

# Domestic Tourism Survey 2014

## A: Particulars of the dwelling

A1: PSU Number Segment

A2: Dwelling Unit Number

A3: Physical ID of the Dwelling Unit/Household

A4: Telephone number of enumerated household

A5: Total number of persons in household

A6: Questionnaire number of this household

B: Households at the selected dwelling unit

B1: Household number for this household

B2: Total number of households at selected dwelling

## C: Field staff

C1: Survey Officer name

Assignment Number

C2: DSC name

Assignment Number

C3: PQM name

Assignment Number

Unique No.

D: Survey period

E: Response details

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

E2: Final result code

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

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 31 163 Dwelling Units (DUs) has been drawn from the 3 048 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.

h h m m

INTERVIEW START TIME

		Person number									
		01	02	03	04	05	06	07	08	09	10
A	First name and surname  First name: <i>Write down first name and surname of each member of the household, starting with the head or acting head. If more than one head or acting head take the oldest.</i>  Surname:	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
		<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
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 → <i>End of interview for this person</i>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>
		<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>
C	Is ..... a male or a female? 1 = Male 2 = Female	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>
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D	What is .....’s date of birth and age in completed years? Day of Birth: <i>Example of day</i> 05  Month of birth: <i>Example of month</i> 11  Year of birth: <i>Example of year</i> 2007  Age in years <i>Less than one year = 0</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>
		<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>
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		<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>
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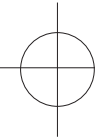
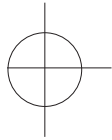
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		Person number									
		01	02	03	04	05	06	07	08	09	10
E	What population group does ..... belong to? 1 = Black African 2 = Coloured 3 = Indian/Asian 4 = White 5 = Other ( <i>specify in box below</i> )	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>
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		<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>
		<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>
		<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
F(i)	What is .....’s present marital status? 1 = Married 2 = Living together like husband and wife 3 = Widow/Widower → <i>Go to G</i> 4 = Divorced/Separated → <i>Go to G</i> 5 = Never married → <i>Go to G</i>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>
		<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>
		<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>	<div><div></div>3</div>
		<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>	<div><div></div>4</div>
		<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>	<div><div></div>5</div>
F(ii)	Does .....’s spouse/partner live in this household? 1 = Yes 2 = No → <i>Go to G</i>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>	<div><div></div>1</div>
		<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>	<div><div></div>2</div>
F(iii)	Which person is the spouse/partner of .....? <i>Give person number</i>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>

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

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



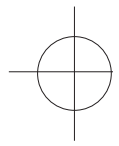
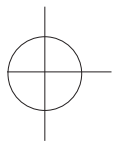
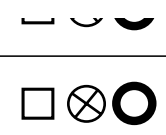
If yes to any part of QH(i) go to H(iii), otherwise go to H(ii)

		Person number									
		01	02	03	04	05	06	07	08	09	10
<b>H(ii)</b>	<p>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?</p> <p>1 = YES 2 = NO → Go to I 3 = DO NOT KNOW → Go to I</p> <p>Those helping unpaid in household businesses should have a "no" answer if they do not have a job to definitely return to.</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>H(iii)</b>	<p>Does ..... work for .....</p> <p>1 = National/Provincial/Local Government? 2 = A private household? 3 = A parastatal (e.g. transnet)? 4 = A private enterprise? 5 = Non-profit organisation (NGO/CBO)? 6 = Don't know</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
<b>H(iv)</b>	<p>What are the goods and services produced by the organisation/business .....work for? Is it .....</p> <p>1 = Accommodation 2 = Restaurants and bars 3 = Passenger transport (e.g. road, rail, air) 4 = Travel agents, tour operators 5 = Tour guides 6 = Recreation and entertainment 7 = Cultural services 8 = Trading (e.g. ebony and curios) 9 = Other</p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
<b>I</b>	<p>Is there any other person residing in this household, other than those already mentioned, who is not presently here?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>										
<b>J</b>	<p>Indicate the column number of the person who will be the respondent throughout the questionnaire</p> <p><input type="text"/> <input type="text"/></p>										

## 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	<b>In the past three Calendar months, has ... taken any day trip inside South Africa?</b> 1 = Yes → <b>Go to 1.3</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.2	<b>Why did ... not take any trips inside South Africa in the past three Calendar months?</b> 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 → <b>Go to Section 4</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
1.3	<b>Was this the first time ... undertook any day trip in the past three Calendar months?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
1.4	<b>How many day trips did ... take inside South Africa in the past three Calendar months?</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



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Ask if answer 1.1 is “YES”  
Read: You have already told me that ..... did take day trips inside South Africa in the past three Calendar months.

