other	l = Service level at restaurants m = Overall affordability of the trip n = Overall satisfaction with the trip o = Tourism-related infrastructure e.g. tourist attractions p = Child care facilities q = Facilities for the disabled	l <input type="checkbox"/> m <input type="checkbox"/> n <input type="checkbox"/> o <input type="checkbox"/> p <input type="checkbox"/> q <input type="checkbox"/>	

Go back to Q1.7a



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





3.2	On which date did this trip take place? <i>Write the date in the following format (dd/mm/yyyy)</i>	d d m m y y y y <input type="text"/> <input type="text"/>
3.3	How many people in total went on this trip? Include those who are not members of your household	<input type="text"/> <input type="text"/> <input type="text"/>
3.4	Of the people mentioned above, how many were members of your household?	<input type="text"/> <input type="text"/>

3.5 What was the main purpose of this trip? <i>Select one option</i> 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"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <table border="1" data-bbox="1688 1276 2189 1485"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>																																																											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																										
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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.

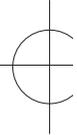
	1	8
0	0	0

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

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

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





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

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





+

+

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

+

+

3.12 Please indicate 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="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/>	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="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/>	
Transport	h = Road Infrastructure i = Local public transport j = Car hire facilities k = Domestic flights	h <input type="checkbox"/> i <input type="checkbox"/> j <input type="checkbox"/> k <input type="checkbox"/>	
Other	l = Service level at restaurants m = Overall affordability of the trip n = Overall satisfaction with the trip o = Tourism-related infrastructure e.g. tourist attractions p = Child care facilities q = Facilities for the disabled	l <input type="checkbox"/> m <input type="checkbox"/> n <input type="checkbox"/> o <input type="checkbox"/> p <input type="checkbox"/> q <input type="checkbox"/>	





SECTION 4: OVERNIGHT TRIPS

Read 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	In the past three Calendar months, has ... taken any overnight trips inside South Africa? 1 = YES → Go to Q4.3 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
4.2	Why did ... not take any overnight trips inside South Africa in the past three Calendar months? 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..... → Go to Section 7	<input type="checkbox"/> <input type="checkbox"/>									
4.3	Was this the first time ... undertook any overnight trip in the past three Calendar months? 1 = YES 2 = NO	<input type="checkbox"/> 1 <input type="checkbox"/> 2									
4.4	How many overnight trips did ... take inside South Africa in the past three Calendar months?	<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	
<p>4.5 Can you tell me in which month(s) these trips took place? <i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates. Record a '0' for the month/s where household did not take any day trip.</i></p> <p>Interview month: January</p> <p>01 = December</p> <p>02 = November</p> <p>03 = October</p> <p>Total (Add 01 - 03 to confirm total)</p> <p>Interview month: February</p> <p>04 = January</p> <p>05 = December</p> <p>06 = November</p> <p>Total (Add 04 - 06 to confirm total)</p> <p>Interview month: March</p> <p>07 = February</p> <p>08 = January</p> <p>09 = December</p> <p>Total (Add 07 - 09 to confirm total)</p>												
	<input type="text"/>											
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INFORMATION ABOUT THE MOST RECENT OVERNIGHT TRIP TAKEN BY THE RESPONDENT WITH OR WITHOUT OTHER HOUSEHOLD MEMBERS

