



Statistics
South Africa



your leading partner in quality statistics

Domestic Tourism Survey 2013

A: Particulars of the dwelling

A1: PSU Number

A2: Assignment Number

A3: Dwelling Unit Number

A4: Physical ID of the Dwelling Unit/Household

A5: Telephone number of enumerated household

A6: Total number of persons in household

A7: Questionnaire number of this household

B: Households at the selected dwelling unit

B1: Household number for this household

B2: Total number of households at selected dwelling

C: Field staff

C1: Survey Officer name

Assignment Number

C2: DSC name

Assignment Number

C3: PQM name

Assignment Number

Unique No.

D: Survey period

E: Response details

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

E2: Final result code

E3: Comments and full details for result codes 2-11

d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y

RESULT CODES			
01	Completed	07	Listing error
02	Non-contact	08	Demolished
03	Refused	09	Change of status
04	Partly completed	10	Other non-response
05	No usable information	11	End at Question B
06	Vacant/unoccupied DU		

Aim and use of the survey

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

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

The survey design

A representative national sample of approximately 30 800 Dwelling Units (DUs) has been drawn from the 3 080 Primary Sampling Units (PSUs) that form the current master sample. The master sample is based on the 2001 Population Census Enumeration Areas (EAs). Between 1 and 30 dwelling units have been randomly sampled from each PSU and all the households residing within these sampled dwelling units will be enumerated.

Write figures very carefully

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

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

Your figures should be made like this:

1	2	3	4	5
6	7	8	9	0

Your crosses should not touch the sides:



FLAP This section covers particulars of each person in the household

The following information must be obtained for every person who is considered to be a member of the household. **Do not forget babies.**

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

INTERVIEW START TIME h h m m

		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 stayed here (in this household) for at least four nights on average per week during the last four weeks?										
	1 = Yes 2 = No → End of interview for this person	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>
C	Is a male or a female?										
	1 = Male 2 = Female	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>	<div><div></div><div></div></div> <div>1 2</div>
D	What is’s date of birth and age in completed years?										
	Day of Birth: <i>Example of day 05</i>	<div><div>d</div><div>d</div></div> <div><div></div><div></div></div>	<div><div>d</div><div>d</div></div> <div><div></div><div></div></div>	<div><div>d</div><div>d</div></div> <div><div></div><div></div></div>	<div><div>d</div><div>d</div></div> <div><div></div><div></div></div>	<div><div>d</div><div>d</div></div> <div><div></div><div></div></div>	<div><div>d</div><div>d</div></div> <div><div></div><div></div></div>	<div><div>d</div><div>d</div></div> <div><div></div><div></div></div>	<div><div>d</div><div>d</div></div> <div><div></div><div></div></div>	<div><div>d</div><div>d</div></div> <div><div></div><div></div></div>	<div><div>d</div><div>d</div></div> <div><div></div><div></div></div>
	Month of birth: <i>Example of month 11</i>	<div><div>m</div><div>m</div></div> <div><div></div><div></div></div>	<div><div>m</div><div>m</div></div> <div><div></div><div></div></div>	<div><div>m</div><div>m</div></div> <div><div></div><div></div></div>	<div><div>m</div><div>m</div></div> <div><div></div><div></div></div>	<div><div>m</div><div>m</div></div> <div><div></div><div></div></div>	<div><div>m</div><div>m</div></div> <div><div></div><div></div></div>	<div><div>m</div><div>m</div></div> <div><div></div><div></div></div>	<div><div>m</div><div>m</div></div> <div><div></div><div></div></div>	<div><div>m</div><div>m</div></div> <div><div></div><div></div></div>	<div><div>m</div><div>m</div></div> <div><div></div><div></div></div>
	Year of birth: <i>Example of year 2007</i>	<div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div>y</div><div>y</div><div>y</div><div>y</div></div> <div><div></div><div></div><div></div><div></div></div>
	Age in years <i>Less than one year = 0</i>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

		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	<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
	2 = Coloured	<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
	3 = Indian/Asian	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = White	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Other (<i>specify in box below</i>)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
F(i)	What is’s present marital status?										
	1 = Married	<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
	2 = Living together like husband and wife	<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
	3 = Widow/Widower → Go to G	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = Divorced/Separated → Go to G	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Never married → Go to G	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
F(ii)	Does’s spouse/partner live in this household?										
	1 = Yes	<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
	2 = No → Go to G	<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
F(iii)	Which person is the spouse/partner of?										
	<i>Give person number</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