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

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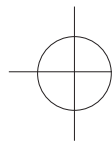
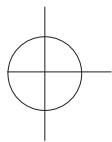
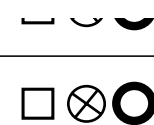
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INFORMATION ABOUT THE MOST RECENT DAY TRIP TAKEN BY THE RESPONDENT WHO TRAVELLED WITH OR WITHOUT OTHER HOUSEHOLD MEMBERS

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

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

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



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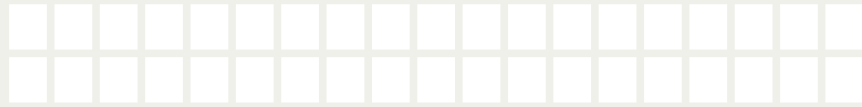



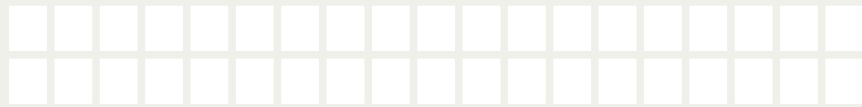



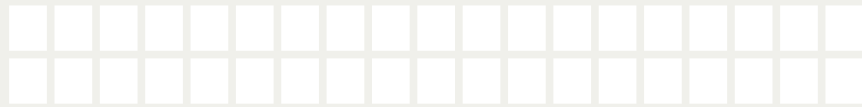








## SECTION 2: DAY TRIPS UNDERTAKEN BY THE RESPONDENT WHO TRAVELLED WITH OR WITHOUT OTHER HOUSEHOLD MEMBERS.

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

2.1 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
1 = Western Cape	<input type="checkbox"/> 1	01 = City of Cape Town Metropolitan Municipality 02 = West Coast District Municipality 03 = Cape Winelands Municipality 04 = Overberg District Municipality 05 = Eden District Municipality 06 = Central Karoo District Municipality 98 = Don't know	<input type="checkbox"/> <input type="checkbox"/>	<div><div></div><div></div></div>
2 = Eastern Cape	<input type="checkbox"/> 2	07 = Cacadu District Municipality 08 = Amatole District Municipality 09 = Chris Hani District Municipality 10 = Joe Gqabi District Municipality 11 = OR Tambo District Municipality 12 = Alfred Nzo District Municipality 13 = Nelson Mandela Bay Metropolitan 14 = Buffalo City Metropolitan Municipality 98 = Don't know	<input type="checkbox"/> <input type="checkbox"/>	<div><div></div><div></div></div>
3 = Northern Cape	<input type="checkbox"/> 3	15 = John Taolo Gaetsewe District Municipality 16 = Namakwa District Municipality 17 = Pixley Ka Seme District Municipality 18 = Siyanda District Municipality 19 = Frances Baard District Municipality 98 = Don't know	<input type="checkbox"/> <input type="checkbox"/>	<div><div></div><div></div></div>
4 = Free State	<input type="checkbox"/> 4	20 = Xhariep District Municipality 21 = Mangaung Metropolitan Municipality 22 = Lejweleputswa District Municipality 23 = Thabo Mofutsanyane District Municipality 24 = Fezile Dabi District Municipality 98 = Don't know	<input type="checkbox"/> <input type="checkbox"/>	<div><div></div><div></div></div>

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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 = 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	 	



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

2.5 What was the main purpose of this trip?																																																																																																																									
Mark one response only																																																																																																																									
01 = Leisure/vacation/holiday	<input type="checkbox"/> 01																																																																																																																								
02 = Shopping - business	<input type="checkbox"/> 02																																																																																																																								
03 = Shopping - personal	<input type="checkbox"/> 03																																																																																																																								
04 = Sporting - spectator	<input type="checkbox"/> 04																																																																																																																								
05 = Sporting - participant	<input type="checkbox"/> 05																																																																																																																								
06 = Visiting friends and/or family	<input type="checkbox"/> 06																																																																																																																								
07 = Funeral	<input type="checkbox"/> 07																																																																																																																								
08 = Business or professional trip	<input type="checkbox"/> 08																																																																																																																								
09 = Business conference	<input type="checkbox"/> 09																																																																																																																								
10 = Study/educational trip	<input type="checkbox"/> 10																																																																																																																								
11 = Medical	<input type="checkbox"/> 11																																																																																																																								
12 = Wellness (e.g. spa, health farm)	<input type="checkbox"/> 12																																																																																																																								
13 = Religious	<input type="checkbox"/> 13																																																																																																																								
14 = Other, <i>specify</i> .....	<input type="checkbox"/> 14																																																																																																																								
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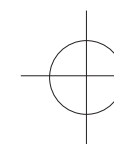
*Read out each item to the respondent*