		Person number									
		01	02	03	04	05	06	07	08	09	10
4.6a	<p>Identify the most recent day trip that the respondent undertook</p> <p><i>Ask the respondent</i></p> <p>On the most recent day trip, indicate which (if any) household member/s travelled with you.</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"/>									
4.6b	<p>Record the month CODE (as written in Q4.5) of the month in which the trip took place.</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>Go to Section 5</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
4.7a	<p>Identify the most recent day trip that other household members undertook, where the respondent was NOT part of the trip.</p> <p>On the most recent day trip, indicate which household member/s travelled WITHOUT the respondent.</p> <p><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"/>									
4.7b	<p>Record the month CODE (as written in Q4.5) of the month in which the trip took place.</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>Go to Section 6</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 <i>Mark the province</i>	DISTRICT NAME	DISTRICT CODE <i>Write the district code</i>	PLACE NAME <i>Write the place name</i>	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			<input type="checkbox"/>	<input type="checkbox"/>
2 = Eastern Cape	<input type="checkbox"/> 2	06 = Central Karoo District Municipality	M <input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		07 = Cacadu District Municipality	2 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		08 = Amatole District Municipality	3 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		09 = Chris Hani District Municipality	4 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		10 = Joe Gqabi District Municipality			<input type="checkbox"/>	<input type="checkbox"/>
3 = Northern Cape	<input type="checkbox"/> 3	11 = OR Tambo District Municipality	M <input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		12 = Alfred Nzo District Municipality	2 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		13 = Nelson Mandela Bay Metropolitan	3 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		14 = Buffalo City Metropolitan Municipality	4 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		15 = Kgalagadi District Municipality			<input type="checkbox"/>	<input type="checkbox"/>
4 = Free State	<input type="checkbox"/> 4	16 = Namakwa District Municipality	M <input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		17 = Pixley Ka Seme District Municipality	2 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		18 = Siyanda District Municipality	3 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		19 = Frances Baard District Municipality	4 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		20 = Xhariep District Municipality			<input type="checkbox"/>	<input type="checkbox"/>
		21 = Mangaung Metropolitan Municipality	M <input type="checkbox"/>	M <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		22 = Lejweleputswa District Municipality	2 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		23 = Thabo Mofutsanyane District Municipality	3 <input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		24 = Fezile Dabi District Municipality	4 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		98 = Do not know			<input type="checkbox"/>	<input type="checkbox"/>





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	M 2 3 4	M 2 3 4		
6 = North West	6	36 = Bojanala Platinum District Municipality 37 = Ngaka Modiri Molema District Municipality 38 = Dr Ruth Segomotsi Mompoti District Municipality 39 = Dr Kenneth Kaunda District Municipality 98 = Do not know	M 2 3 4	M 2 3 4		
7 = Gauteng	7	40 = Sedibeng District Municipality 41 = Metsweding District Municipality 42 = West Rand District Municipality 43 = Ekurhuleni Metropolitan Municipality 44 = City of Johannesburg Metropolitan Municipality 45 = City of Tshwane Metropolitan Municipality 98 = Do not know	M 2 3 4	M 2 3 4		
8 = Mpumalanga	8	46 = Gert Sibande District Municipality 47 = Nkangala District Municipality 48 = Ehlanzeni District Municipality 98 = Do not know	M 2 3 4	M 2 3 4		
9 = Limpopo	9	49 = Mopani District Municipality 50 = Vhembe District Municipality 51 = Capricorn District Municipality 52 = Waterberg District Municipality 53 = Greater Sekhukhune District Municipality 98 = Do not know	M 2 3 4	M 2 3 4		

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

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





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		Respondent		Other household members	
<i>Mark all options mentioned</i>					
		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	<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	<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	<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	<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"/> 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	<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	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.7.2 BUSINESS / PROFESSIONAL		Respondent		Other household members	
<i>Mark all options mentioned</i>					
		Y	N	Y	N
09 = Meeting	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<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	<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	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.7.3	SPORTS <i>Mark all options mentioned</i>	Respondent		Other household members	
		Y	N	Y	N
	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
	18 = Other sports, 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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.7.4	NATURE BASED <i>Mark all options mentioned</i>	Respondent		Other household members	
		Y	N	Y	N
	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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5.7.5	SOCIAL ACTIVITY <i>Mark all options mentioned</i>	Respondent		Other household members	
		Y	N	Y	N
	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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.7.6	RELIGIOUS ACTIVITY <i>Mark all options mentioned</i>	Respondent		Other household members	
		Y	N	Y	N
	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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.7.7 MEDICAL/HEALTH	Respondent		Other household members	
<i>Mark all options mentioned</i>				
	Y	N	Y	N
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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.8 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>
<input type="checkbox"/>



5.9 What type of accommodation was used on this last trip?
Please indicate the number of nights that were spent at each type of accommodation.

