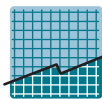


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**Statistics
South Africa**

Preferred supplier of quality statistics



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Domestic Tourism Survey

A. Particulars of the dwelling

Unique
No.

A1. PSU number

A2. Survey Date

A3. Assignment number

A4. Dwelling unit Number

A5. Physical identification of the dwelling unit

A6. Telephone number for enumerated household (if any)

A7. Total number of persons in the household

A8. Questionnaire no. for this household (for person no. 01-10=1, etc.)

B. Households at selected dwelling unit

B1. Household number for this household

B2. Total number of households at selected dwelling unit

C. Response details

Visit no.

Date (actual)

Result

Next visit (planned)

d d m m y y y y

code

d d m m y y y y

C1.

C2.

C3.

C4.

C5. FINAL RESULT

C6. Comments and full details for result code 02-11.

RESULT CODES

01 Completed

02 Non-contact

03 Refused

04 Partly completed

05 No usable information

06 Vacant/unoccupied dwelling

07 Listing error

08 Demolished

09 Change of status

10 Other non response

11 Ended at question B

Comment in C6 giving full details for
result code 02-11

D. Field staff

D1. SO

Persal number

Interview date

D2. DSC

Persal number

Date checked

D3. QA

Persal number

Date checked

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

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

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

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Person number						
04	05	06	07	08	09	10
<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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TOURISM EMPLOYMENT

Ask for everyone in the household

		Person number		
H(i)	Doeswork within the formal (registered for VAT) tourism industry?	01	02	03
	1 = Yes, Full Time (40 Hours or over a week) 2 = Yes, Part Time (Under 40 Hours a week) 3 = No → Go to H(iii)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
H(ii)	If yes, what area best describes your area of work? 1 = Accommodation 2 = Restaurants and Bars 3 = Passenger transport (e.g. road, rail, air) 4 = Travel agents, Tour operators 5 = Tour guides 6 = Recreation and Entertainment 7 = Cultural services 8 = Trading (e.g. Ebony and Curios) 9 = Other tourism industries, <i>specify in the box at the bottom</i>	<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
H(iii)	Doeswork within the informal (not registered for VAT) tourism industry? 1 = Yes, Full Time (40 Hours or over a week) 2 = Yes, Part Time (Under 40 Hours a week) 3 = No → Go to I	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
H(iv)	If yes, what area best describes your area of work? 1 = Accommodation 2 = Restaurants and Bars 3 = Passenger transport (e.g. road, rail, air) 4 = Travel agents, Tour operators 5 = Tour guides 6 = Recreation and Entertainment 7 = Cultural services 8 = Trading (e.g. Ebony and Curios) 9 = Other tourism industries, <i>specify in the box at the bottom</i>	<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 <div></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 <input type="checkbox"/> 9 <div></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 <input type="checkbox"/> 9 <div></div>
I	Is there any other person residing in this household, other than those already mentioned, who is not presently here?	<input type="checkbox"/> YES <input type="checkbox"/> NO	→ IF "YES" GO BACK TO A	

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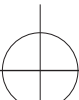
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1D

Person number						
04	05	06	07	08	09	10
<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>	<div><div>1</div><div>2</div><div>3</div></div>
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SURVEY OFFICER SECTION PROMPT TABLE

Use the table below as a guideline for sections that should be completed

DAY TRIPS		TRIPS BY RESPONDENT OR TRIPS BY RESPONDENT AND ANY OTHER HOUSEHOLD MEMBERS	TRIPS BY OTHER MEMBERS OF HOUSEHOLD (WITHOUT THE RESPONDENT)
	Within South Africa	If any, Section 2 must be completed	If any, Section 3 must be completed
OVERNIGHT TRIPS		TRIPS BY RESPONDENT OR TRIPS BY RESPONDENT AND ANY OTHER HOUSEHOLD MEMBERS	TRIPS BY OTHER MEMBERS OF HOUSEHOLD (WITHOUT THE RESPONDENT)
	Within South Africa	If any, Section 4 must be completed	If any, Section 5 must be completed

Mark "x" on the number below if a trip has been reported in the relevant section

2	3
4	5

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SECTION 1

This section covers information regarding trips taken **by the members of the household** from **December 2008 to February 2009**.