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

[illegible]

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[illegible][illegible]

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2.6.5

SOCIAL ACTIVITY

Mark all options mentioned

27 = Visiting friends/family

28 = Weddings/funerals/  
christenings/initiation

29 = Other social activity  
Specify .....

Respondent

Y N

1

2

1

2

1

2

Other household members

Y N

1

2

1

2

1

2

2.6.6

RELIGIOUS ACTIVITY

Mark all options mentioned

30 = Religious conference

31 = Place of worship e.g.  
church, mosque,  
synagogue, temple

32 = Other religious  
Specify .....

Respondent

Y N

1

2

1

2

1

2

Other household members

Y N

1

2

1

2

1

2

2.6.7

MEDICAL/HEALTH

Mark all options mentioned

33 = Medical e.g. treatment in  
clinic/hospital

34 = Health/wellness e.g. hydro,  
spa, beauty centre, health  
farm

35 = Other medical  
Specify .....

Respondent

Y N

1

2

1

2

1

2

Other household members

Y N

1

2

1

2

1

2

14



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"/>



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

	1	8
0	0	0

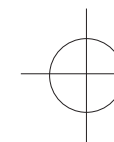
2.11	How much money did you and/or other members of your household spend on the following whilst on the trip?	Person number									
		01	02	03	04	05	06	07	08	09	10
	01 = Airfare										
	02 = Train										
	03 = Land transport (fuel, kombi, bus tickets, toll fees, parking)										
	04 = Car hire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



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

Go back to Q1.7a





### SECTION 3: DAY TRIPS UNDERTAKEN BY OTHER HOUSEHOLD MEMBERS WITHOUT THE RESPONDENT

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

[illegible]



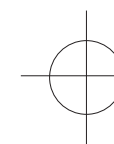


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*Read out each item to the respondent.*

[illegible]

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[illegible][illegible]

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3.6.5

SOCIAL ACTIVITY  
Mark all options mentioned

Other household members

Y

N

1

2

1

2

1

2

27 = Visiting friends/family

28 = Weddings/funerals/  
christenings/initiation

29 = Other social activity  
Specify .....

3.6.6

RELIGIOUS ACTIVITY  
Mark all options mentioned

Other household members

Y

N

1

2

1

2

1

2

30 = Religious conference

31 = Place of worship e.g.  
church, mosque,  
synagogue, temple

32 = Other religious  
Specify .....

3.6.7

MEDICAL/HEALTH  
Mark all options mentioned

Other household members

Y

N

1

2

1

2

1

2

33 = Medical e.g. treatment in  
clinic/hospital

34 = Health/wellness e.g. hydro,  
spa, beauty centre, health  
farm

35 = Other medical  
Specify .....



Specify .....

<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

**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		1
2 = No	→	2
3 = Don't know	→	3

### 3.8.2 How much did this package trip cost?

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

Rands

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

## INCLUDED

**YES**

**NO**

## DON'T KNOW

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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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 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

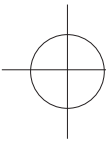
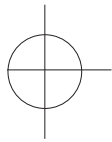
Example: R18 000 should be recorded as follows

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												

+

+

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

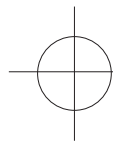
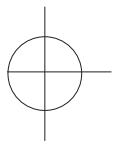
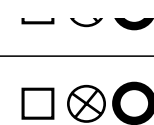
- include all expenses, even those paid for by another party, for example, your host, employer or company
  - please include all tips and taxes
- Example: R18 000 should be recorded as follows
- NO "R" sign should be recorded and NO cents are to be recorded