	Number of nights		
01 = Hotel	01	<input type="text"/>	<input type="text"/>
02 = Guest house/guest Farm	02	<input type="text"/>	<input type="text"/>
03 = Bed and breakfast	03	<input type="text"/>	<input type="text"/>
04 = Lodge	04	<input type="text"/>	<input type="text"/>
05 = Hostel/backpackers	05	<input type="text"/>	<input type="text"/>
06 = Self-catering establishment	06	<input type="text"/>	<input type="text"/>
07 = Stayed with friends and relatives	07	<input type="text"/>	<input type="text"/>
08 = Holiday home/second home	08	<input type="text"/>	<input type="text"/>
09 = Campsite	09	<input type="text"/>	<input type="text"/>
10 = Caravan park	10	<input type="text"/>	<input type="text"/>
11 = Other, <i>specify</i>	11	<input type="text"/>	<input type="text"/>
12 = Total	12	<input type="text"/>	<input type="text"/>

If other, specify in blocks provided.

<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5.11 How was the trip booked?

1 = A Tour operator	<input type="checkbox"/> 1
2 = A Travel agent	<input type="checkbox"/> 2
3 = Booked independently	<input type="checkbox"/> 3
4 = No booking necessary	<input type="checkbox"/> 4
5 = Do not know	<input type="checkbox"/> 5

→ **Go to Q5.14**
→ **Go to Q5.14**

5.12	What method was used to book?	
	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	How long before the trip was the booking made?	
	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	How much did this package trip cost?	Rands
	Give the total cost of the package for Household members who were in the group	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5.14.3	Please indicate which of the following items were included in the package	INCLUDED		
		YES	NO	DON'T KNOW
	1 = Airfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	2 = Land transport (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	Was this overnight trip a package trip?	
	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.

	1	8
0	0	0

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

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

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

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

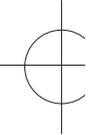
Example: R18 000 should be recorded as follows....

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		<input type="checkbox"/>									
11 = Tour guide		<input type="checkbox"/>									
12 = Child care		<input type="checkbox"/>									
13 = Other, specify		<input type="checkbox"/>									
TOTAL		<input type="checkbox"/>									





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

Go back to Q4.7a

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

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

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





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

6.2	On which date did this trip take place?																	
6.2.1	Start date (when you left for the trip)	<table style="width: 100%; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p><i>Write the date in the following format (dd/mm/yyyy)</i></p>	d	d	m	m	y	y	y	y	<input type="text"/>							
d	d	m	m	y	y	y	y											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
6.2.2	End date (when you returned from the trip)	<table style="width: 100%; text-align: center;"> <tr> <td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p><i>Write the date in the following format (dd/mm/yyyy)</i></p>	d	d	m	m	y	y	y	y	<input type="text"/>							
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
6.3	How many nights were spent on this trip?	<input type="text"/> <input type="text"/>																
6.4	Including yourself how many people in total went on this trip? Include those who are not members of your household	<input type="text"/> <input type="text"/> <input type="text"/>																
6.5	Of the people mentioned above, how many were members of your household?	<input type="text"/> <input type="text"/>																

