

# Domestic Tourism Survey 2011

## A: Particulars of the dwelling

A1: PSU Number

A2: Assignment Number

A3: Dwelling Unit Number

A4: Physical ID of the Dwelling Unit/Household

A5: Telephone number of enumerated household

A6: Total number of persons in household

A7: Questionnaire number of this household

## B: Households at the selected dwelling unit

B1: Household number for this household

B2: Total number of households at selected dwelling

## C: Field staff

C1: Survey Officer name

Persal Number

C2: DSC name

Persal Number

C3: PQM name

Persal 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		d	d	m	m	y	y	y
1															
2															
3															
4															

E2: Final result code

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

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

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

## Aim and use of the survey

### The survey design

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

### Write figures very carefully

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

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

Your figures should be made like this:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>0</b>

Your crosses should not touch the sides:



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

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		Person number									
		01	02	03	04	05	06	07	08	09	10
<b>E</b>	<b>What population group does ..... belong to?</b>										
	1 = Black African	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Coloured	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Indian/Asian	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = White	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Other ( <i>specify in box below</i> )	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<b>F(i)</b>	<b>What is .....’s present marital status?</b>										
	1 = Married	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = Living together like husband and wife	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	3 = Widow/Widower → <b>Go to G</b>	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	4 = Divorced/Separated → <b>Go to G</b>	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	5 = Never married → <b>Go to G</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<b>F(ii)</b>	<b>Does .....’s spouse/partner live in this household?</b>										
	1 = Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	2 = No → <b>Go to G</b>	<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
<b>F(iii)</b>	<b>Which person is the spouse/partner of .....?</b>										
	<i>Give person number</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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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										

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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	<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> <i>Examples: a regular job, contract, casual or piece work for pay, work in exchange for food or housing, paid domestic work.</i> 1 = YES 2 = NO 3 = DO NOT KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
H(i)b	<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> <i>Examples: Commercial farming, selling things, making things for sale, construction, repairing things, guarding cars, brewing beer, collecting wood or water for sale, hairdressing, crèche businesses, taxi or other transport business, having a legal or medical practice, performing in public, having a public phone shop, etc.</i> 1 = YES 2 = NO 3 = DO NOT KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
H(i)c	<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> <i>Examples: Commercial farming, help to sell things, make things for sale or exchange, doing the accounts, cleaning up for the business, etc.</i> 1 = YES 2 = NO 3 = DO NOT KNOW	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
H(ii)	<b>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?</b> 1 = YES 2 = NO → <i>Go to I</i> 3 = DO NOT KNOW → <i>Go to I</i> <i>Those helping unpaid in household businesses should have a "no" answer even if they have a job to definately return to.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
H(iii)	<b>Does ..... work for .....</b> 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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
H(iv)	<b>What are the goods and services produced by the organisation/business .....work for? Is it .....?</b> 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	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
I	<b>Is there any other person residing in this household, other than those already mentioned, who is not presently here?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	→ If "Yes" go back to A									

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**Go to 1.3**

**Go to Section 2**



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Ask if answer 1.1.a is “YES”

Read: You’ve already told me that you did take day trips inside South Africa from 01 January 2010 to 31 December 2010

1.3	Can you tell me which month(s) these trips took place? <i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</i>	NUMBER OF TRIPS
1.	January	<input type="text"/> <input type="text"/>
2.	February	<input type="text"/> <input type="text"/>
3.	March	<input type="text"/> <input type="text"/>
4.	April	<input type="text"/> <input type="text"/>
5.	May	<input type="text"/> <input type="text"/>
6.	June	<input type="text"/> <input type="text"/>
7.	July	<input type="text"/> <input type="text"/>
8.	August	<input type="text"/> <input type="text"/>
9.	September	<input type="text"/> <input type="text"/>
10.	October	<input type="text"/> <input type="text"/>
11.	November	<input type="text"/> <input type="text"/>
12.	December	<input type="text"/> <input type="text"/>
	<b>Total (Add 1-12 to confirm total)</b>	<input type="text"/> <input type="text"/>

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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 from 01 January 2010 to 31 December 2010

