

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 <div style="float: right; text-align: right;"> Go to 14. Go to 18. </div>
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 <div style="float: right; text-align: right;"> Go to 19. Go to 20. </div>
19.	Please enter the number of passengers you can take. <i>(Please enter your answer in the box below.)</i> <div style="border: 1px solid black; width: 500px; height: 20px; margin-bottom: 5px;"></div> 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