		Person number									
		01	02	03	04	05	06	07	08	09	10
G	What is the highest level of education that ... has successfully completed? <i>Diplomas or certificates must be of six months plus study duration full-time (or equivalent) to be included</i> 98 = No schooling 00 = Grade R/00 01 = Grade 1/ Sub A/Class 1 02 = Grade 2 / Sub B/Class 2 03 = Grade 3/Standard 1/ ABET 1 (Kha Ri Gude, Sanli) 04 = Grade 4/ Standard 2 05 = Grade 5/ Standard 3/ ABET 2 06 = Grade 6/Standard 4 07 = Grade 7/Standard 5/ ABET 3 08 = Grade 8/Standard 6/Form 1 09 = Grade 9/Standard 7/Form 2/ ABET 4 10 = Grade 10/ Standard 8/ Form 3 11 = Grade 11/ Standard 9/ Form 4 12 = Grade 12/Standard 10/Form 5/Matric (No Exemption) 13 = Grade 12/Standard 10/Form 5/Matric (Exemption *) 14 = NTC 1/ N1/NC (V) Level 2 15 = NTC 2/ N2/ NC (V) Level 3 16 = NTC 3/ N3/NC (V)/Level 4 17 = N4/NTC 4 18 = N5/NTC 5 19 = N6/NTC 6 20 = Certificate with less than Grade 12/Std 10 21 = Diploma with less than Grade 12/Std 10 22 = Certificate with Grade 12/Std 10 23 = Diploma with Grade 12/Std 10 24 = Higher Diploma (Technikon) 25 = Post Higher Diploma (Technikon Masters, Doctoral) 26 = Bachelors Degree 27 = Bachelors Degree and post-graduate diploma 28 = Honours Degree 29 = Higher degree (Masters, Doctorate) 30 = Other (specify in the box below) 31 = Do not know										

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

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

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
H(ii)	During the last calendar week (Sunday to Saturday), even though did not do any work for pay, profit or did not help without pay in a household business, did have a job or business that he/she would definitely return to?										
	1 = YES	<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
	2 = NO → <i>Go to I</i>	<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
	3 = DO NOT KNOW → <i>Go to I</i>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<i>Those helping unpaid in household businesses should have a "no" answer even if they have a job to definitely return to.</i>											
H(iii)	Does work for										
	1 = National/Provincial/Local Government?	<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
	2 = A private household?	<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
	3 = A parastatal (e.g. transnet)?	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = A private enterprise?	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Non-profit organisation (NGO/CBO)?	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
	6 = Don't know	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
H(iv)	What are the goods and services produced by the organisation/businesswork for? Is it										
	1 = Accommodation	<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
	2 = Restaurants and bars	<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
	3 = Passenger transport (e.g. road, rail, air)	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	
	4 = Travel agents, tour operators	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	
	5 = Tour guides	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
	6 = Recreation and entertainment	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	
	7 = Cultural services	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	
	8 = Trading (e.g. ebony and curios)	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	
	9 = Other	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	
I	Is there any other person residing in this household, other than those already mentioned, who is not presently here?	<input type="checkbox"/> Yes	→ If "Yes" go back to A								
	<input type="checkbox"/> No										

SECTION 1: DAY TRIPS

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
1.1	<p>In the past three Calendar months, has ... taken any day trip inside South Africa?</p> <p>1 = Yes → Go to 1.3</p> <p>2 = No</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.2	<p>Why did ... not take any trips inside South Africa in the past three Calendar months?</p> <p>Mark only ONE response</p> <p>01 = Trips within 40km radius/family relative stays within 40km radius</p> <p>02 = Financial reasons (not enough money)</p> <p>03= Too expensive/I would rather spend money on something else</p> <p>04 = Not enough time to travel</p> <p>05 = Too busy at work/school</p> <p>06 = No family/friends to visit somewhere else</p> <p>07 = Too much hassle to travel</p> <p>08 = Sick</p> <p>09 = Disabled</p> <p>10 = Too old to travel</p> <p>11 = Worried about safety/security/crime</p> <p>12 = Have young children</p> <p>13 = I no longer wish to travel</p> <p>14 = No interest/nothing to see or do that appeals to me</p> <p>15 = Taking care of sick/elderly relative</p> <p>16 = No particular reason</p> <p>17 = Other, Specify</p> <p>→ Go to Section 4</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
1.3	<p>How many day trips did ... take inside South Africa in the past three Calendar months?</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"/>