1.4 What was the main destination on this trip? <i>Select the province and district code and write place names</i> <i>If the respondent visited more than one place, state the destination where the most hours were spent</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 99 = Don't know	<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"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
2 = Eastern Cape	<input type="checkbox"/> 2	01 = Cacadu District Municipality 02 = Amatole District Municipality 03 = Chris Hani District Municipality 04 = Ukhahlamba District Municipality 05 = O R Tambo District Municipality 06 = Alfred Nzo District Municipality 07 = Nelson Mandela District Municipality 99 = Don't Know	<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"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></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	<input type="checkbox"/> 3	01 = Kgalagadi District Municipality 02 = Namakwa District Municipality 03 = Pixley Ka Seme District Municipality 04 = Siyanda District Municipality 05 = Frances Baard District Municipality 99 = Don't Know	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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 = Free State	<input type="checkbox"/> 4	01 = Xhariep District Municipality 02 = Motheo District Municipality 03 = Lejweleputswa District Municipality 04 = Thabo Mofutsanyane District Municipality 05 = Fezile Dabi District Municipality 99 = Don't know	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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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5 = Kwa-Zulu Natal	5	01 = Ugu District Municipality 02 = uMgungundlovu District Municipality 03 = uThukela District Municipality 04 = uMzinyathi District Municipality 05 = Amajuba District Municipality 06 = Zululand District Municipality 07 = uMkhanyakude District Municipality 08 = uThungulu District Municipality 09 = Ilembe District Municipality 10 = Sisonke District Municipality 11 = eThekwini Municipality 99 = Don't know	01 02 03 04 05 06 07 08 09 10 11 99	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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 = North West	6	01 = Bojanala District Municipality 02 = Ngaka Modiri Molema District Municipality 03 = Dr Ruth Segomotsi Mompati District Municipality 04 = Dr Kenneth Kaunda District Municipality 99 = Don't know	01 02 03 04 99	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </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	7	01 = Sedibeng District Municipality 02 = Metsweding District Municipality 03 = West Rand District Municipality 04 = Ekurhuleni Metropolitan Municipality 05 = City of Johannesburg Metropolitan Municipality 06 = City of Tshwane Metropolitan Municipality 99 = Don't know	01 02 03 04 05 06 99	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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 = Mpumalanga	8	01 = Gert Sibande District Municipality 02 = Nkangala District Municipality 03 = Ehlanzeni District Municipality 99 = Don't know	01 02 03 99	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </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	9	01 = Mopani District Municipality 02 = Vhembe District Municipality 03 = Capricorn District Municipality 04 = Waterberg District Municipality 05 = Greater Sekhukhune District Municipality 06 = Don't know	01 02 03 04 05 99	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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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*Read out each item to the respondent*

[illegible][illegible]

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1.9.5	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 Specify .....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
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1.9.7	<b>MEDICAL/HEALTH</b> Mark all options mentioned	<b>Respondent</b>	<b>Other household members</b>																																																																																																				
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	35 = Other medical Specify .....	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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1.10	<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>																																																																																																					
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	2 = BUS	<input type="checkbox"/> 2																																																																																																				
	3 = CAR	<input type="checkbox"/> 3																																																																																																				
	4 = MOTORCYCLE/SCOOTER	<input type="checkbox"/> 4																																																																																																				
	5 = BICYCLE	<input type="checkbox"/> 5																																																																																																				
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**1.11** Read out: **Now the following questions relate to package trips**

1.11.1	<b>Was this last day trip a package?</b> (Where two or more expense items, such as transport and a meal, were included in an all-inclusive price)	
	1 = Yes 2 = No 3 = Don't know	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">           → <b>Go to Q1.12</b>            → <b>Go to Q1.12</b> </div> <div style="display: flex; flex-direction: column; align-items: flex-start;"> <div><input type="checkbox"/> 1</div> <div><input type="checkbox"/> 2</div> <div><input type="checkbox"/> 3</div> </div> </div>

1.11.2	<b>How much did this package trip cost?</b>  <b>Give the total cost of the package of all persons in the group</b>	<div style="text-align: center; border-bottom: 1px solid black; padding-bottom: 5px;">Rands</div> <div style="display: flex; justify-content: center; gap: 10px;"> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> <input style="width: 30px; height: 30px;" type="text"/> </div>
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1.11.3	<b>Please indicate which of the following items were included in the package</b>	INCLUDED		
		YES	NO	DON'T KNOW
	1 = Airfare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	2 = Land transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	3 = Food and beverages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	4 = Recreation and entertainment ( <i>e.g payments to a zoo etc</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	5 = Travel insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	6 = Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	7 = Other .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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

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

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

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

Example: R18 000 should be recorded as follows

	1	8
0	0	0

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
1.12	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"/>
1.13	How much money did you and/or other members of your household spent on the following before the trip?										
	01 = Food for the trip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	02 = Gifts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	03 = Travel Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	04 = Other financial services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	05 = Servicing the vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	06 = Checking/servicing alarm system	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	07 = Hiring security	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	08 = Hiring house sitter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