	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										



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



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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	<b>In the past three Calender months, has ... taken any overnight trips inside South Africa?</b> 1 = Yes —————> <b>Go to 4.3</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.2	<b>Why did ... not take any overnight trips inside South Africa in the past three Calendar months?</b> 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  —————> <b>Go to Section 7</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4.3	<b>Was this the first time ... undertook any overnight trip in the past three Calendar months?</b> 1 = Yes 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
4.4	<b>How many overnight trips did ... take inside South Africa in the past three Calendar months?</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

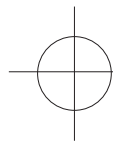
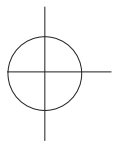
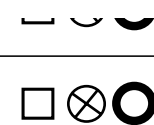
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Ask if answer 4.1.a is “YES”

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

		Person number										
		01	02	03	04	05	06	07	08	09	10	
4.5	<div>Can you tell me in which month(s) these trips took place?</div> <div>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</div> <div>Interview month: January</div> <div>01 = December</div> <div>02 = November</div> <div>03 = October</div> <div>Total (Add 01 - 03 to confirm total)</div> <div>Interview month: February</div> <div>04 = January</div> <div>05 = December</div> <div>06 = November</div> <div>Total (Add 04 - 06 to confirm total)</div> <div>Interview month: March</div> <div>07 = February</div> <div>08 = January</div> <div>09 = December</div> <div>Total (Add 07 - 09 to confirm total)</div>											



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

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

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

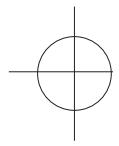
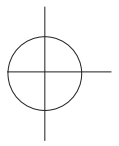
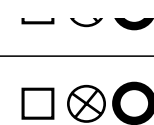
						Person number					
		01	02	03	04	05	06	07	08	09	10
4.7a	<p><b>Identify the most recent overnight trip that other household members undertook, where the respondent was NOT part of the trip.</b></p> <p>On the most recent overnight trip, indicate which household member/s travelled WITHOUT the respondent.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

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

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

5.1 What was the main destination on this trip? <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	M	M		
		02 = West Coast District Municipality				
		03 = Cape Winelands Municipality	2	2		
		04 = Overberg District Municipality				
		05 = Eden District Municipality	3	3		
		06 = Central Karoo District Municipality				
		98 = Don't know	4	4		
2 = Eastern Cape	2	07 = Cacadu District Municipality	M	M		
		08 = Amatole District Municipality				
		09 = Chris Hani District Municipality	2	2		
		10 = Joe Gqabi District Municipality				
		11 = OR Tambo District Municipality	3	3		
		12 = Alfred Nzo District Municipality				
		13 = Nelson Mandela Bay Metropolitan	4	4		
14 = Buffalo City Metropolitan Municipality						
98 = Don't know						
3 = Northern Cape	3	15 = Kgalagadi District Municipality	M	M		
		16 = Namakwa District Municipality	2	2		
		17 = Pixley Ka Seme District Municipality				
		18 = Siyanda District Municipality	3	3		
		19 = Frances Baard District Municipality				
98 = Don't know	4	4				
4 = Free State	4	20 = Xhariep District Municipality	M	M		
		21 = Mangaung Metropolitan Municipality				
		22 = Lejweleputswa District Municipality	2	2		
		23 = Thabo Mofutsanyane District Municipality				
		24 = Fezile Dabi District Municipality	3	3		
98 = Don't know	4	4				





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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 = Ethekewini Metropolitan Municipality 98 = Don't know	M 2 3 4	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	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	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	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	M 2 3 4		

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*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
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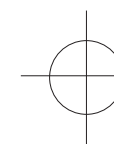


5.7.5	SOCIAL ACTIVITY Mark all options mentioned	Respondent	Other household members																																																																																																				
		Y      N	Y      N																																																																																																				
	27 = Visiting friends/family	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	28 = Weddings/funerals/ christenings/initiation	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	29 = Other social activity, <i>specify .....</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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5.7.6	RELIGIOUS ACTIVITY Mark all options mentioned	Respondent	Other household members																																																																																																				
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	30 = Religious conference	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	31 = Place of worship e.g. church, mosque, synagogue, temple	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	32 = Other religious, <i>Specify .....</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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5.7.7	MEDICAL/HEALTH Mark all options mentioned	Respondent	Other household members																																																																																																				
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	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 specify .....	<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? <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i>																																																																																																				
	1 = AIRCRAFT <input type="checkbox"/> 1																																																																																																				
	2 = BUS <input type="checkbox"/> 2																																																																																																				
	3 = CAR <input type="checkbox"/> 3																																																																																																				
	4 = MOTORCYCLE/SCOOTER <input type="checkbox"/> 4																																																																																																				
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[illegible]