Read out: Now I am going to ask some questions about trips undertaken from December until February. These are trips outside your usual environment (i.e. 40KMs and above one way but visited less frequently than once a week). **Note that the trip must be completed.**

These trips can be for a number of reasons including visiting friends and family, funerals, religious events, sports events, shopping, holidays, business or any **other reason**. Do not include trips to your usual place of work or study, nor to any place for short term or seasonal work contract.

TRIPS BY RESPONDENT

1.1.a	<p>During the months of December to February, have you taken any day trips in South Africa? That is trips in which you returned on the same day and did not stay overnight.</p> <p>1 = Yes PUT an X in box 2 on the prompt table 2 = No Go to 1.2.a</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
1.1.b	<p>How many day trips did you take inside South Africa from December to February?</p>	<div><input type="text"/></div> <div><input type="text"/></div>
1.2.a	<p>During the months of December to February, have you taken any overnight trips inside South Africa?</p> <p>1 = Yes PUT an X in box 4 on the prompt table 2 = No Go to 1.3</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div>
1.2.b	<p>How many overnight trips did you take inside South Africa from December to February?</p>	<div><input type="text"/></div> <div><input type="text"/></div>

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Ask if answer to 1.1.a is No (the respondent has not taken a day trip inside South Africa).

Ask if answer to 1.1.a is No (the respondent has not taken a day trip inside South Africa).

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Ask if answer to Q1.2.a is No (the respondent has not taken a overnight trip inside South Africa).

Why did you not take any overnight trips inside South Africa from December to February?

Mark only ONE response

- | | |
|--------------------------|----|
| <input type="checkbox"/> | 01 |
| <input type="checkbox"/> | 02 |
| <input type="checkbox"/> | 03 |
| <input type="checkbox"/> | 04 |
| <input type="checkbox"/> | 05 |
| <input type="checkbox"/> | 06 |
| <input type="checkbox"/> | 07 |
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| <input type="checkbox"/> | 18 |
| <input type="checkbox"/> | 19 |
| <input type="checkbox"/> | 20 |
| <input type="checkbox"/> | 21 |

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TRIPS BY OTHER MEMBERS OF THE HOUSEHOLD

The following questions cover information regarding trips taken by **other members of the household** from **December 2008 to February 2009**.

Read out: *Now I am going to ask some questions about trips undertaken from December until February.*

These are trips outside the usual environment (i.e. 40KMs and above one way but visited less frequently than once a week).

Note that the trip must be completed. Check the prompt table at the end of the sections to find out which sections to be completed.

1.5a	<p>During the months of December to February, has any other member of your household taken any day trips inside South Africa? Again, that is trips in which they returned on the same day and did not stay overnight.</p> <p>1 = Yes → PUT an "X" in box 3 on the prompt table</p> <p>2 = No → Go to 1.6a</p> <p>3 = Don't know → Go to 1.6a</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>
1.5b	<p>How many day trips did other members of your household take inside South Africa from December to February?</p>	<div><input type="text"/></div> <div><input type="text"/></div>
1.6a	<p>During the months of December to February has any other member of your household taken any overnight trips inside South Africa?</p> <p>1 = Yes → PUT an "X" in box 5 on the prompt table</p> <p>2 = No → Go to Prompt table</p> <p>3 = Don't know → Go to Prompt table</p>	<div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div>
1.6b	<p>How many overnight trips did other members of your household take inside South Africa from December to February?</p>	<div><input type="text"/></div> <div><input type="text"/></div>

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SECTION 2:

This section covers information on domestic day trips undertaken **by the respondent** from December 2008 to February 2009. Complete this section if the respondent has undertaken at least one domestic day trip from December to February (i.e., 1.1.a "Yes"). **Note that the respondent may take the trips alone or with other household members.**

Read: **You've already told me that you have completed ...trips in South Africa from December to February.**