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

Example: R18 000 should be recorded as follows

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

	1	8
0	0	0

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

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**Go to 2.3**

**Go to Section 3**

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Ask if answer 2.1.a is “YES”

Read: You’ve already told me that you did take overnight trips inside South Africa from 01 January 2010 to 31 December 2010

2.3	Can you tell me which month(s) these trips took place? <i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</i>	NUMBER OF TRIPS
1.	January	<input type="text"/> <input type="text"/>
2.	February	<input type="text"/> <input type="text"/>
3.	March	<input type="text"/> <input type="text"/>
4.	April	<input type="text"/> <input type="text"/>
5.	May	<input type="text"/> <input type="text"/>
6.	June	<input type="text"/> <input type="text"/>
7.	July	<input type="text"/> <input type="text"/>
8.	August	<input type="text"/> <input type="text"/>
9.	September	<input type="text"/> <input type="text"/>
10.	October	<input type="text"/> <input type="text"/>
11.	November	<input type="text"/> <input type="text"/>
12.	December	<input type="text"/> <input type="text"/>
	<b>Total (Add 1-12 to confirm total)</b>	<input type="text"/> <input type="text"/>

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5 = Kwa-Zulu Natal	5	01 = Ugu District Municipality 02 = uMgungundlovu District Municipality 03 = uThukela District Municipality 04 = uMzinyathi District Municipality 05 = Amajuba District Municipality 06 = Zululand District Municipality 07 = uMkhanyakude District Municipality 08 = uThungulu District Municipality 09 = Ilembe District Municipality 10 = Siskonke District Municipality 11 = eThekwini Municipality 99 = Don't know	01 02 03 04 05 06 07 08 09 10 11 99	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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 = North West	6	01 = Bojanala District Municipality 02 = Ngaka Modiri Molema District Municipality 03 = Dr Ruth Segomotsi Mompati District Municipality 04 = Dr Kenneth Kaunda District Municipality 99 = Don't know	01 02 03 04 99	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </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	7	01 = Sedibeng District Municipality 02 = Metsweding District Municipality 03 = West Rand District Municipality 04 = Ekurhuleni Metropolitan Municipality 05 = City of Johannesburg Metropolitan Municipality 06 = City of Tshwane Metropolitan Municipality 99 = Don't know	01 02 03 04 05 06 99	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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 = Mpumalanga	8	01 = Gert Sibande District Municipality 02 = Nkangala District Municipality 03 = Ehlanzeni District Municipality 99 = Don't know	01 02 03 99	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </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	9	01 = Mopani District Municipality 02 = Vhembe District Municipality 03 = Capricorn District Municipality 04 = Waterberg District Municipality 05 = Greater Sekhukhune District Municipality 06 = Don't know	01 02 03 04 05 99	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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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**2.10 While on this trip, which of the following activities did you and/or other members of your household undertake, apart from those in the main purpose?**

*Read out each item to the respondent.*

2.10.1	RECREATION / ENTERTAINMENT Mark all options mentioned	Respondent	Other household members
		Y N	Y N
	01 = Entertainment e.g. cinema, concert, show	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	02 = Theme parks e.g. aquariums	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	03 = Cultural, historical and heritage e.g. cultural village, museums, art gallery, township tour	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	04 = Eating out e.g. restaurants, cafés	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	05 = Night life e.g. bars, night-clubs, discos	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	06 = Visited a casino	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	07 = Shopping e.g. malls, flea/craft markets	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
	08 = Other recreation, entertainment, <i>specify .....</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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	31 = Place of worship e.g. church, mosque, synagogue, temple	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
	32 = Other religious, <i>Specify .....</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2																																																																																																				
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2.10.7	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																																																																																																				
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2.11	What was the main type of transport used to reach the main destination? This is the transport used for the longest part of the journey in terms of distance to reach the destination																																																																												
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	2 = BUS	<input type="checkbox"/> 2																																																																											
	3 = CAR	<input type="checkbox"/> 3																																																																											
	4 = MOTORCYCLE/SCOOTER	<input type="checkbox"/> 4																																																																											
	5 = BICYCLE	<input type="checkbox"/> 5																																																																											
	6 = TAXI	<input type="checkbox"/> 6																																																																											
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<b>2.12</b>	<b>What was the main type of accommodation used on this last trip?</b>																																																													
	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, <i>specify</i> .....	<div> <input type="checkbox"/> 01         <input type="checkbox"/> 02         <input type="checkbox"/> 03         <input type="checkbox"/> 04         <input type="checkbox"/> 05         <input type="checkbox"/> 06         <input type="checkbox"/> 07         <input type="checkbox"/> 08         <input type="checkbox"/> 09         <input type="checkbox"/> 10         <input type="checkbox"/> 11       </div> <div> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><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></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></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></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></tr> </table> </div>																																																												