6.6	What was the main purpose of this trip?																																									
	<i>Select one option</i>																																									
	01 = LEISURE/VACATION/HOLIDAY	<input type="checkbox"/> 01																																								
	02 = SHOPPING - BUSINESS	<input type="checkbox"/> 02																																								
	03 = SHOPPING - PERSONAL	<input type="checkbox"/> 03																																								
	04 = SPORTING - SPECTATOR	<input type="checkbox"/> 04																																								
	05 = SPORTING - PARTICIPANT	<input type="checkbox"/> 05																																								
	06 = VISITING FRIENDS AND/OR FAMILY	<input type="checkbox"/> 06																																								
	07 = FUNERAL	<input type="checkbox"/> 07																																								
	08 = BUSINESS OR PROFESSIONAL TRIP	<input type="checkbox"/> 08																																								
	09 = BUSINESS CONFERENCE	<input type="checkbox"/> 09																																								
	10 = STUDY/EDUCATIONAL TRIP	<input type="checkbox"/> 10																																								
	11 = MEDICAL/HEALTH	<input type="checkbox"/> 11																																								
	12 = WELLNESS (E.G. SPA, HEALTH FARM)	<input type="checkbox"/> 12																																								
	13 = RELIGIOUS	<input type="checkbox"/> 13																																								
	14 = CHILD CARE	<input type="checkbox"/> 14																																								
	15 = CULTURAL OCCASSION (E.G. INTIATION)	<input type="checkbox"/> 15																																								
	16 = OTHER SOCIAL EVENTS (E.G. WEDDING, PARTY)	<input type="checkbox"/> 16																																								
	17 = OTHER, specify.....	<input type="checkbox"/> 17																																								
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6.7 While on this trip, which of the following activities did other members of your household undertake, apart from those in the main purpose?

Read out each item to the respondent.

6.7.1 RECREATION / ENTERTAINMENT <i>Mark all options mentioned</i>	Other household members																																																																																																													
	Y	N																																																																																																												
01 = Entertainment (e.g. cinema, concert, show)	<input type="checkbox"/> 1	<input type="checkbox"/> 2																																																																																																												
02 = Theme parks (e.g. aquariums)	<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																																																																																																												
04 = Eating out (e.g. restaurants, cafés)	<input type="checkbox"/> 1	<input type="checkbox"/> 2																																																																																																												
05 = Night life (e.g. bars, nightclubs, discos)	<input type="checkbox"/> 1	<input type="checkbox"/> 2																																																																																																												
06 = Visited a casino	<input type="checkbox"/> 1	<input type="checkbox"/> 2																																																																																																												
07 = Shopping (e.g. malls, flea/ craft markets)	<input type="checkbox"/> 1	<input type="checkbox"/> 2																																																																																																												
08 = Other recreation, entertainment, specify.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2																																																																																																												
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6.7.2 BUSINESS / PROFESSIONAL <i>Mark all options mentioned</i>	Other household members																																																																																																																			
	Y	N																																																																																																																		
09 = Meeting	<input type="checkbox"/> 1	<input type="checkbox"/> 2																																																																																																																		
10 = Business conference, convention	<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																																																																																																																		
12 = Other business/professional, specify.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2																																																																																																																		
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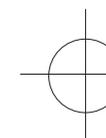
6.7.5 SOCIAL ACTIVITY <i>Mark all options mentioned</i>	Other household members																																								
27 = Visiting friends/family 28 = Weddings/funerals/christenings/initiation 29 = Other social activity <i>Specify</i>	<table border="0"> <tr> <td></td> <td>Y</td> <td></td> <td>N</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></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"/>
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6.7.6 RELIGIOUS ACTIVITY <i>Mark all options mentioned</i>	Other household members																																								
30 = Religious conference 31 = Place of worship (e.g. church, mosque, synagogue, temple) 32 = Other religious <i>Specify</i>	<table border="0"> <tr> <td></td> <td>Y</td> <td></td> <td>N</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></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"/>
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6.7.7 MEDICAL / HEALTH <i>Mark all options mentioned</i>	Other household members																																								
33 = Medical/health (e.g. treatment in clinic/hospital) 34 = Wellness (e.g. hydro, spa, beauty centre, health farm) 35 = Other medical/health activity, specify.....	<table border="0"> <tr> <td></td> <td>Y</td> <td></td> <td>N</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></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"/>
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6.8 What was the main type of transport used to reach the main destination? <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i>																																									
1 = AIRCRAFT 2 = BUS 3 = CAR 4 = MOTORCYCLE/SCOOTER 5 = BICYCLE 6 = TAXI 7 = TRAIN 8 = OTHER, specify.....	<table border="0"> <tr> <td></td> <td><input type="checkbox"/></td> <td>1</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>3</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>4</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>5</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>6</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>7</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>8</td> </tr> <tr> <td></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"/>	1																																							
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	<input type="checkbox"/>	<input type="checkbox"/>																																							
	<input type="checkbox"/>	<input type="checkbox"/>																																							