2D

2.1	Can you tell me which month(s) these trips took place		NUMBER OF TRIPS	
	Record number of trips per month. If exact months not known, help respondent to make rough estimates			
	1.	December		
	2.	January		
	3.	February		
	Total (Add 1-3 to confirm Total)			
Read: I would like you to focus on the most recent day trip inside South Africa that you have undertaken from December to February.				
2.2	What was the main destination on this trip?	Provincial Code	Place name	
	Select the province and write place names			
	If the respondent visited more than one place, state the destination where the most hours were spent			
	1 = Western Cape	<input type="checkbox"/> 1		
	2 = Eastern Cape	<input type="checkbox"/> 2		
	3 = Northern Cape	<input type="checkbox"/> 3		
	4 = Free State	<input type="checkbox"/> 4		
	5 = Kwa-Zulu Natal	<input type="checkbox"/> 5		
	6 = North West	<input type="checkbox"/> 6		
	7 = Gauteng	<input type="checkbox"/> 7		
	8 = Mpumalanga	<input type="checkbox"/> 8		
	9 = Limpopo	<input type="checkbox"/> 9		

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2.3	What date did this trip take place?	
	<i>Write the date in the following format (dd/mm/yyyy)</i>	<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>
2.4	Including yourself, how many people in total went on this trip? Include those who are not members of your household	<div> <div></div><div></div><div></div> </div>
2.5	Of the people mentioned above, how many were members of your household?	<div> <div></div><div></div> </div>
2.6	Please indicate exactly which members of the household went on this trip (including respondent)	<div> <div> <div></div>01 <div></div>11 </div> <div> <div></div>02 <div></div>12 </div> <div> <div></div>03 <div></div>13 </div> <div> <div></div>04 <div></div>14 </div> <div> <div></div>05 <div></div>15 </div> <div> <div></div>06 <div></div>16 </div> <div> <div></div>07 <div></div>17 </div> <div> <div></div>08 <div></div>18 </div> <div> <div></div>09 <div></div>19 </div> <div> <div></div>10 <div></div>20 </div> </div>
2.7	What was the main purpose of this trip? <i>Mark ONE response only</i> 01 = Leisure/vacation/holiday 02 = Shopping - business 03 = Shopping - personal 04 = Sporting - spectator 05 = Sporting - participant 06 = Visiting friends and/or family 07 = Funeral 08 = Business or professional trip 09 = Business conference 10 = Study/educational trip 11 = Medical 12 = Wellness (e.g. spa, health farm) 13 = Religious 14 = Other, <i>specify.....</i>	<div> <div> <div></div>01 <div></div>02 <div></div>03 <div></div>04 <div></div>05 <div></div>06 <div></div>07 <div></div>08 <div></div>09 <div></div>10 <div></div>11 <div></div>12 <div></div>13 <div></div>14 </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> <div></div><div></div><div></div><div></div><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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2.8.4	Nature Based <i>You can mark more than one response</i>	Respondent YES 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 Specify	Other household members YES 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 Specify
	19 = Visited a rural area		
	20 = Wildlife e.g. game viewing, whale watching, bird watching		
	21 = Hunting		
	22 = Beach e.g. sunbathing and swimming		
	23 = Visited parks/gardens		
	24 = Sightseeing		
	25 = Visited a mountain area		
	26 = Other outdoors/nature based		
2.8.5	Social Activity <i>You can mark more than one response</i>	Respondent YES 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 Specify	Other household members YES 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 Specify
	27 = Visiting friends/family		
	28 = Weddings/funerals/christening/initiation		
	29 = Other social activity		

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2.10	Read out: Now the following questions relate to package trips.			
2.10.1	Was the last day trip a package, (where two or more expense items, such as transport and a meal, were included in the price? 1 = Yes 2 = No → Go to Q2.11 3 = Don't know → Go to Q2.11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
2.10.2	How much did the package trip cost? Give the total cost of the package of all persons in the group.	Rands <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2.10.3	Please indicate which of the following items were included in the package. <i>Read ALL items to the respondent</i> 1. Airfare 2. Land transport 3. Food and beverages 4. Recreation and entertainment (e.g. payments to a zoo etc.) 5. Travel insurance 6. Shopping 7. Other	Included Yes <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	No <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	Don't know <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3

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Read: I now want you to tell me what the total expenditure (in Rands) was on this trip *(for those who took a package trip, I want to know about the expenditure on items that were not part of the package, and for those that didn't take a package trip may I have their total expenditure)*, **including 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.