<b>5.10</b>	<b>Was there any special promotion or event that prompted you to go at that particular time?</b> <i>You can mark more than one response</i>				
	01 = No special promotion or event	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
	02 = Family event/occasion	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	03 - Cheap airfares	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	04 = Accommodation promotion	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	05 = Participation in sport event	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	06 = Spectator of a sport event	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	07 = Music/cultural event	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	08 = Business/Exhibition/Conference	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	09 = Wine/food festival	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	10 = Club meeting/reunion	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	11 = Religious event	<input type="checkbox"/>	1	<input type="checkbox"/>	2
	12 = Other <i>specify .....</i>	<input type="checkbox"/>	1	<input type="checkbox"/>	2
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>	
<b>5.11</b>	<b>How was the trip booked? Was it through .....</b>				
	1 = A Tour operator	<input type="checkbox"/>	1		
	2 = A Travel agent	<input type="checkbox"/>	2		
	3 = Booked independently	<input type="checkbox"/>	3		
	4 = No booking necessary → Go to 5.14	<input type="checkbox"/>	4		
	5 = Did not make booking myself, don't know → Go to 5.14	<input type="checkbox"/>	5		

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5.12

What method was used to book?

1 = Personal visit to travel shop

2 = Entirely by telephone

3 = On the internet

4 = Through fax/post

5 = Don't know

☐

1

☐

2

☐

3

☐

4

☐

5

5.13

How long before the trip was the booking made?

1 = Under two weeks

2 = Two to four weeks

3 = One month

4 = Two months

5 = Three months

6 = Four months

7 = Five months

8 = Six months or more

9 = Don't know

☐

1

☐

2

☐

3

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4

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5

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6

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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

5.14.3

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

INCLUDED

YESNODON'T KNOW

1 = Airfare

☐

1

☐

2

☐

3

2 = Land transport

☐

1

☐

2

☐

3

3 = Accommodation

☐

1

☐

2

☐

3

4 = Food and beverages

☐

1

☐

2

☐

3

5 = Recreation and entertainment (e.g payments to a zoo etc)

☐

1

☐

2

☐

3

6 = Travel insurance

☐

1

☐

2

☐

3

7 = Shopping

☐

1

☐

2

☐

3

8 = Other .....

☐

1

☐

2

☐

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

2 = No

3 = Don't know

→ Go to 5.15

→ Go to 5.15

☐

1

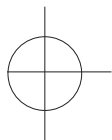
☐

2

☐

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"/>	<input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	02 = Gifts	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	03 = Travel Insurance	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	04 = Other financial services	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	05 = Servicing the vehicle	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	06 = Checking/servicing alarm system	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	07 = Hiring security	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	08 = Hiring house sitter	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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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

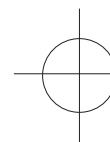
Example: R18 000 should be recorded as follows

	1	8
0	0	0

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

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





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"/>	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="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"/>		

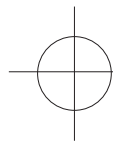
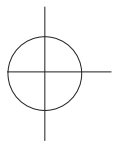
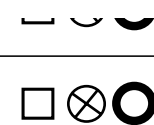
**Go back to Q4.7a**



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

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

6.1 What was the main destination on this trip? <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	M	M		
		02 = West Coast District Municipality				
		03 = Cape Winelands Municipality	2	2		
		04 = Overberg District Municipality				
		05 = Eden District Municipality	3	3		
		06 = Central Karoo District Municipality				
		98 = Don't know	4	4		
2 = Eastern Cape	2	07 = Cacadu District Municipality	M	M		
		08 = Amatole District Municipality				
		09 = Chris Hani District Municipality				
		10 = Joe Gqabi District Municipality	2	2		
		11 = OR Tambo District Municipality				
		12 = Alfred Nzo District Municipality	3	3		
		13 = Nelson Mandela Bay Metropolitan				
14 = Buffalo City Metropolitan Municipality	4	4				
98 = Don't know						
3 = Northern Cape	3	15 = John Taolo Gaetsewe District Municipality	M	M		
		16 = Namakwa District Municipality				
		17 = Pixley Ka Seme District Municipality	2	2		
		18 = Siyanda District Municipality				
		19 = Frances Baard District Municipality	3	3		
		98 = Don't know	4	4		
4 = Free State	4	20 = Xhariep District Municipality	M	M		
		21 = Mangaung Metropolitan Municipality				
		22 = Lejweleputswa District Municipality	2	2		
		23 = Thabo Mofutsanyane District Municipality				
		24 = Fezile Dabi District Municipality	3	3		
		98 = Don't know	4	4		



