

1.	Are you interested in day trips? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/> Yes	Go to 2.
2.	<input type="checkbox"/> No	Go to 5.

2.	What type of day trips interest you? <i>(Please select one or more options.)</i>
1.	<input type="checkbox"/> Boat/ferry ride
2.	<input type="checkbox"/> Bushland parks
3.	<input type="checkbox"/> Cultural sites
4.	<input type="checkbox"/> Festival
5.	<input type="checkbox"/> Garden visits
6.	<input type="checkbox"/> Markets
7.	<input type="checkbox"/> Seaside
8.	<input type="checkbox"/> Shopping spree
9.	<input type="checkbox"/> Train ride
10.	<input type="checkbox"/> Winery tours

3.	What time of the year would suit you? <i>(Please select one or more options.)</i>
1.	<input type="checkbox"/> Summer
2.	<input type="checkbox"/> Autumn
3.	<input type="checkbox"/> Winter
4.	<input type="checkbox"/> Spring

4.	What destinations would interest you? <i>(Please select one or more options.)</i>
1.	<input type="checkbox"/> Bellarine Peninsular
2.	<input type="checkbox"/> Melbourne City
3.	<input type="checkbox"/> Melbourne Suburbs
4.	<input type="checkbox"/> Mornington Peninsular
5.	<input type="checkbox"/> The Dandenongs
6.	<input type="checkbox"/> Yarra Valley

5.	Are you interested in theatre events? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/> Yes	Go to 6.
2.	<input type="checkbox"/> No	Go to 9.

6.	Which level of theatre are you interested in? <i>(Please select one or more options.)</i>
1.	<input type="checkbox"/> Amateur
2.	<input type="checkbox"/> Professional

7.	What style of theatre are you interested in? <i>(Please select one or more options.)</i>
1.	<input type="checkbox"/> Ballet
2.	<input type="checkbox"/> Comedians
3.	<input type="checkbox"/> Comedy plays
4.	<input type="checkbox"/> Light Opera
5.	<input type="checkbox"/> Light drama
6.	<input type="checkbox"/> Musical
7.	<input type="checkbox"/> Opera

8.	What time of day would suit you? <i>(Please select one or more options.)</i>
1.	<input type="checkbox"/> Morning
2.	<input type="checkbox"/> Afternoon
3.	<input type="checkbox"/> Evening

9.	Are you interested in concert events? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/> Yes	Go to 10.
2.	<input type="checkbox"/> No	Go to 13.

10.	Which level of concert are you interested in? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/>	Amateur
2.	<input type="checkbox"/>	Professional
3.	<input type="checkbox"/>	Semi-Professional
11.	What style of concert are you interested in? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/>	Classical Music
2.	<input type="checkbox"/>	Concert band
3.	<input type="checkbox"/>	Tribute Shows - 50's and 60's
4.	<input type="checkbox"/>	Tribute Shows - 70's and later
12.	What time of day would suit you? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/>	Morning
2.	<input type="checkbox"/>	Afternoon
3.	<input type="checkbox"/>	Evening
13.	Are you interested in dancing events? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/>	Yes
2.	<input type="checkbox"/>	No
		Go to 14. Go to 18.
14.	Which style of dancing are you interested in? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/>	Ballroom dancing
2.	<input type="checkbox"/>	Latin
3.	<input type="checkbox"/>	Line dancing
4.	<input type="checkbox"/>	Rock and roll
5.	<input type="checkbox"/>	Square dancing
15.	What time of day would suit you? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/>	Morning
2.	<input type="checkbox"/>	Afternoon
3.	<input type="checkbox"/>	Evening
16.	What venue would suit you? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/>	At a social dance venue - eg dinner dance
2.	<input type="checkbox"/>	In a dance studio
3.	<input type="checkbox"/>	In the clubhouse
17.	Do you have a dance partner? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/>	Yes
2.	<input type="checkbox"/>	No
18.	If an event involved car transport would you be able to take other residents? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/>	Yes
2.	<input type="checkbox"/>	No
		Go to 19. Go to 20.
19.	Please enter the number of passengers you can take. <i>(Please enter your answer in the box below.)</i>	
	<input type="text"/>	All finished.
20.	Would you need a lift? <i>(Please select one or more options.)</i>	
1.	<input type="checkbox"/>	Yes
2.	<input type="checkbox"/>	No