		Person (respondent) number											
2.11	How much money did you and/or other members of your household spend on this trip?	01				02				03			
	01 = Airfare	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 = Train	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 = Land transport (fuel, kombi, bus tickets, toll fees, parking)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 = Car hire	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 = Food and beverages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	06 = Recreation/entertainment (sports, game parks and amusement parks)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 = Cultural services (performing arts/museums)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 = Medical expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	09 = Shopping	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	10 = Tour guide/travel agent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11 = Other Specify.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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		<input type="text"/>	<input type="text"/>										

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Now thinking about any money (in Rands) spent before the trip on items related to the trip.

		Person (respondent) number											
2.12	How much money did you and/or other members of your household spend on the following before the trip?	01				02				03			
	01 = Food on 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"/>
	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"/>
	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"/>
	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"/>
	05 = Servicing of 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"/>
	06 = Checking/servicing alarm systems	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>
	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"/>
	09 = Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	10 = Toiletries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	11 = Luggage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	12 = Medical supplies/innoculations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	13 = Electrical appliances e.g. adaptors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	14 = Other, <i>Specify</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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SECTION 3:

This section covers information on domestic day trips undertaken by other members of the household **without the respondent**. **Complete this section if other members of the household have undertaken at least one domestic day trip from December 2008 to February 2009 (i.e. 1.5.a is "Yes")**

Read out: You've already told me that members of your household have completedday trips within South Africa from December to February.

3.1	Can you tell me which month(s) these trips took place		NUMBER OF TRIPS	
	<i>Record number of trips per month. If exact months not known, help respondent to make rough estimates</i>			
	1. December		<input type="text"/>	<input type="text"/>
	2. January		<input type="text"/>	<input type="text"/>
	3. February		<input type="text"/>	<input type="text"/>
Total (Add 1-3 to confirm Total)			<input type="text"/>	<input type="text"/>
<i>Read: I would like you to focus on the most recent domestic day trip that your household members have undertaken from December to February.</i>				
3.2	What was the main destination on this trip?	Provincial Code	Place name	
	<i>Select the province and write place names</i>			
	<i>If other household members visited more than one place, state the destination where the most hours were spent</i>			
	1 = Western Cape	<input type="checkbox"/> 1	<input type="text"/>	
	2 = Eastern Cape	<input type="checkbox"/> 2	<input type="text"/>	
	3 = Northern Cape	<input type="checkbox"/> 3	<input type="text"/>	
	4 = Free State	<input type="checkbox"/> 4	<input type="text"/>	
	5 = Kwa-Zulu Natal	<input type="checkbox"/> 5	<input type="text"/>	
	6 = North West	<input type="checkbox"/> 6	<input type="text"/>	
	7 = Gauteng	<input type="checkbox"/> 7	<input type="text"/>	
	8 = Mpumalanga	<input type="checkbox"/> 8	<input type="text"/>	
	9 = Limpopo	<input type="checkbox"/> 9	<input type="text"/>	

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3.8.6	Religious Activity <i>You can mark more than one response</i> 30 = Religious conference 31 = Place of worship e.g. church, mosque, synagogue, temple 32 = Other religious Specify	Other household members YES 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 <div></div>
		<div></div>
3.8.7	Medical/Health <i>You can mark more than one response</i> 33 = Medical e.g. treatment in clinic/hospital 34 = Health/wellness e.g. hydro, spa, beauty centre, health farm 35 = Other medical Specify	Other household members YES 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 <div></div>
		<div></div>
3.9	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 = Private Car 4 = Motorcycle/Scooter 5 = Bicycle 6 = Taxi 7 = Train 8 = Other Specify	<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></div>

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3.10	Read out: Now the following questions relate to package trips.			
3.10.1	Was the last day trip a package, (where two or more expense items, such as transport and a meal, were included in the price?) 1 = Yes 2 = No → Go to Q3.11 3 = Don't know → Go to Q3.11	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
3.10.2	How much did the package trip cost? Give the total cost of the package of all persons in the group.	Rands <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3.10.3	Please indicate which of the following items were included in the package. <i>Read ALL items to the respondent</i> 1. Airfare 2. Land transport 3. Food and beverages 4. Recreation and entertainment (e.g. payments to a zoo etc.) 5. Travel insurance 6. Shopping 7. Other	Included Yes <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	No <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	Don't know <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3

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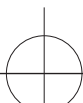
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Read: I now want you to tell me what the total expenditure (in Rands) was on this trip *(for those who took a package trip, I want to know about the expenditure on items that were not part of the package, and for those that didn't take a package trip may I have their total expenditure)*, **including 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.