Ask if answer 1.1 is "YES"

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
1.4	<p>Can you tell me which month(s) these trips took place? <i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</i></p> <p>(A) Interview month January 01 = December 02 = November 03 = October Total (Add 01 - 03 to confirm total)</p> <p>(B) Interview month February 04 = January 05 = December 06 = November Total (Add 04 - 06 to confirm total)</p> <p>(C) Interview month March 07 = February 08 = January 09 = December 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
1.5a	<p>Ask the respondent Identify the most recent day trip that the respondent undertook</p> <p>On the most recent day trip, indicate which (if any) household member/s travelled with you.</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"/>
1.5b	<p>Record the month in which this trip took place. Record the code for the particular month in which the trip took place. Use month codes from Q1.4</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
1.6a	<p>Ask about trips taken by other household members</p> <p>On the most recent day trip, indicate which household member/s travelled without the respondent.</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"/>
1.6b	<p>Record the month in which this trip took place. Record the code for the particular month in which the trip took place. Use month codes from Q1.4</p> <p>Go to Section 3</p>	<input type="checkbox"/>									

5 = Kwa-Zulu Natal	5	24 = Ugu District Municipality 25 = uMgungundlovu District Municipality 26 = uThukela District Municipality 27 = uMzinyathi District Municipality 28 = Amajuba District Municipality 29 = Zululand District Municipality 30 = uMkhanyakude District Municipality 31 = uThungulu District Municipality 32 = iLembe District Municipality 33 = Sisonke District Municipality 34 = Ethekewini Metropolitan Municipality 98 = Don't know		
6 = North West	6	35 = Bojanala Platinum District Municipality 36 = Ngaka Modiri Molema District Municipality 37 = Dr Ruth Segomotsi Mompati District Municipality 38 = Dr Kenneth Kaunda District Municipality 98 = Don't know		
7 = Gauteng	7	39 = Sedibeng District Municipality 40 = Metsweding District Municipality 41 = West Rand District Municipality 42 = Ekurhuleni Metropolitan Municipality 43 = City of Johannesburg Metropolitan Municipality 44 = City of Tshwane Metropolitan Municipality 98 = Don't know		
8 = Mpumalanga	8	45 = Gert Sibande District Municipality 46 = Nkangala District Municipality 47 = Ehlanzeni District Municipality 98 = Don't know		
9 = Limpopo	9	48 = Mopani District Municipality 49 = Vhembe District Municipality 50 = Capricorn District Municipality 51 = Waterberg District Municipality 52 = Greater Sekhukhune District Municipality 98 = Don't know		

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Read out each item to the respondent

2.6.1	RECREATION / ENTERTAINMENT Mark all options mentioned	Respondent				Other household members			
		Y	1	N	2	Y	1	N	2
	01 = Entertainment e.g. cinema, concert, show	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	02 = Theme parks e.g. aquariums	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	03 = Cultural, historical and heritage e.g. cultural village, museums, art gallery, township tour	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	04 = Eating out e.g. restaurants, cafés	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	05 = Night life e.g. bars, night-clubs, discos	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	06 = Visited a casino	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	07 = Shopping e.g. malls, flea/craft markets	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	08 = Other recreation, entertainment, <i>specify</i>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

[illegible]

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2.6.5	SOCIAL ACTIVITY Mark all options mentioned	Respondent	Other household members
		Y N <input type="checkbox"/> 1 <input type="checkbox"/> 2	Y N <input type="checkbox"/> 1 <input type="checkbox"/> 2
	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"/>
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2.6.6	RELIGIOUS ACTIVITY Mark all options mentioned	Respondent	Other household members
		Y N <input type="checkbox"/> 1 <input type="checkbox"/> 2	Y N <input type="checkbox"/> 1 <input type="checkbox"/> 2
	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 Specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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2.6.7	MEDICAL/HEALTH Mark all options mentioned	Respondent	Other household members
		Y N <input type="checkbox"/> 1 <input type="checkbox"/> 2	Y N <input type="checkbox"/> 1 <input type="checkbox"/> 2
	33 = Medical e.g. treatment in clinic/hospital	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	34 = Health/wellness e.g. hydro, spa, beauty centre, health farm	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	35 = Other medical Specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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2.8 *Read out:* Now the following questions relate to package trips