6.9	What type of accommodation was used on this last trip? Please indicate the number of nights that were spent at each type of accommodation.																																																																																																					
		Number of nights																																																																																																				
	01 = Hotel	01 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	02 = Guest house/guest farm	02 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	03 = Bed and breakfast	03 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	04 = Lodge	04 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	05 = Hostel/backpackers	05 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	06 = Self-catering establishment	06 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	07 = Stayed with friends and relatives	07 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	08 = Holiday home/second home	08 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	09 = Campsite	09 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	10 = Caravan park	10 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	11 = Other, <i>specify</i>	11 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	12 = Total	12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
	If other, specify in blocks provided.	<table border="1" style="width: 100%; height: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																																																																				

6.10	Was there any special promotion or event that prompted the members of your household to go at that particular time? <i>You can mark more than one response</i>																									
		Y N																								
	01 = No special promotion or event	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
	02 = Family event/occasion	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
	03 = Cheap airfares	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
	04 = Accommodation promotion	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
	05 = Participation in sport event	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
	06 = Spectator of a sport event	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
	07 = Music/cultural event	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
	08 = Business/Exhibition/Conference	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
	09 = Wine/food festival	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
	10 = Club meeting/reunion	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
	11 = Religious event	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
	12 = Other <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																								
		<table border="1" style="width: 100%; height: 50px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																								
6.11	How was the trip booked?																									
	1 = A Tour operator	<input type="checkbox"/> 1																								
	2 = A Travel agent	<input type="checkbox"/> 2																								
	3 = Booked independently	<input type="checkbox"/> 3																								
	4 = No booking necessary	<input type="checkbox"/> 4																								
	5 = Do not know	<input type="checkbox"/> 5																								
	→ Go to Q6.14																									
	→ Go to Q6.14																									





6.12	What method was used to book?	
	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
6.13	How long before the trip was the booking made?	
	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

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

6.14.3 Please indicate which of the following items were included in the package	INCLUDED		
	YES	NO	DON'T KNOW
1 = Airfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2 = Land transport (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

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

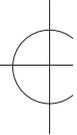
Example: R18 000 should be recorded as follows.....

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





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

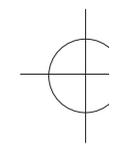
	1	8
0	0	0

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

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

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										





+

+

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

+

+

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



7.4.1	Does your household own a radio? (Exclude car radios) 1 = YES 2 = NO → <i>Go to Q7.5.1</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
7.4.2	How many radios does this household own?	<input type="text"/> <input type="text"/>																
7.5.1.	Does your household own a mobile phone or a device that can be used to make phone calls? 1 = YES 2 = NO → <i>Go to Q7.6</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2																
7.5.2	How many mobile phones/ devices does this household own?	<input type="text"/> <input type="text"/>																
7.6	Does your household have any of the following amenities in your home or on your plot? Read all options. 1 = Tap water in house/on plot 2 = Hot running water from a geyser 3 = Flush toilet in/outside house	<table border="0"> <tr> <td></td> <td>Y</td> <td></td> <td>N</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td></td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td></td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td></td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table>		Y		N	<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		<input type="checkbox"/> 1	<input type="checkbox"/> 2
	Y		N															
<input type="checkbox"/> 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2															
<input type="checkbox"/> 3		<input type="checkbox"/> 1	<input type="checkbox"/> 2															
7.7	In the month prior to the survey period, did this household make use of a domestic or household workers' services excluding for business purposes? 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	In the past three Calendar months, has taken any daytrip outside the borders of South Africa? 1 = YES 2 = NO → Go to Q8.12										
		<input type="checkbox"/> 1									
		<input type="checkbox"/> 2									