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SECTION 4:
 This section covers information on domestic overnight trips undertaken **by the respondent** from December 2008 to February 2009. **Complete this section if the respondent has undertaken at least one domestic overnight trip from December to February (i.e 1.2a is "Yes").**
Note the respondent may take the trips alone or with other household members.
Read out: You've already told me that you have completedtrips within South Africa from December to February .

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4.1	Can you tell me which month(s) these trips took place		NUMBER OF TRIPS	
	<i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates</i>			
	1.	December	<div><div></div><div></div></div>	
	2.	January	<div><div></div><div></div></div>	
	3.	February	<div><div></div><div></div></div>	
		Total (Add 1-3 to confirm Total)		<div><div></div><div></div></div>
Read: I would like you to focus on the most recent domestic overnight trip that you have undertaken from December to February.				
4.2	What was the main destination on this trip? <i>Select the province and write place names</i> <i>If the respondent visited more than one place, state the destination where the most nights were spent</i>	Provincial Code	Place name	
	1 = Western Cape	<div><div></div> 1</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
	2 = Eastern Cape	<div><div></div> 2</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
	3 = Northern Cape	<div><div></div> 3</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
	4 = Free State	<div><div></div> 4</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
	5 = Kwa-Zulu Natal	<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>	
	6 = North West	<div><div></div> 6</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
	7 = Gauteng	<div><div></div> 7</div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
	8 = Mpumalanga	<div><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>	
	9 = Limpopo	<div><div></div> 9</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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4.3	What date did this trip take place?																																									
4.3.1	Start date (when you left for the trip) <i>Write the date in the following format (dd/mm/yyyy)</i>	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	d	d	m	m	y	y	y	y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
d	d	m	m	y	y	y	y																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																			
4.3.2	End date (when you returned from the trip) <i>Write the date in the following format (dd/mm/yyyy)</i>	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	d	d	m	m	y	y	y	y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
d	d	m	m	y	y	y	y																																			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																			
4.4	How many nights were spent on this trip?	<table><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>																																						
<input type="text"/>	<input type="text"/>																																									
4.5	Including yourself, how many people in total went on this trip? Include those who are not members of your household	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																					
<input type="text"/>	<input type="text"/>	<input type="text"/>																																								
4.6	Of the people mentioned above, how many were members of your household	<table><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>																																						
<input type="text"/>	<input type="text"/>																																									
4.7	Please indicate exactly which members of the household went on this trip (including respondent)	<table><tr><td><input type="checkbox"/></td><td>01</td><td><input type="checkbox"/></td><td>11</td></tr><tr><td><input type="checkbox"/></td><td>02</td><td><input type="checkbox"/></td><td>12</td></tr><tr><td><input type="checkbox"/></td><td>03</td><td><input type="checkbox"/></td><td>13</td></tr><tr><td><input type="checkbox"/></td><td>04</td><td><input type="checkbox"/></td><td>14</td></tr><tr><td><input type="checkbox"/></td><td>05</td><td><input type="checkbox"/></td><td>15</td></tr><tr><td><input type="checkbox"/></td><td>06</td><td><input type="checkbox"/></td><td>16</td></tr><tr><td><input type="checkbox"/></td><td>07</td><td><input type="checkbox"/></td><td>17</td></tr><tr><td><input type="checkbox"/></td><td>08</td><td><input type="checkbox"/></td><td>18</td></tr><tr><td><input type="checkbox"/></td><td>09</td><td><input type="checkbox"/></td><td>19</td></tr><tr><td><input type="checkbox"/></td><td>10</td><td><input type="checkbox"/></td><td>20</td></tr></table>	<input type="checkbox"/>	01	<input type="checkbox"/>	11	<input type="checkbox"/>	02	<input type="checkbox"/>	12	<input type="checkbox"/>	03	<input type="checkbox"/>	13	<input type="checkbox"/>	04	<input type="checkbox"/>	14	<input type="checkbox"/>	05	<input type="checkbox"/>	15	<input type="checkbox"/>	06	<input type="checkbox"/>	16	<input type="checkbox"/>	07	<input type="checkbox"/>	17	<input type="checkbox"/>	08	<input type="checkbox"/>	18	<input type="checkbox"/>	09	<input type="checkbox"/>	19	<input type="checkbox"/>	10	<input type="checkbox"/>	20
<input type="checkbox"/>	01	<input type="checkbox"/>	11																																							
<input type="checkbox"/>	02	<input type="checkbox"/>	12																																							
<input type="checkbox"/>	03	<input type="checkbox"/>	13																																							
<input type="checkbox"/>	04	<input type="checkbox"/>	14																																							
<input type="checkbox"/>	05	<input type="checkbox"/>	15																																							
<input type="checkbox"/>	06	<input type="checkbox"/>	16																																							
<input type="checkbox"/>	07	<input type="checkbox"/>	17																																							
<input type="checkbox"/>	08	<input type="checkbox"/>	18																																							
<input type="checkbox"/>	09	<input type="checkbox"/>	19																																							
<input type="checkbox"/>	10	<input type="checkbox"/>	20																																							