2.8.1 Was this last day trip a package? (Where two or more expense items, such as transport and a meal, were included in an all-inclusive price)

1 = Yes		<input type="checkbox"/> 1
2 = No	—————→	<input type="checkbox"/> 2
3 = Don't know	—————→	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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Now thinking about any money spent before the trip on items related to the trip

Read: I now want you to tell me about the total expenditure before this trip

- *that's all OTHER expenditure for those who have been on a package trip*
- *if not a package trip*, record all the expenses incurred by you and by the other members of your household also on the trip

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

Example: R18 000 should be recorded as follows

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

	1	8
0	0	0

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

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Now thinking about any money spent on the trip on items related to the trip

Read: I now want you to tell me about the total expenditure on this trip

- *that's all OTHER expenditure for those who have been on a package trip*
- *if not a package trip*, record all the expenses incurred by you and by the other members of your household also on the trip

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

Example: R18 000 should be recorded as follows

	1	8
0	0	0

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

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

5 = Kwa-Zulu Natal	5	24 = Ugu District Municipality 25 = uMgungundlovu District Municipality 26 = uThukela District Municipality 27 = uMzinyathi District Municipality 28 = Amajuba District Municipality 29 = Zululand District Municipality 30 = uMkhanyakude District Municipality 31 = uThungulu District Municipality 32 = iLembe District Municipality 33 = Sisonke District Municipality 34 = Ethekeini Metropolitan Municipality 98 = Don't know		
6 = North West	6	35 = Bojanala Platinum District Municipality 36 = Ngaka Modiri Molema District Municipality 37 = Dr Ruth Segomotsi Mompati District Municipality 38 = Dr Kenneth Kaunda District Municipality 98 = Don't know		
7 = Gauteng	7	39 = Sedibeng District Municipality 40 = Metsweding District Municipality 41 = West Rand District Municipality 42 = Ekurhuleni Metropolitan Municipality 43 = City of Johannesburg Metropolitan Municipality 44 = City of Tshwane Metropolitan Municipality 98 = Don't know		
8 = Mpumalanga	8	45 = Gert Sibande District Municipality 46 = Nkangala District Municipality 47 = Ehlanzeni District Municipality 98 = Don't know		
9 = Limpopo	9	48 = Mopani District Municipality 49 = Vhembe District Municipality 50 = Capricorn District Municipality 51 = Waterberg District Municipality 52 = Greater Sekhukhune District Municipality 98 = Don't know		

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

3.5	<p>What was the main purpose of this trip?</p> <p>Mark ONE response only</p> <div> 01 = Leisure/vacation/holiday 02 = Shopping - business 03 = Shopping - personal 04 = Sporting - spectator 05 = Sporting - participant 06 = Visiting friends and/or family 07 = Funeral 08 = Business or professional trip 09 = Business conference 10 = Study/educational trip 11 = Medical 12 = Wellness (e.g. spa, health farm) 13 = Religious 14 = Other, specify </div>	<div> <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 </div> <div> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <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> </div>																																																												

Read out each item to the respondent.

[illegible][illegible]

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

- | | | |
|------------------------|--------------------------|---|
| 1 = AIRCRAFT | <input type="checkbox"/> | 1 |
| 2 = BUS | <input type="checkbox"/> | 2 |
| 3 = CAR | <input type="checkbox"/> | 3 |
| 4 = MOTORCYCLE/SCOOTER | <input type="checkbox"/> | 4 |
| 5 = BICYCLE | <input type="checkbox"/> | 5 |
| 6 = TAXI | <input type="checkbox"/> | 6 |
| 7 = TRAIN | <input type="checkbox"/> | 7 |
| 8 = OTHER | <input type="checkbox"/> | 8 |

Specify

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

3.8.1 Was this last day trip a package? (Where two or more expense items, such as transport and a meal, were included in an all-inclusive price)