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

8.2	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>	<input type="checkbox"/>									
		<input type="checkbox"/>									
8.3	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.....	<input type="checkbox"/>									
		<input type="checkbox"/>									
		<input type="checkbox"/>									

<p>8.4</p>	<p>What was the main purpose of this trip <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> <table border="1" style="width: 100%; height: 40px; margin-top: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
<p>8.5</p>	<p>What was the main type of transport used to reach the main destination? <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i></p> <p>1 = AIRCRAFT 2 = BUS 3 = CAR 4 = MOTORCYCLE/SCOOTER 5 = TAXI 6 = TRAIN 7 = SHIP/BOAT 8 = OTHER, specify.....</p>	<div style="text-align: center;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 </div> <table border="1" style="width: 100%; height: 40px; margin-top: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				

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





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>Identify the most recent day trip that other household members undertook, where the respondent was NOT part of the trip.</p> <p>On the most recent day trip, indicate which household member/s travelled WITHOUT the respondent.</p> <p><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"/>
	8.8	<p>What is the name of the country that was visited on their most recent daytrip?</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 Other = 998 Specify for other in the blocks</p>									

8.9 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.....

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

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

1
 2
 3
 4
 5
 6
 7
 8

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

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

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

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

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





OVERNIGHT TRIPS OR TRAVEL

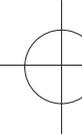
Read out: Now I am going to ask some questions about overnight trips or travel patterns undertaken in the past three Calendar months. These should be outside your usual environment (i.e. 40kms and above, one way, but visited less frequently than once a week, unless for leisure purposes). Note that a 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	In the past three Calendar months, has taken any overnight trip outside the borders of South Africa? 1 = YES 2 = NO → Go to Section 9	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
8.13	Has ... returned from the overnight trip outside the borders of South Africa? 1 = YES → Go to Q8.15 2 = NO	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
8.14	What is the reason that ... has not returned from his/her travels? <i>Select one option.</i> 01 = MOVED PERMANENTLY TO ANOTHER COUNTRY 02 = LEISURE/VACATION/HOLIDAY 03 = SHOPPING - BUSINESS 04 = SHOPPING - PERSONAL 05 = SPORTING - SPECTATOR 06 = SPORTING - PARTICIPANT 07 = VISITING 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..... → Go to Section 9	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>									

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

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





8.18	What was the main purpose of this trip <i>Select one option.</i> 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.....	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <table border="1" style="width: 100%; height: 40px;"> <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></tr> </table>												
8.19	What was the main type of transport used to reach the main destination? <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i> 1 = AIRCRAFT 2 = BUS 3 = CAR 4 = MOTORCYCLE/SCOOTER 5 = TAXI 6 = TRAIN 7 = SHIP/BOAT 8 = OTHER, specify.....	<div style="text-align: center;"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 </div> <table border="1" style="width: 100%; height: 40px;"> <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></tr> </table>												

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.....	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <table border="1" style="width: 100%; height: 40px;"> <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></tr> </table>												

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><i>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.</i></p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																						
8.22	<p>What are the names of the countries that were visited on the most recent overnight trip?</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>	<p>M <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>2 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>3 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>4 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>									<input type="checkbox"/>																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
8.23	<p>How many nights did the household member/s spend in each of the countries that they visited?</p>	<p>M <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>2 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>3 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>4 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p align="center">Number of nights spent</p>																														



