

**Enquiries to:****LoCall:**

1890 313 414 (ROI)

0870 876 0256 (UK/NI)

(021) 453 5000 or (01) 498 4000

Ext: 5086/5224/5290/5225**Direct:** (021) 453 5290 / 453 5224**Website:** www.cso.ie**Please return completed form to:****Tourism and Travel Section****Central Statistics Office****Skehard Road****Cork****T12 X00E**

Household Travel Survey December and Annual 2019

Dear Householder,

I am writing from the Central Statistics Office (CSO) to ask you to participate in our Household Travel Survey (HTS). The survey asks questions about overnight and same-day trips that you or a member of your household may have taken.

It is important that you complete this form even if no trips were taken.

If no trips were taken, please complete Q1, Q2, Q12(a), Q13 and Q14 only.

Section A of the form relates to domestic and foreign **overnight trips** returned from during **December 2019**.

Section B of the form relates to domestic and foreign **same-day trips** taken during **December 2019**.

Section C of the form relates to domestic and foreign **personal overnight trips** returned from during the **year 2019**.

Only trips which were not part of regular travel should be recorded.

We have provided example trips in Questions 2, 12 and 13 which may help you with completing this form. If you have any queries, you can contact us by telephone at 021 453 5086, 453 5225 or by e-mail to tourism@cso.ie.

The HTS is a monthly sample survey of private households which is carried out under Section 24 of the Statistics Act, 1993 to assist in tourism planning and to comply with Regulation (EU) No 692/2011 of the European Parliament and of the Council concerning the collection of tourism statistics. The results from the HTS are published on a quarterly basis on the CSO website. The data is used by national and international tourism agencies, Eurostat, Government Departments and other organisations.

Data Protection and Statistical Confidentiality

Your household is one of approximately 4,600 households randomly selected from the 2018 Register of Electors. All information supplied to the CSO is treated as strictly confidential under the Statistics Act, 1993. Information collected may be used only for statistical purposes and it is not possible for individuals or households to be identified. No details related to an identifiable person or household may be divulged to any other Government Department or body. Participation in the survey is voluntary.

Under the General Data Protection Regulation, you have specific rights relating to your personal data and you have a right to lodge a complaint with the Data Protection Commission. Data for the HTS is processed for statistical purposes and will be securely held for four calendar quarters from the date of the most recent published release. Anonymised (non-identifiable) trip level data is sent to Eurostat on an annual basis.

The rights of a data subject to access, rectification, erasure, restriction and to object to processing may be restricted. If you have any queries relating to these rights, please contact tourism@cso.ie. The Data Protection Officer can be contacted at dpo@cso.ie.

Please return this form when completed, in the free-post envelope provided, before 17th January 2020.

I would like to thank you in advance for your co-operation in completing this form.

Tá leagan Gaeilge den fhoirm seo le fáil ach í a iarraidh ón oifig seo.

Pádraig Dalton
Director General

Question 1 Household Composition Details

Please complete the following details for persons usually resident in this household.

How many people usually reside in this household?

| Person Code | First name | Age | Gender | | Employment status | | | |
|-------------|------------|-----|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------|
| | | | Male | Female | Employee/ Self-employed | Unemployed | Student/ Pupil | Other/ Retired/ Home duties |
| e.g. A | Joe | 42 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section A

Overnight trips, December 2019 only, questions 2-11

Question 2 Did any member of the household return from any trips, involving at least one overnight stay away from home during the month of December 2019?

Include: all domestic and foreign trips, including those to holiday homes, friends or relatives.

Exclude: weekly or more frequent trips e.g. visits to parent's home each weekend, weekly overnight visits to hospital/medical centres and travel to place of work, regular routes by commercial travellers, truck drivers, airline pilots etc.

Please mark (X) in the boxes provided to indicate yes or no to any trips involving an overnight stay.
(include domestic and foreign trips)

☐ Yes →

If **Yes**, please **go to question 3** on the top of the next page, and complete the remainder of the form.

☐ No →

If **No**, please **go to Section B, question 12** on page 8.