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

3.8.2 How much did this package trip cost?

Rands

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

3.8.3 Please indicate which of the following items were included in the package

INCLUDED

YES

NO

DON'T KNOW

- | | | | | | | |
|--|--------------------------|---|--------------------------|---|--------------------------|---|
| 1 = Airfare | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| 2 = Land transport | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| 3 = Food and beverages | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| 4 = Recreation and entertainment (<i>e.g. payments to a zoo etc</i>) | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| 5 = Travel insurance | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| 6 = Shopping | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |
| 7 = Other | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 |

Now thinking about any money spent before the trip on items related to the trip

Read: I now want you to tell me about the total expenditure before this trip

- *that's all OTHER expenditure for those who have been on a package trip*
- *if not a package trip*, record all the expenses incurred by the other members of your household on the trip

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

Example: R18 000 should be recorded as follows

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

	1	8
0	0	0

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

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		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 = Other, specify												
	TOTAL												

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Now thinking about any money spent on this trip on items related to the trip

Read: I now want you to tell me about the total expenditure on this trip

- *that's all OTHER expenditure for those who have been on a package trip*
- *if not a package trip*, record all the expenses incurred by the other members of your household on the trip

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

Example: R18 000 should be recorded as follows

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

	1	8
0	0	0

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

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SECTION 4: OVERNIGHT TRIPS

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
4.1	In the past three Calendar months, has ... taken any overnight trips inside South Africa? 1 = Yes → Go to 4.3 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.2	Why did ... not take any overnight trips inside South Africa in the past three Calendar months? Mark only ONE response 01 = Trips within 40km radius/family relative stays within 40km radius 02 = Financial reasons (not enough money) 03 = Too expensive/I would rather spend money on something else 04 = Not enough time to travel 05 = Too busy at work/school 06 = No family/friends to visit somewhere else 07 = Too much hassle to travel 08 = Sick 09 = Disabled 10 = Too old to travel 11 = Worried about safety/security/crime 12 = Have young children 13 = I no longer wish to travel 14 = No interest/nothing to see or do that appeals to me 15 = Taking care of sick/elderly relative 16 = No particular reason 17 = Other, Specify → Go to Section 7	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4.3	How many overnight trips did ... take inside South Africa in the past three Calendar months?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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

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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
4.5a	<p>Ask the respondent Identify the most recent overnight trip that the respondent undertook</p> <p>On the most recent overnight trip, indicate which (if any) household member/s travelled with you.</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"/>
4.5b	<p>Record the month in which this trip took place. Record the code for the particular month in which the trip took place. Use month codes from Q4.4</p> <p>Go to Section 5</p>	<input type="text"/> <input type="text"/>									

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
4.6a	<p>Ask about trips taken by other household members</p> <p>On the most recent overnight trip, indicate which household member/s travelled without the respondent.</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"/>
4.6b	<p>Record the month in which this trip took place. Record the code for the particular month in which the trip took place. Use month codes from Q4.4</p> <p>Go to Section 6</p>	<input type="text"/> <input type="text"/>									

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5 = Kwa-Zulu Natal	5	24 = Ugu District Municipality 25 = uMgungundlovu District Municipality 26 = uThukela District Municipality 27 = uMzinyathi District Municipality 28 = Amajuba District Municipality 29 = Zululand District Municipality 30 = uMkhanyakude District Municipality 31 = uThungulu District Municipality 32 = iLembe District Municipality 33 = Sisonke District Municipality 34 = Ethekeini Metropolitan Municipality 98 = Don't know		M 2 3 4		
6 = North West	6	35 = Bojanala Platinum District Municipality 36 = Ngaka Modiri Molema District Municipality 37 = Dr Ruth Segomotsi Mompati District Municipality 38 = Dr Kenneth Kaunda District Municipality 98 = Don't know		M 2 3 4		
7 = Gauteng	7	39 = Sedibeng District Municipality 40 = Metsweding District Municipality 41 = West Rand District Municipality 42 = Ekurhuleni Metropolitan Municipality 43 = City of Johannesburg Metropolitan Municipality 44 = City of Tshwane Metropolitan Municipality 98 = Don't know		M 2 3 4		
8 = Mpumalanga	8	45 = Gert Sibande District Municipality 46 = Nkangala District Municipality 47 = Ehlanzeni District Municipality 98 = Don't know		M 2 3 4		
9 = Limpopo	9	48 = Mopani District Municipality 49 = Vhembe District Municipality 50 = Capricorn District Municipality 51 = Waterberg District Municipality 52 = Greater Sekhukhune District Municipality 98 = Don't know		M 2 3 4		

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

Mark ONE response only

- 01 = Leisure/vacation/holiday
- 02 = Shopping - business
- 03 = Shopping - personal
- 04 = Sporting - spectator
- 05 = Sporting - participant
- 06 = Visting friends and/or family
- 07 = Funeral
- 08 = Business or professional trip
- 09 = Business conference
- 10 = Study/educational trip
- 11 = Medical
- 12 = Wellness (e.g. spa, health farm)
- 13 = Religious
- 14 = Education
- 15 = Other, *specify*.....