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What was the main purpose of this trip?

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

- | | |
|--------------------------|----|
| <input type="checkbox"/> | 01 |
| <input type="checkbox"/> | 02 |
| <input type="checkbox"/> | 03 |
| <input type="checkbox"/> | 04 |
| <input type="checkbox"/> | 05 |
| <input type="checkbox"/> | 06 |
| <input type="checkbox"/> | 07 |
| <input type="checkbox"/> | 08 |
| <input type="checkbox"/> | 09 |
| <input type="checkbox"/> | 10 |
| <input type="checkbox"/> | 11 |
| <input type="checkbox"/> | 12 |
| <input type="checkbox"/> | 13 |
| <input type="checkbox"/> | 14 |

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4.9.5 Social Activity <i>You can mark more than one response</i>	27 = Visiting friends/family	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2
	28 = Weddings/funerals/christening/initiation	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	29 = Other social activity	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	Specify		
4.9.6 Religious Activity <i>You can mark more than one response</i>	30 = Religious conference	YES NO <input type="checkbox"/> 1 <input type="checkbox"/> 2	YES NO <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	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	Specify		

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4.9.7	Medical/Health <i>You can mark more than one response</i>	Respondent	Other household members
	33 = Medical e.g. treatment in clinic/hospital	<input type="checkbox"/> 33	<input type="checkbox"/> 33
	34 = Health/wellness e.g. hydro, spa, beauty centre, health farm	<input type="checkbox"/> 34	<input type="checkbox"/> 34
	35 - Other medical	<input type="checkbox"/> 35	<input type="checkbox"/> 35
	Specify		
4.10	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 = Private Car	<input type="checkbox"/> 3	
	4 = Motorcycle/Scooter	<input type="checkbox"/> 4	
	5 = Bicycle	<input type="checkbox"/> 5	
	6 = Taxi	<input type="checkbox"/> 6	
	7 = Train	<input type="checkbox"/> 7	
	8 = Other	<input type="checkbox"/> 8	
	Specify		

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4.13	How was the trip booked? Was it through? 1 = A tour operator 2 = A travel agent 3 = Booked independently 4 = No booking necessary → Go to 4.16.1 5 = Did not make booking myself, don't know → Go to 4.16.1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																																				
4.14	What method was used to book 1 = Personal visit to travel shop 2 = Entirely by telephone 3 = On the internet 4 = Through fax/post 5 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																																				
4.15	How long before the trip was the booking made? 1 = Under two weeks 2 = Two to four weeks 3 = One month 4 = Two months 5 = Three months 6 = Four months 7 = Five months 8 = Six months or more 9 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9																																				
4.16	<i>Read out:</i> Now the following questions relate to package trips																																					
4.16.1	Was this last overnight trip a package, (where two or more items, such as transport and accommodation, were included in an all-inclusive price)? 1 = Yes 2 = No → Go to 4.17 3 = Don't know → Go to 4.17	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																																				
4.16.2	How much did this package trip cost? Give the total cost of the package of all persons in group	Rands <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																				
4.16.3	Please indicate which of the following items were included in the package <i>Read ALL items to the respondent</i> 1. Airfare 2. Land transport 3. Accommodation 4. Food and beverages 5. Recreation and entertainment (e.g. payments to a zoo etc) 6. Travel insurance 7. Shopping 8. Other	<table border="1"> <thead> <tr> <th>Included</th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table>	Included	Yes	No	Don't know	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Included	Yes	No	Don't know																																			
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																			
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																			
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																			
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																			
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																			
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																			
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																			
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3																																			

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Read: I now want you to tell me what the total expenditure (in Rands) was on this trip (for those who took a package trip, I want to know about the expenditure on items that were not part of the package, and for those that didn't take a package trip may I have their total expenditure), **including 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.