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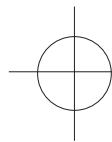
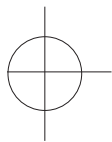
5 = Kwa-Zulu Natal	5	25 = Ugu District Municipality 26 = uMgungundlovu District Municipality 27 = uThukela District Municipality 28 = uMzinyathi District Municipality 29 = Amajuba District Municipality 30 = Zululand District Municipality 31 = uMkhanyakude District Municipality 32 = uThungulu District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

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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="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"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6.7.6	RELIGIOUS ACTIVITY 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="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"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6.7.7	MEDICAL / HEALTH 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="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"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6.8	What was the main type of transport used to reach the main destination? <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i>																					
	1 = AIRCRAFT 2 = BUS 3 = CAR 4 = MOTORCYCLE/SCOOTER 5 = BICYCLE 6 = TAXI 7 = TRAIN 8 = OTHER <i>Specify .....</i>	<table border="1"> <tbody> <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> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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6.9

What type of accommodation was used on this last trip?  
Please indicate how many nights were spent at each type of accommodation.

01 = Hotel

02 = Guest House/Guest Farm

03 = Bed and Breakfast

04 = Lodge

05 = Hostel/Backpackers

06 = Self-catering establishment

07 = Stayed with friends and relatives

08 = Holiday Home/Second Home

09 = Campsite

10 = Caravan Park

11 = Other, specify .....

12 = Total

If other, specify in blocks provided.

Number of nights

01

02

03

04

05

06

07

08

09

10

11

12

6.10

Was there any special promotion or event that prompted the members of your household to go at that particular time?  
You can mark more than one response

01 = No special promotion or event

02 = Family event/occasion

03 = Cheap airfares

04 = Accommodation promotion

05 = Participation in sport event

06 = Spectator of a sport event

07 = Music/cultural event

08 = Business/Exhibition/Conference

09 = Wine/food festival

10 = Club meeting/reunion

11 = Religious event

12 = Other specify .....

Y

N

1

2

1

2

1

2

1

2

1

2

1

2

1

2

1

2

1

2

1

2

1

2

6.11

How was the trip booked? Was it through .....

1 = A Tour operator

2 = A Travel agent

3 = Booked independently

4 = No booking necessary

5 = Did not make booking myself, don't know

1

2

3

4

5

→ Go to 6.14

→ Go to 6.14

56

<b>6.12</b>	<b>What method was used to book?</b>	
	1 = Personal visit to travel shop	<input type="checkbox"/> 1
	2 = Entirely by telephone	<input type="checkbox"/> 2
	3 = On the internet	<input type="checkbox"/> 3
	4 = Through fax/post	<input type="checkbox"/> 4
	5 = Don't know	<input type="checkbox"/> 5
<b>6.13</b>	<b>How long before the trip was the booking made?</b>	
	1 = Under two weeks	<input type="checkbox"/> 1
	2 = Two to four weeks	<input type="checkbox"/> 2
	3 = One month	<input type="checkbox"/> 3
	4 = Two months	<input type="checkbox"/> 4
	5 = Three months	<input type="checkbox"/> 5
	6 = Four months	<input type="checkbox"/> 6
	7 = Five months	<input type="checkbox"/> 7
	8 = Six months or more	<input type="checkbox"/> 8
	9 = Don't know	<input type="checkbox"/> 9

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

<b>6.14.3</b>	<b>Please indicate which of the following items were included in the package</b>	<b>INCLUDED</b>		
		<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
	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

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

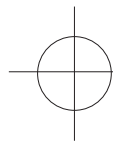
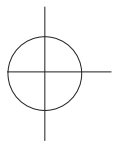
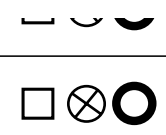
- include all expenses, even those paid for by another party, for example, your host, employer or company
- please include all tips and taxes