- ☐ 01
- ☐ 02
- ☐ 03
- ☐ 04
- ☐ 05
- ☐ 06
- ☐ 07
- ☐ 08
- ☐ 09
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15

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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 Mark all options mentioned	Respondent	Other household members
		Y N	Y N
	01 = Entertainment e.g. cinema, concert, show	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	02 = Theme parks e.g. aquariums	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	03 = Cultural, historical and heritage e.g. cultural village, museums, art gallery, township tour	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	04 = Eating out e.g. restaurants, cafés	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	05 = Night life e.g. bars, night-clubs, discos	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	06 = Visited a casino	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	07 = Shopping e.g. malls, flea/craft markets	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	08 = Other recreation, entertainment, <i>specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	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, <i>Specify</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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	34 = Health/wellness e.g. hydro, spa, beauty centre, health farm	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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5.8	What was the main type of transport used to reach the main destination? This is the transport used for the longest part of the journey in terms of distance to reach the destination																																																																												
	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																																																																											
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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 = Don't 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 = Don't 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	<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 (<i>e.g payments to a zoo etc</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	6 = Travel insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	7 = Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	8 = <i>Other</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

5.14 *Read out:* **Now the following questions relate to package trips**

5.14.1	Was this last overnight trip a package? (Where two or more expense items, such as transport and accommodation, were included in an all-inclusive price)	
	1 = Yes	<input type="checkbox"/> 1
	2 = No → Go to 5.15	<input type="checkbox"/> 2
	3 = Don't know → Go to 5.15	<input type="checkbox"/> 3

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Now thinking about any money spent before the trip on items related to the trip

Read: I now want you to tell me about the total expenditure before this trip

- that's all **OTHER** expenditure for those who have been on a package trip
- if not a package trip, record all the expenses incurred

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

Example: R18 000 should be recorded as follows

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

	1	8
0	0	0

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

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Now thinking about any money spent on this trip on items related to the trip

Read: I now want you to tell me about the total expenditure on this trip

- *that's all OTHER expenditure for those who have been on a package trip*
- *if not a package trip*, record all the expenses incurred by you and by the other members of your household also on the trip

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

Example: R18 000 should be recorded as follows

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

	1	8
0	0	0

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

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

1 = Not at all Satisfied
 2 = Not Satisfied
 3 = Neutral
 4 = Satisfied
 5 = Extremely Satisfied
 8 = Not applicable

Go back to Q4.6a

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

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

6.1 What was the main destination on this trip? <i>Select the province and district code and write place names</i>	PROVINCIAL CODE	DISTRICT NAME	DISTRICT CODE	PLACE NAME	NUMBER OF NIGHTS	
					PAID BED NIGHTS	UNPAID BED NIGHTS
1 = Western Cape	1	01 = City of Cape Town Metropolitan Municipality	01 02	M		
		02 = West Coast District Municipality		2		
		03 = Cape Winelands Municipality		3		
		04 = Overberg District Municipality		4		
		05 = Eden District Municipality				
2 = Eastern Cape	2	06 = Central Karoo District Municipality	06 07			
		07 = Don't know				
		08 = Cacadu District Municipality		M		
		09 = Amathole District Municipality		2		
		10 = Chris Hani District Municipality		3		
3 = Northern Cape	3	11 = OR Tambo District Municipality	11 12			
		12 = Alfred Nzo District Municipality				
		13 = Nelson Mandela Bay Metropolitan		4		
		14 = Kgalagadi District Municipality		M		
		15 = Namakwa District Municipality		2		
4 = Free State	4	16 = Pixley Ka Seme District Municipality	16 17			
		17 = Siyanda District Municipality				
		18 = Frances Baard District Municipality		3		
		19 = Don't know		4		
		20 = Xhariep District Municipality		M		
		21 = Motheo District Municipality	21 22			
		22 = Lejweleputswa District Municipality		2		
		23 = Thabo Mofutsanyane District Municipality				
		24 = Fezile Dabi District Municipality		3		
		25 = Don't know		4		