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Now thinking about any money (in Rands) spent before the trip on items related to the trip.

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SECTION 5:

This section covers information on domestic overnight trips undertaken **by other members of the household** from **December 2008 to February 2009** without the respondent. Complete this section if other members of the household have undertaken at least one domestic overnight trip from December to February (i.e. 1.6a is "Yes")

Read out: **You've already told me that members of your household have completedovernight trips within South Africa from December to February.**

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

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5.9	While on this trip, which of the following activities did other members of your household undertake?	
5.9.1	Recreation Entertainment <i>You can mark more than one response</i> 01 = Entertainment e.g. cinema, concert, show 02 = Theme parks e.g. aquariums 03 = Cultural, historical and heritage e.g. cultural village, museums, art galleries, township tour 04 = Eating out e.g. restaurants, cafés 05 = Night life e.g. bars, night-clubs, discos 06 = Visited a casino 07 = Shopping e.g. malls, flea/craft markets 08 = Other recreation, entertainment <i>Specify</i>	Other household members YES 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 <div style="border: 1px solid black; width: 100px; height: 100px; margin-top: 10px;"></div>
5.9.2	Business/Professional <i>You can mark more than one response</i> 09 = Meeting 10 = Business conference, convention 11 = Trading e.g. bought goods from suppliers or sold goods to customers 12 = Other business/professional <i>Specify</i>	YES 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 <div style="border: 1px solid black; width: 100px; height: 100px; margin-top: 10px;"></div>