<p>8.24</p>	<p>What was the main purpose of this trip <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>	<p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;"> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </p>																																								
<p>8.25</p>	<p>What was the main type of transport used to reach the main destination? <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i></p> <p>1 = AIRCRAFT 2 = BUS 3 = CAR 4 = MOTORCYCLE/SCOOTER 5 = TAXI 6 = TRAIN 7 = SHIP/BOAT 8 = OTHER, specify.....</p>	<p style="text-align: center;"> <table style="margin-left: auto; margin-right: auto;"> <tr><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td></tr> <tr><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td></tr> <tr><td><input type="checkbox"/></td><td>5</td></tr> <tr><td><input type="checkbox"/></td><td>6</td></tr> <tr><td><input type="checkbox"/></td><td>7</td></tr> <tr><td><input type="checkbox"/></td><td>8</td></tr> </table> </p> <p style="text-align: center;"> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </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																								
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<input type="checkbox"/>	5																																									
<input type="checkbox"/>	6																																									
<input type="checkbox"/>	7																																									
<input type="checkbox"/>	8																																									

<p>8.26</p>	<p>Which port of departure was used to leave the country? <i>This refers to the point at which the individual left the country.</i></p> <p>Air 01 = Cape Town International Airport 02 = King Shaka International Airport 03 = OR Tambo International Airport</p> <p>Road 04 = Botswana 05 = Lesotho 06 = Mozambique 07 = Namibia 08 = Swaziland 09 = Zimbabwe</p> <p>Sea 10 = Cape Town harbour 11 = Durban harbour 12 = Port Elizabeth harbour</p> <p>Other 13 = Other ports of departure, specify.....</p>	<p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;"> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </p>																								

SECTION 9

Interviewer to answer questions below.

9.1 In what language was most of the interview conducted?

Mark only ONE response

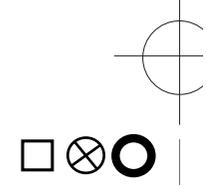
- 01 = Afrikaans
- 02 = English
- 03 = Isindebele/South ndebele/North ndebele
- 04 = Isixhosa/Xhosa
- 05 = Isizulu/Zulu
- 06 = Sepedi/Northern sotho
- 07 = Sesotho/Southern sotho/Sotho
- 08 = Setswana/Tswana
- 09 = Siswati/Swazi
- 10 = Tshivenda/Venda
- 11 = Xitsonga/Tsonga
- 12 = Other, (specify)

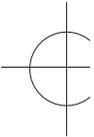
INTERVIEW END TIME h h m m

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

GENERAL COMMENTS

Question Number	Person Number	General Comments





001	Afghanistan
002	Albania
003	Algeria
004	Andorra
005	Angola
006	Antigua And Barbuda
007	Argentina
008	Armenia
009	Ascension
010	Australia
011	Austria
012	Azerbaijan
013	Azores Island
014	Bahamas
015	Bahrain
016	Bangladesh
017	Barbados
018	Belarus
019	Belgium
020	Belize
021	Benin
022	Bermuda
023	Bhutan
024	Bolivia
025	Borneo
026	Bosnia-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

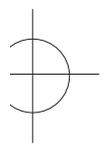
085	Germany
086	Ghana
087	Gibraltar
088	Greece
089	Greenland
090	Grenada
091	Guam
092	Guatemala
093	Guinea
094	Guinea-Bissau
095	Guyana
096	Guyana (Guinea-British)
097	Haiti
098	Hebrides
099	Honduras
100	Hong Kong
101	Hungary
102	Iceland
103	India
104	Indonesia
105	Iran
106	Iraq
107	Ireland
108	Isle 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

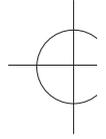
211 Taiwan
212 Tajikistan
213 Tanzania
214 Tasmania
215 Thailand
216 The Netherlands
217 The Sudan
218 Timor-Leste
219 Togo
220 Tokelau
221 Tonga Island
222 Trinidad And Tobago
223 Tristan Da Cunha
224 Tunisia
225 Turkey
226 Turkmenistan
227 Turks And Caicos island
228 Tuvalu
229 Uganda
230 UK
231 Ukraine
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





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