5 = Kwa-Zulu Natal	5	24 = Ugu District Municipality 25 = uMgungundlovu District Municipality 26 = uThukela District Municipality 27 = uMzinyathi District Municipality 28 = Amajuba District Municipality 29 = Zululand District Municipality 30 = uMkhanyakude District Municipality 31 = uThungulu District Municipality 32 = iLembe District Municipality 33 = Sisonke District Municipality 34 = Ethekeini Metropolitan Municipality 98 = Don't know		M 2 3 4		
6 = North West	6	35 = Bojanala Platinum District Municipality 36 = Ngaka Modiri Molema District Municipality 37 = Dr Ruth Segomotsi Mompati District Municipality 38 = Dr Kenneth Kaunda District Municipality 98 = Don't know		M 2 3 4		
7 = Gauteng	7	39 = Sedibeng District Municipality 40 = Metsweding District Municipality 41 = West Rand District Municipality 42 = Ekurhuleni Metropolitan Municipality 43 = City of Johannesburg Metropolitan Municipality 44 = City of Tshwane Metropolitan Municipality 98 = Don't know		M 2 3 4		
8 = Mpumalanga	8	45 = Gert Sibande District Municipality 46 = Nkangala District Municipality 47 = Ehlanzeni District Municipality 98 = Don't know		M 2 3 4		
9 = Limpopo	9	48 = Mopani District Municipality 49 = Vhembe District Municipality 50 = Capricorn District Municipality 51 = Waterberg District Municipality 52 = Greater Sekhukhune District Municipality 98 = Don't know		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)	<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p><i>Write the date in the following format (dd/mm/yyyy)</i></p>
6.2.2	End date (when you returned from the trip)	<div> <div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <p><i>Write the date in the following format (dd/mm/yyyy)</i></p>
6.3	How many nights were spent on this trip?	<div> <input type="text"/> <input type="text"/> </div>
6.4	Including yourself how many people in total went on this trip? Include those who are not members of your household	<div> <input type="text"/> <input type="text"/> </div>
6.5	Of the people mentioned above, how many were members of your household?	<div> <input type="text"/> <input type="text"/> </div>

6.6	What was the main purpose of this trip? <i>Mark ONE response only</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 12 = Wellness (e.g. spa, health farm) 13 = Religious 14 = Education 15 = Other, <i>specify</i>	<div> <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 </div>
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Read out each item to the respondent.

[illegible][illegible]

6.7.5	SOCIAL ACTIVITY Mark all options mentioned	Other household members																																	
	27 = Visiting friends/family 28 = Weddings/funerals/christenings/initiation 29 = Other social activity <i>Specify</i>	<table border="0"> <tr> <td>Y</td> <td>N</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	Y	N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
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6.7.6	RELIGIOUS ACTIVITY Mark all options mentioned	Other household members																																	
	30 = Religious conference 31 = Place of worship e.g. church, mosque, synagogue, temple 32 = Other religious <i>Specify</i>	<table border="0"> <tr> <td>Y</td> <td>N</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	Y	N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
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6.7.7	MEDICAL / HEALTH Mark all options mentioned	Other household members																																	
	33 = Medical e.g. treatment in clinic/hospital 34 = Health/wellness e.g. hydro, spa, beauty centre, health farm 35 = Other medical <i>Specify</i>	<table border="0"> <tr> <td>Y</td> <td>N</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> </tr> </table> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>	Y	N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2																									
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6.8	What was the main type of transport used to reach the main destination? This is the transport used for the longest part of the journey in terms of distance to reach the destination 1 = AIRCRAFT 2 = BUS 3 = CAR 4 = MOTORCYCLE/SCOOTER 5 = BICYCLE 6 = TAXI 7 = TRAIN 8 = OTHER <i>Specify</i>	<table border="0"> <tr><td><input type="checkbox"/> 1</td></tr> <tr><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 3</td></tr> <tr><td><input type="checkbox"/> 4</td></tr> <tr><td><input type="checkbox"/> 5</td></tr> <tr><td><input type="checkbox"/> 6</td></tr> <tr><td><input type="checkbox"/> 7</td></tr> <tr><td><input type="checkbox"/> 8</td></tr> </table> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></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																									
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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 = Don't 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 = Don't 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	<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 (<i>e.g payments to a zoo etc</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	6 = Travel insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	7 = Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	8 = <i>Other</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