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<b>2.13</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 = 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> .....	<div> <table border="1"> <tr> <th></th> <th>Y</th> <th></th> <th>N</th> </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> <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> <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> <tr><td><input type="checkbox"/></td><td>1</td><td><input type="checkbox"/></td><td>2</td></tr> </table> </div> <div> <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> </div>		Y		N	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	1	<input type="checkbox"/>	2																
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<input type="checkbox"/>	1	<input type="checkbox"/>	2																																																											
<b>2.14</b>	<b>How was the trip booked? Was it through .....</b>  1 = A Tour operator 2 = A Travel agent 3 = Booked independently 4 = No booking necessary 5 = Did not make booking myself, don't know	<div> <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4  <input type="checkbox"/> 5       </div> <div>         → <b>Go to 2.17</b>          → <b>Go to 2.17</b> </div>																																																												

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<b>2.15</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>2.16</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>2.17.2</b>	<b>How much did this package trip cost?</b>	Rands
	<b>Give the total cost of the package of all persons in the group</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>2.17.3</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

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

<b>2.17.1</b>	<b>Was this last overnight trip a package?</b> (Where two or more expense items, such as transport and accommodation, were included in an all-inclusive price)	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Don't know	<input type="checkbox"/> 3

—————→ **Go to Q2.18**  
 —————→ **Go to Q2.18**

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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

	1	8
0	0	0

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
2.18	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"/>
2.19	How much money did you and/or other members of your household spent on the following before the trip?										
	01 = Food for the trip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	02 = Gifts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	03 = Travel Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	04 = Other financial services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	05 = Servicing the vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	06 = Checking/servicing alarm system	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	07 = Hiring security	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	08 = Hiring house sitter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

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

Example: R18 000 should be recorded as follows

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

	1	8
0	0	0

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

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Read: I would like you to focus on the most recent day trip inside South Africa that other members of your household have undertaken from 01 January 2010 to 31 December 2010

3.3 What was the main destination on this trip? <i>Select the province and district code and write place names</i> <i>If the other members of the household visited more than one place, state the destination where the most hours were spent</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 99 = Don't know	<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"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
2 = Eastern Cape	<input type="checkbox"/> 2	01 = Cacadu District Municipality 02 = Amatole District Municipality 03 = Chris Hani District Municipality 04 = Ukhahlamba District Municipality 05 = O R Tambo District Municipality 06 = Alfred Nzo District Municipality 07 = Nelson Mandela District Municipality 99 = Don't Know	<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"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></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	<input type="checkbox"/> 3	01 = Kgalagadi District Municipality 02 = Namakwa District Municipality 03 = Pixley Ka Seme District Municipality 04 = Siyanda District Municipality 05 = Frances Baard District Municipality 99 = Don't Know	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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 = Free State	<input type="checkbox"/> 4	01 = Xhariep District Municipality 02 = Motheo District Municipality 03 = Lejweleputswa District Municipality 04 = Thabo Mofutsanyane District Municipality 05 = Fezile Dabi District Municipality 99 = Don't know	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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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*Read out each item to the respondent.*

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

3.10.1	<b>Was this last day trip a package?</b> (Where two or more expense items, such as transport and a meal, were included in an all-inclusive price)	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Don't know	<input type="checkbox"/> 3
	————→ <b>Go to Q3.11</b>	
	————→ <b>Go to Q3.11</b>	

3.10.2	<b>How much did this package trip cost?</b>	Rands
	<b>Give the total cost of the package of all persons in the group</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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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
3.11	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"/>
3.12	How much money did other members of your household spend on the following before the trip?										
	01 = Food for the trip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	02 = Gifts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	03 = Travel Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	04 = Other financial services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	05 = Servicing the vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	06 = Checking/servicing alarm system	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	07 = Hiring security	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	08 = Hiring house sitter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

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

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

Example: R18 000 should be recorded as follows

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

	1	8
0	0	0

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

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<p><b>4.1.a</b></p>	<p><b><i>During the months of 01 January 2010 to 31 December 2010, has any other member of your household taken any overnight trips inside South Africa?</i></b></p>	<div> <input type="checkbox"/> 1         </div> <div> <input type="checkbox"/> 2         </div>
<p>1 = YES</p> <p>2 = NO</p>	<div> <div>—————▶</div> <div>Go to 4.1b</div> </div> <div> <div>—————▶</div> <div>Go to SECTION 5</div> </div>	
<p><b>4.1.b</b></p>	<p><b><i>How many overnight trips did other members of your household take inside South Africa from 01 January 2010 to 31 December 2010?</i></b></p>	<div> <input type="text"/> <input type="text"/> </div>