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.	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
6.16	How much money did other members of your household spend on the following before the trip?										
	01 = Food for the trip	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	02 = Gifts	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	03 = Travel Insurance	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	04 = Other financial services	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	05 = Servicing the vehicle	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	06 = Checking/servicing alarm system	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	07 = Hiring security	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	08 = Hiring house sitter	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>



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		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

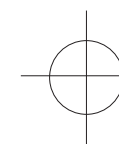
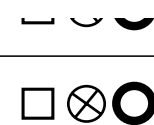
6.17	How much money did other members of your household spend on the following whilst on this trip?	Person number									
		01	02	03	04	05	06	07	08	09	10
	01 = Airfare										
	02 = Train										
	03 = Land transport (fuel, kombi, bus tickets, toll fees, parking)										
	04 = Car hire										
	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, other members of your household, 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



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## SECTION 7

### HOUSEHOLD LIVING CONDITIONS

<b>7.1</b>	<b>Indicate the type of main dwelling that the household occupies on this piece of land?</b>	
	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	<input type="checkbox"/> <input type="checkbox"/>
	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	09 = Informal dwelling/shack not in backyard, e.g. in an informal/squatter settlement or on farm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	10 = Room/flatlet on a property or a larger dwelling/servants' quarters/granny flat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	11 = Caravan/tent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	12 = Other, <i>specify</i> .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>7.2</b>	<b>Does the household own any of the following items?</b>	<b>Y</b>	<b>N</b>
	Read all options.		
	01 = TV set	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	02 = Swimming pool	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	03 = DVD player/Blu Ray Player	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	04 = Pay TV (M-Net/DsTV/Top TV) Subscription	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	05 = Air conditioner (excluding fans)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	06 = Computer/Desktop/Laptop	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	07 = Vacuum cleaner/floor polisher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	08 = Dish washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	09 = Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	10 = Tumble dryer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	11 = Home telephone (excluding a cell)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	12 = Deep freezer - free standing	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	13 = Refrigerator or combined fridge/freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	14 = Electric stove	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	15 = Microwave oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	16 = Built-in kitchen sink	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	17 = Home security service	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	18 = Home theatre system	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>7.3</b>	<b>Does your household own a motor vehicle (e.g. car/bakkie/van/truck)?</b>		
	1 = Yes	<input type="checkbox"/> 1	
	2 = No	<input type="checkbox"/> 2	

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

**Go to Section 8**

## SECTION 8: INTERNATIONAL TRIPS

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

### DAY TRIPS

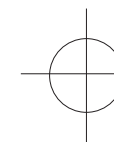
		Person number									
		01	02	03	04	05	06	07	08	09	10
8.1	<b>In the past three Calendar months, has .... taken any daytrip outside the borders of South Africa?</b> 1 = Yes 2 = No      → Go to 8.12	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>	<div><div></div>1</div> <div><div></div>2</div>

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

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

8.4	<p><b>What was the main purpose of this trip</b>  <i>Record one response only</i></p> <p>01 = Leisure/ vacation/ holiday  02 = Shopping – business  03 = Shopping – personal  04 = Sporting – spectator  05 = Sporting – participant  06 = Visiting friend 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.....</p>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
8.5	<p><b>What was the main type of transport used to reach the main destination?</b>  <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i></p> <p>1 = Aircraft  2 = Bus  3 = Car  4 = Motorcycle/ Scooter  5 = Taxi  6 = Train  7 = Ship / Boat  8 = Other, Specify.....</p>	<div> <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5  <input type="checkbox"/> 6  <input type="checkbox"/> 7  <input type="checkbox"/> 8 </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>

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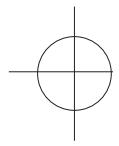
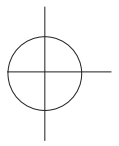
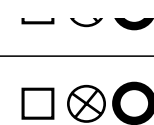
**INFORMATION ABOUT THE MOST RECENT INTERNATIONAL DAY TRIP TAKEN BY OTHER HOUSEHOLD MEMBERS, WITHOUT THE RESPONDENT**