6.14.1	Was this last overnight trip a package? (Where two or more expense items, such as transport and accommodation, were included in an all-inclusive price)	
	1 = Yes	<input type="checkbox"/> 1
	2 = No → Go to 6.15	<input type="checkbox"/> 2
	3 = Don't know → Go to 6.15	<input type="checkbox"/> 3

Now thinking about any money spent before the trip on items related to the trip

Read: I now want you to tell me about the total expenditure before this trip

- **that's all OTHER expenditure for those who have been on a package trip**
- **if not a package trip**, record all the expenses incurred by you and by the other members of your household also on the trip

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

Example: R18 000 should be recorded as follows

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

	1	8
0	0	0

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

[illegible]

Now thinking about any money spent on this trip on items related to the trip

Read: I now want you to tell me about the total expenditure on this trip

- that's all **OTHER** expenditure for those who have been on a package trip
- if not a package trip, record all the expenses incurred by the other members of your household on the trip

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

Example: R18 000 should be recorded as follows

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

	1	8
0	0	0

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

6.18 Please indicate how satisfied you were with each of the following elements during this trip.					
	Accommodation	a = Value for money accommodation	a	<input type="checkbox"/>	1 = Not at all Satisfied 2 = Not Satisfied 3 = Neutral 4 = Satisfied 5 = Extremely 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"/>		

Go to Section 7

SECTION 7 HOUSEHOLD LIVING CONDITIONS

7.1 Indicate the type of main dwelling that the household occupies on this piece of land? 01 = Dwelling/house or brick/concrete block structure on a separate stand or yard or on farm 02 = Traditional dwelling/hut/structure made of traditional materials 03 = Flat or apartment in a block of flats 04 = Cluster house in complex 05 = Town house (semi-detached house in complex) 06 = Semi-detached house 07 = Dwelling/house/flat/room in backyard 08 = Informal dwelling/shack in backyard 09 = Informal dwelling/shack not in backyard, e.g. in an informal/squatter settlement or on farm 10 = Room/flatlet on a property or a larger dwelling/servants' quarters/granny flat 11 = Caravan/tent 12 = Other, <i>specify</i>	<input type="checkbox"/> <input type="checkbox"/>
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7.2 Does the household own any of the following items? Read all options. 01 = TV set 02 = Swimming pool 03 = DVD player/Blu Ray Player 04 = Pay TV (M-Net/DsTV/Top TV) Subscription 05 = Air conditioner (excluding fans) 06 = Computer/Desktop/Laptop 07 = Vacuum cleaner/floor polisher 08 = Dish washing machine 09 = Washing machine 10 = Tumble dryer 11 = Home telephone (excluding a cell) 12 = Deep freezer - free standing 13 = Refrigerator or combined fridge/freezer 14 = Electric stove 15 = Microwave oven 16 = Built-in kitchen sink 17 = Home security service 18 = Home theatre system	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> <tr><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 2</td></tr> </tbody> </table>	Y	N	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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7.3 Does your household own a motor vehicle (e.g. car/bakkie/van/truck)? 1 = Yes 2 = No	<table border="1"> <tbody> <tr><td><input type="checkbox"/> 1</td></tr> <tr><td><input type="checkbox"/> 2</td></tr> </tbody> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
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7.4 Does your household own a radio? If yes, how many? Please exclude car radios.	<input type="checkbox"/> <input type="checkbox"/>																
7.5 Does your household own mobile phones? If yes, how many?	<input type="checkbox"/> <input type="checkbox"/>																
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>Y</td> <td></td> <td>N</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> <td>2</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
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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																

SECTION 8

Interviewer to answer questions below.

8.1	Indicate the column number of the person who was the respondent throughout the questionnaire	<input type="text"/> <input type="text"/>
8.2	<p>In what language was most of the interview conducted?</p> <p>Mark only ONE response</p> <p>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)</p>	<input type="text"/> <input type="text"/>

INTERVIEW END TIME

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

GENERAL COMMENTS

Question Number	Person Number	General Comments