Our example for a foreign trip:

Joe is a 42 year old Irish resident from Cork who is self-employed. He returned from a 7 night holiday break in Venice where he stayed in a hotel. He flew to Venice on a package trip which included his air fare and accommodation which was booked with a travel agent over the internet. He had to stay overnight in Dublin to catch the early flight to Venice from Dublin airport. His total expenditure on the trip was €2,579. This included €1,450 for his package trip, €50 for diesel for the trip to and from Dublin and €79 for the hotel in Dublin. In Venice he spent €500 on food, €167 on shopping, €200 on a camera and €55 on tours of Venice. On his return, he spent €78 on car parking at Dublin Airport. See Q11 for inserting expenditure details.



5577

Question 3 Where did you (i.e. members of the household) return from during the month of December 2019 and on what date did you return from each trip?

Note: Overnight trips from which you returned during the month of **December 2019** only.

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|---|------------------------------|---------------------|---------------------|---------------------|---------------------|
| State main destination Country or County (if in the island of Ireland) | Italy | | | | |
| On what date in December 2019 did you return from each trip? | DD / MM / YY 21 / 12 / 19 | DD / MM / YY / / | DD / MM / YY / / | DD / MM / YY / / | DD / MM / YY / / |

Question 4 Please choose from the following, the type of destination for each trip.

Please mark (X) in the boxes under each trip - use **more than one box** if necessary for each trip.

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. City/town | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Seaside/coastal | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Countryside (including lakes, national parks, rivers etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Mountains (highlands, hills etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cruise ship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Question 5 How many nights were spent away from home and which members of the household went on each trip?

Please enter total nights spent away from home (e.g. 3 people away for 4 nights, then enter 4)

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|--|--------------|--------|--------|--------|--------|
| 5(a). How many nights were spent away from home on each trip? | / / 7 | / / | / / | / / | / / |

Please **circle the letter(s)** under each trip, using those allocated to each person in Q1, indicating which members of the household went on each trip.

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|---|---|---|---|---|---|
| 5(b). Identify the individuals who travelled by circling the relevant person code from question 1 on page 2. | A B C D E F G H I | A B C D E F G H I | A B C D E F G H I | A B C D E F G H I | A B C D E F G H I |

(In the example,
Joe went on a trip
to Italy so the
person code "A" is
circled in respect of
the person code for
Joe in question 1
opposite.)

Question 6 What was the main reason for each trip?

Please mark (X) in **one box only** under each trip, indicating the main reason for the trip.

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Holiday/leisure/recreation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Visiting friends/relatives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Business & professional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Business conference/seminar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Work/looking for work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Health & medical care (including non-routine hospital stays) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Education & training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Sporting events - spectator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Sporting events - participating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Religious e.g. pilgrimage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Question 7 What was the main type of accommodation used on each trip?

Please mark (X) in **one box only** under each trip, indicating the main type of accommodation used for each trip.

Paid Accommodation:

(including that paid for by someone else)

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Hotel | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Guesthouse/B&B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Campsite/caravan park/tent/ rented mobile home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Self-catering holiday centre, youth hostel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Rented house or apartment (privately owned) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. On board ship or cruise, marinas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Health farm/spa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. All other paid accommodation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Free Accommodation:

9. Accommodation provided
by friends/relatives

10. Own holiday home/own
mobile home

11. All other free
accommodation

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



5577

Question 8 For each trip, what was the main type of transportation used in getting to and from the destination?

Please mark (X) in **one box only** under each trip, indicating the main type of transport used.

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Air | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Sea (passenger ferries) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Rail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Bus/coach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Private motor vehicle (e.g. own car) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Hired motor vehicle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Cruise liner, yacht, rented vessel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Bicycle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5577



Question 9 How was each trip booked?

9(a). Did any trip include a package tour/holiday?

(A package tour/holiday is where two or more services are combined and sold as a single product at a single price e.g. transport and accommodation combined).

☐ Yes

→ if **Yes**, please go to **questions 9(b) and 9(c)** and continue to complete the remainder of the form.

☐ No

→ if **No**, please go to **question 9(d)** on the next page and continue to complete the form.

9(b). If YES at Q9(a) above, what was included in the package tour/holiday that you purchased?

Please mark (X) in the appropriate boxes under each trip to show what was included in the package tour/holiday purchased.

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Accommodation (with/without breakfast) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Transport to your destination (e.g. air fare) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Transport at your destination (e.g. taxis') | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Other meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Recreation and leisure activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other items | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9(c). If YES at Q9(a), how did you book this package tour/holiday? (Answer this question only if a package tour was purchased). Please mark (X) in **one box only** under each trip, indicating the type of booking method.