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4.2	<b>Can you tell me which month(s) these trips took place?</b> <i>Record number of trips per month. If exact months are not known, help respondent to make rough estimates.</i>	NUMBER OF TRIPS
	1. January	<input type="text"/> <input type="text"/>
	2. February	<input type="text"/> <input type="text"/>
	3. March	<input type="text"/> <input type="text"/>
	4. April	<input type="text"/> <input type="text"/>
	5. May	<input type="text"/> <input type="text"/>
	6. June	<input type="text"/> <input type="text"/>
	7. July	<input type="text"/> <input type="text"/>
	8. August	<input type="text"/> <input type="text"/>
	9. September	<input type="text"/> <input type="text"/>
	10. October	<input type="text"/> <input type="text"/>
	11. November	<input type="text"/> <input type="text"/>
	12. December	<input type="text"/> <input type="text"/>
	<b>Total (Add 1-12 to confirm total)</b>	<input type="text"/> <input type="text"/>

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Read: I would like you to focus on the most recent overnight trip inside South Africa that other members of your household have undertaken from 01 January 2010 to 31 December 2010

4.3 What was the main destination on this trip? <i>Select the province and district code and write place names</i> <i>If the other members of the household visited more than one place, state the destination where the most hours were spent</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 99 = Don't know	<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"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
2 = Eastern Cape	<input type="checkbox"/> 2	01 = Cacadu District Municipality 02 = Amatole District Municipality 03 = Chris Hani District Municipality 04 = Ukhahlamba District Municipality 05 = O R Tambo District Municipality 06 = Alfred Nzo District Municipality 07 = Nelson Mandela District Municipality 99 = Don't Know	<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"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></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	<input type="checkbox"/> 3	01 = Kgalagadi District Municipality 02 = Namakwa District Municipality 03 = Pixley Ka Seme District Municipality 04 = Siyanda District Municipality 05 = Frances Baard District Municipality 99 = Don't Know	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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 = Free State	<input type="checkbox"/> 4	01 = Xhariep District Municipality 02 = Motheo District Municipality 03 = Lejweleputswa District Municipality 04 = Thabo Mofutsanyane District Municipality 05 = Fezile Dabi District Municipality 99 = Don't know	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 99	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></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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*Read out each item to the respondent.*

[illegible]

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<b>4.14</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>4.15</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>4.16.2</b>	<b>How much did this package trip cost?</b>	Rands
	<b>Give the total cost of the package of all persons in the group</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>4.16.3</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

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

<b>4.16.1</b>	<b>Was this last overnight trip a package?</b> (Where two or more expense items, such as transport and accommodation, were included in an all-inclusive price)	
	1 = Yes	<input type="checkbox"/> 1
	2 = No	<input type="checkbox"/> 2
	3 = Don't know	<input type="checkbox"/> 3

—————→ **Go to Q4.17**  
 —————→ **Go to Q4.17**

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

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

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

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

Example: R18 000 should be recorded as follows

	1	8
0	0	0

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

		Person number									
		01	02	03	04	05	06	07	08	09	10
4.17	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"/>
4.18	How much money did other members of your household spend on the following before the trip?										
	01 = Food for the trip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	02 = Gifts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	03 = Travel Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	04 = Other financial services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	05 = Servicing the vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	06 = Checking/servicing alarm system	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	07 = Hiring security	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	08 = Hiring house sitter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

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

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

Example: R18 000 should be recorded as follows

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

	1	8
0	0	0

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

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SECTION 5

Interviewer to answer questions below.

5.1	Indicate the column number of the person who was the respondent throughout the questionnaire	<input type="text"/> <input type="text"/>
5.2	<p>In what language was most of the interview conducted?</p> <p>Mark only ONE response</p> <p>01 = Afrikaans 02 = English 03 = Isindebele/South ndebele/North ndebele 04 = Isixhosa/Xhosa 05 = Isizulu/Zulu 06 = Sepedi/Northern sotho 07 = Sesotho/Southern sotho/Sotho 08 = Setswana/Tswana 09 = Siswati/Swazi 10 = Tshivenda/Venda 11 = Xitsonga/Tsonga 12 = Other, (specify) .....</p>	<input type="text"/> <input type="text"/>

INTERVIEW START TIME

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

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

GENERAL COMMENTS

Question Number	Person Number	General Comments