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5.9.3

You can mark more than one response

Specify

YES NO

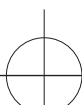
1 2

Nature Based

You can mark more than one response

Specify

YES NO



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5.9.7

Other household members

YES NO

1 2

1 2

1 2

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

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

1

2

3

4

5

6

7

8

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5.11	What was the main type of accommodation used on this last trip? 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 relative 08 = Holiday home/Second home 09 = Campsite 10 = Caravan Park 11 = Yacht/Boat 12 = Cruise Ship 13 = Other <i>Specify</i>	<table><tr><td><input type="checkbox"/></td><td>01</td></tr><tr><td><input type="checkbox"/></td><td>02</td></tr><tr><td><input type="checkbox"/></td><td>03</td></tr><tr><td><input type="checkbox"/></td><td>04</td></tr><tr><td><input type="checkbox"/></td><td>05</td></tr><tr><td><input type="checkbox"/></td><td>06</td></tr><tr><td><input type="checkbox"/></td><td>07</td></tr><tr><td><input type="checkbox"/></td><td>08</td></tr><tr><td><input type="checkbox"/></td><td>09</td></tr><tr><td><input type="checkbox"/></td><td>10</td></tr><tr><td><input type="checkbox"/></td><td>11</td></tr><tr><td><input type="checkbox"/></td><td>12</td></tr><tr><td><input type="checkbox"/></td><td>13</td></tr></table> <div></div>		<input type="checkbox"/>	01	<input type="checkbox"/>	02	<input type="checkbox"/>	03	<input type="checkbox"/>	04	<input type="checkbox"/>	05	<input type="checkbox"/>	06	<input type="checkbox"/>	07	<input type="checkbox"/>	08	<input type="checkbox"/>	09	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>	13																
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5.12	Was there any special promotion or event that prompted you to go at this particular time? <i>You can mark more than one response</i> 01 = Family event/occasion 02 = Cheap airfares 03 = Accommodation promotion 04 = Participation in sport event 05 = Spectator of a sport event 06 = Music/cultural event 07 = Business/Exhibition/Conference 08 = Wine/food festival 09 = Club meeting/reunion 10 = Religious event 11 = Other <i>Specify</i>	YES <table><tr><td><input type="checkbox"/></td><td>1</td></tr><tr><td><input type="checkbox"/></td><td>1</td></tr><tr><td><input type="checkbox"/></td><td>1</td></tr><tr><td><input type="checkbox"/></td><td>1</td></tr><tr><td><input type="checkbox"/></td><td>1</td></tr><tr><td><input type="checkbox"/></td><td>1</td></tr><tr><td><input type="checkbox"/></td><td>1</td></tr><tr><td><input type="checkbox"/></td><td>1</td></tr><tr><td><input type="checkbox"/></td><td>1</td></tr><tr><td><input type="checkbox"/></td><td>1</td></tr><tr><td><input type="checkbox"/></td><td>1</td></tr></table> <div></div>	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	NO <table><tr><td><input type="checkbox"/></td><td>2</td></tr><tr><td><input type="checkbox"/></td><td>2</td></tr><tr><td><input type="checkbox"/></td><td>2</td></tr><tr><td><input type="checkbox"/></td><td>2</td></tr><tr><td><input type="checkbox"/></td><td>2</td></tr><tr><td><input type="checkbox"/></td><td>2</td></tr><tr><td><input type="checkbox"/></td><td>2</td></tr><tr><td><input type="checkbox"/></td><td>2</td></tr><tr><td><input type="checkbox"/></td><td>2</td></tr><tr><td><input type="checkbox"/></td><td>2</td></tr></table> <div></div>	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2
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5.13	How was the trip booked? Was it through? 1 = A tour operator 2 = A travel agent 3 = Booked independently 4 = No booking necessary → Go to 5.16.1 5 = Did not make booking myself, don't know → Go to 5.16.1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																																				
5.14	What method was used to book 1 = Personal visit to travel shop 2 = Entirely by telephone 3 = On the internet 4 = Through fax/post 5 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																																				
5.15	How long before the trip was the booking made? 1 = Under two weeks 2 = Two to four weeks 3 = One month 4 = Two months 5 = Three months 6 = Four months 7 = Five months 8 = Six months or more 9 = Don't know	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9																																				
5.16	<i>Read out: Now the following questions relate to package trips</i>																																					
5.16.1	Was this last overnight trip a package, (where two or more items, such as transport and accommodation, were included in an all-inclusive price)? 1 = Yes 2 = No → Go to 5.17 3 = Don't know → Go to 5.17	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3																																				
5.16.2	How much did this package trip cost? Give the total cost of the package of all persons in group	Rands <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																				
5.16.3	Please indicate which of the following items were included in the package <i>Read ALL items to the respondent</i> 1. Airfare 2. Land transport 3. Accommodation 4. Food and beverages 5. Recreation and entertainment (e.g. payments to a zoo etc) 6. Travel insurance 7. Shopping 8. Other	<table border="1"> <thead> <tr> <th>Included</th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> </tr> </tbody> </table>	Included	Yes	No	Don't know	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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Read: I now want you to tell me what the total expenditure (in Rands) was on this trip *(for those who took a package trip, I want to know about the expenditure on items that were not part of the package, and for those that didn't take a package trip may I have their total expenditure)*, **including 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.

		Person (respondent) number											
5.17	How much money did other members of your household spend on this trip	01				02				03			
	01 = Airfare												
	02 = Train												
	03 = Car hire												
	04 = Land transport (fuel, kombi, bus tickets, toll fees, parking)												
	05 = Accommodation												
	06 = Food and beverages												
	07 = Recreation/entertainment (sports, game parks and amusement parks)												
	08 = Cultural services (performing arts/museums)												
	09 = Medical expenses												
	10 = Shopping												
	11 = Tour guide												
	12 = Other												
	Specify.....												
	TOTAL												

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Now thinking about any money (in Rands) spent before the trip on items related to the trip.

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SECTION 6

6.1	Indicate the column number of the person who was the respondent throughout the questionnaire	<input type="text"/> <input type="text"/>																																																																																																				
6.2	In what language was most of the interview conducted? <i>Mark only ONE response</i> 01 = Afrikaans 02 = English 03 = Insindebele/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 = Xitsong/Tsonga 12 = Other, <i>Specify</i>	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <table border="1" style="width: 100%; height: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																				

INTERVIEW END TIME ^h ^h ^m ^m

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