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Internet | | | | | |
| 1. Direct (e.g. www.airline.com) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Via travel agent/tour operator (e.g. www.agent.com) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Non-Internet | | | | | |
| 3. Direct (e.g. by telephone call) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Via travel agent/tour operator (telephone call or visit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. No booking required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Don't know | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9(d). If transportation was booked separately (i.e. not part of a package tour/holiday), how was it booked?
Please mark (X) in **one box only** under each trip, indicating how your main means of transportation was booked to your destination.

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Internet | | | | | |
| 1. Direct (e.g. www.airline.com) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Via travel agent/tour operator (e.g. www.agent.com) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Non-Internet | | | | | |
| 3. Direct (e.g. by telephone call) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Via travel agent/tour operator (telephone call or visit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. No booking needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Don't know | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9(e). If accommodation was booked separately (i.e. not part of a package tour/holiday), how was it booked?
Please mark (X) in **one box only** under each trip, indicating how your main accommodation was booked.

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Internet | | | | | |
| 1. Direct with hotel etc. (e.g. www.hotel.com) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Via travel agent/tour operator (e.g. www.agent.com) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Non-Internet | | | | | |
| 3. Direct (e.g. by telephone call) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Via travel agent/tour operator (telephone call or visit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. No booking needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Don't know | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Question 10 refers to foreign trips only, if no foreign trips were taken, please skip to question 11.

Question 10 How many nights were spent in Ireland in accommodation other than your home en route to or returning from any foreign trip?

5577



Please enter the number of nights spent in Ireland as part of your outward or return journey.

| Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|--------------------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text" value="1"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Question 11 How much did each trip cost (€) (including all payments made for all household members in the travel party and all expenses paid for or reimbursed by others e.g. employer)?

Include: all expenditure for each trip (e.g. air fares, accommodation, food and drink, etc.) regardless of the method of payment.

Exclude: all expenditure on housing, land, real estate, goods for resale, donations to charities/institutions, cash presents/payments to relatives and friends who are not part of the travel party.

(See example on page 2)

| | Example trip | Trip 1 | Trip 2 | Trip 3 | Trip 4 |
|---|------------------------------------|----------------------|----------------------|----------------------|----------------------|
| 1. Total cost of any package tours or all inclusive holidays (if yes to 9(a)) | <input type="text" value="1,450"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | + | + | + | + | + |
| 2. Total cost of accommodation, if bought separately | <input type="text" value="79"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | + | + | + | + | + |
| 3. Total cost of transport, if bought separately, to, from and at destination, (e.g. air fare, bus, train, fuel, tolls, car hire, taxi, parking charges etc.) | <input type="text" value="128"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | + | + | + | + | + |
| 4. Expenditure on valuables (e.g. paintings, works of art, jewellery) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | + | + | + | + | + |
| 5. Expenditure on durable consumer goods (e.g. cameras, computers, cars, boats, mobile homes, caravans, furniture) | <input type="text" value="200"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | + | + | + | + | + |
| 6. All other expenditure relating to the trip (e.g. excursions, shopping, meals, drinks, travel insurance, vaccinations, etc.) | <input type="text" value="722"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | = | = | = | = | = |
| Total expenditure (1 to 6) | <input type="text" value="2,579"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Continue to Section B, Q12 on the next page →

Section B Same-day trips

Question 12 Domestic and foreign same-day trips during December 2019

12(a). Did you or any member of your household make at least one **same-day trip** during **December 2019**?

Yes ☐ No ☐

(If **No**, please go to **Section C, question 13** on page 9)

- A same-day trip is a trip -
- (a) from your usual place of residence
 - (b) to a place outside your local area (must be **at least 30km** from your usual residence)
 - (c) for personal or professional purposes
 - (d) **NOT** made on a regular basis
 - (e) **NOT** part of your life routine

Personal purposes: includes holiday, leisure, recreation, visiting friends or relatives, family events, visitor attractions, sporting/music/cultural events, religious/pilgrimage, education, shopping trips, medical visits **that are NOT made on a regular basis**.

Professional or business purposes: includes trips to meetings, conferences, exhibitions, seminars **that are NOT made on a regular basis**.