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

8.9	<p><b>What was the main purpose of this trip</b>  <i>Record one response only</i></p> <p>01 = Leisure/ vacation/ holiday          02 = Shopping – business          03 = Shopping – personal          04 = Sporting – spectator          05 = Sporting – participant          06 = Visiting friend 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.....</p>	<div> <div></div> <div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
8.10	<p><b>What was the main type of transport used to reach the main destination?</b>  <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i></p> <p>1 = Aircraft          2 = Bus          3 = Car          4 = Motorcycle/ Scooter          5 = Taxi          6 = Train          7 = Ship / Boat          8 = Other, Specify.....</p>	<div> <div></div> 1  <div></div> 2  <div></div> 3  <div></div> 4  <div></div> 5  <div></div> 6  <div></div> 7  <div></div> 8         </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>

8.11	<p><b>Which port of departure was used to leave the country?</b>  <i>This refers to the point at which the individual left the country.</i></p> <p><b>Air</b>          01 = Cape Town International Airport          02 = King Shaka International Airport          03 = OR Tambo International Airport</p> <p><b>Road</b>          04 = Botswana          05 = Lesotho          06 = Mozambique          07 = Namibia          08 = Swaziland          09 = Zimbabwe</p> <p><b>Sea</b>          10 = Cape Town harbour          11 = Durban harbour          12 = Port Elizabeth harbour</p> <p><b>Other</b>          13 = Other ports of departure, specify.....</p>	<div> <div></div> <div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>
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**OVERNIGHT TRIPS OR TRAVEL**

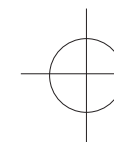
Now I am going to ask some questions about overnight trips or travel patterns undertaken in the past three Calendar months. These should be outside your usual environment (i.e. 40kms and above one way but visited less frequently than once a week). Note that a trip must be completed, but for an individual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

		Person number									
		01	02	03	04	05	06	07	08	09	10
8.12	<b>In the past three Calendar months, has .... taken any overnight trip outside the borders of South Africa?</b> 1 = Yes 2 = No → <b>Go to Section 9</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
8.13	<b>Has ... returned from the overnight trip outside the borders of South Africa?</b> 1 = Yes → <b>Go to 8.15</b> 2 = No	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
8.14	<b>What is the reason that ... has not returned from his/her travels?</b> <i>Record one response only</i> 01 = Moved permanently to another country 02 = Leisure/ vacation/ holiday 03 = Shopping – business 04 = Shopping – personal 05 = Sporting – spectator 06 = Sporting – participant 07 = Visiting friend and/or family 08 = Funeral 09 = Business or professional trip 10 = Business conference 11 = Study/ educational trip 12 = Medical 13 = Wellness ( e.g. spa, health farm) 14 = Religious 15 = Other, specify..... → <b>Go to Section 9</b>	<div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div>									

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[illegible]

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

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

8.24	<p><b>What was the main purpose of this trip</b> <i>Record one response only</i></p> <p>01 = Leisure/ vacation/ holiday 02 = Shopping – business 03 = Shopping – personal 04 = Sporting – spectator 05 = Sporting – participant 06 = Visiting friend 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.....</p>	<div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
8.25	<p><b>What was the main type of transport used to reach the main destination?</b> <i>This is the transport used for the longest part of the journey in terms of distance to reach the destination</i></p> <p>1 = Aircraft 2 = Bus 3 = Car 4 = Motorcycle/ Scooter 5 = Taxi 6 = Train 7 = Ship / Boat 8 = Other, Specify.....</p>	<div><div></div><div>1</div></div> <div><div></div><div>2</div></div> <div><div></div><div>3</div></div> <div><div></div><div>4</div></div> <div><div></div><div>5</div></div> <div><div></div><div>6</div></div> <div><div></div><div>7</div></div> <div><div></div><div>8</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

8.26	<p><b>Which port of departure was used to leave the country?</b> <i>This refers to the point at which the individual left the country.</i></p> <p><b>Air</b> 01 = Cape Town International Airport 02 = King Shaka International Airport 03 = OR Tambo International Airport</p> <p><b>Road</b> 04 = Botswana 05 = Lesotho 06 = Mozambique 07 = Namibia 08 = Swaziland 09 = Zimbabwe</p> <p><b>Sea</b> 10 = Cape Town harbour 11 = Durban harbour 12 = Port Elizabeth harbour</p> <p><b>Other</b> 13 = Other ports of departure, specify.....</p>	<div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
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SECTION 9

Interviewer to answer questions below.

9.1 In what language was most of the interview conducted?

Mark only ONE response

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

INTERVIEW END TIME

h

h

m

m

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

GENERAL COMMENTS

Question Number	Person Number	General Comments



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

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

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

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

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

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