Exclude: All **weekly or frequent** day trips that are **part of your life routine** e.g. regular shopping trips, visits to parent's home every weekend/month, regular business trips, regular travel to work/study/training, regular hospital/medical visits and other regular day trips. Trips of **less than 30km** from your usual place of residence. Regular routes by commercial travellers, truck drivers, airline pilots etc.

Example of a same-day trip: Joe is a 42 year old Irish resident from Cork. He made a same-day trip to Kerry on December 27th to visit Killarney National Park (85km from his home). He spent 3 hours in Killarney, spending €28 on his bus fare, €25 on food and €30 on souvenirs.

12(b). State main destination Country or County (if in the island of Ireland)

Example trip

Kerry

Trip 1

Trip 2

Trip 3

Trip 4

12(c). What was the main purpose for each day trip? Please mark (x) in **one box** only for each trip.

1. Personal



2. Professional



12(d). How many hours were spent at the destination(s)? Do **NOT** include travel time.

3

12(e). How much was spent (€) in total during your day trip? Include spending on transport, food & drink, excursions and other expenditure.

83

12(f). Specify the individuals who travelled by circling the relevant person code from Question 1 on page 2.

A

B

C

D

E

F

G

H

I

A

B

C

D

E

F

G

H

I

A

B

C

D

E

F

G

H

I

A

B

C

D

E

F

G

H

I

A

B

C

D

E

F

G

H

I



5577

Section C

For all of year 2019, including December, questions 13 and 14.

***Note:** Please complete for all members of the household. Please use the same person codes for questions 13 - 14 as used in question 1 on page 2, e.g. person A in question 1 is the same person as person A in questions 13 - 14.

5577



Question 13 Domestic and foreign personal trips with at least one overnight stay during 2019.

Include: all domestic and foreign trips for **personal** purposes - for holiday, leisure, recreation, visiting friends or relatives, education and training, health and medical, religious/pilgrimages, shopping and transit.

Exclude: all trips for business or professional purposes, weekly or more frequent trips e.g. visits to parent's home each weekend, weekly overnight visits to hospital/medical centres and travel to place of work, regular routes by commercial travellers, truck drivers, airline pilots etc.

Example: Joe spent 2 nights in Paris on a rugby trip in February, he spent 3 nights in Galway on holiday with his friends in July and he went on a 7 night holiday in Venice in December.

13(a). Did you or any member of the household return from at least one domestic trip for personal purposes, involving at least one overnight stay, in the past 12 months i.e. in 2019?

Please mark (X) in the appropriate boxes for each member of the household - use more than one box if necessary for each person.

Person code*

| | Example | A | B | C | D | E | F | G | H | I |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Domestic personal trip with at least one overnight stay. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Example | A | B | C | D | E | F | G | H | I |
|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| If YES, tick if Short trip | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| and/or Long 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"/> |

13(b). Did you or any member of the household return from at least one foreign trip for personal purposes, involving at least one overnight stay, in the past 12 months i.e. in 2019?

Please mark (X) in the appropriate boxes for each member of the household - use more than one box if necessary for each person.

Person code*

| | Example | A | B | C | D | E | F | G | H | I |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Foreign personal trip with at least one overnight stay. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Example | A | B | C | D | E | F | G | H | I |
|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| If YES, tick if Short trip | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| and/or Long trip | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Continue to Q14 on the next page



Question 14 Please give main reasons for not taking any trip with at least one overnight stay for personal purposes in 2019 for each member of the household.

Please mark (X) in the appropriate boxes for each member of the household - use more than one box if necessary for each person.

Only to be completed if a member of the household has ticked **No** in both questions 13(a) and 13(b).

| | Person code* | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | A | B | C | D | E | F | G | H | I |
| 1. Financial reasons (no money available/cannot afford to go) | <input type="checkbox"/> | <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. Lack of free time due to family commitments | <input type="checkbox"/> | <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. Lack of free time due to work or study commitments | <input type="checkbox"/> | <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. Health reasons or reduced mobility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Prefer to stay at home, no motivation to travel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Other reasons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How many minutes did it take you to complete this form?

| | | |
|--|--|--|
| | | |
|--|--|--|

**Thank you very much for your time in completing this survey form.
Please return the form in the free-post envelope provided.**

