



DEPARTMENT OF ECONOMIC AND SOCIAL  
AFFAIRS  
STATISTICS DIVISION

ECONOMIC AND SOCIAL COMMISSION  
FOR WESTERN ASIA  
STATISTICS DIVISION

UNITED NATIONS

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Time Use Statistics Workshop in the Arab region  
Amman, Jordan, 25-28 April 2011

Collecting time use data

## **Analyzing Time Use Survey diaries**

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For this exercise, you are divided into two groups: Group A and Group B. You are given out several TUS diaries which have been implemented recently in different regions of the world as well as one diary from the Arab region.

### **Group A:**

Area of work: **Full diaries**

Diaries to study: New Zealand (2010), Pakistan (2007), Palestine (2000)

Additional diary: Japan (2010)

### **Group B:**

Area of work: **Light diaries**

Diaries to study: Ireland (2005), Japan (2010), Oman (1999)

Additional diary: New Zealand (2010)

**Purpose of the exercise:** Your goal is to analyze and make a comparative study of those diaries. One country of your group has been designated to play the role of *spokespersons* ("rapporteurs"). Those will have to present the findings and comments of their group for the conclusions. Please find below some orientations to guide you through this analysis. Those orientations are just a support, feel free to adjust them at your convenience.

### **1<sup>st</sup> step: Getting acquainted with the diaries**

Given the previous presentations, please identify the different parameters for each present diary.

What kind of diary is it? (Full/light...)

What is the time coverage?

What is the time unit? (Intervals of time)

How should the diary be filled out?

What are the contextual variables? (Location etc...)

What other important feature do you notice?

### **2<sup>nd</sup> step: Filling out the diaries**

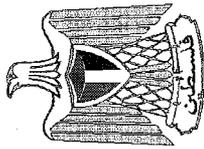
Pair up and fill out the additional diary first and then at least one of the diary dedicated to your group for the current day (One can be the interviewer and one the interviewee). The others can be filled out briefly.

### **3<sup>rd</sup> step: Giving your impressions and comments**

First give your general impressions on the differences between filling out the “additional” and the regular diaries.

Then as a group gather your feedbacks on each studied diary:

- To what extent do you find the diary manageable? In terms of instructions? Structure of the table? General presentation? As an interviewer? As an interviewee?
- Would you need an external help to fill out the diary or could you do it on your own? If an interviewer seems needed, when do you think he should intervene (Before giving out the diary, after, both, during...)?
- If you compare the final outcome (your answers), do you see any differences? Do some activities appear on some diaries but not on others? Why?
- With which diaries did you find easier to recall your daily activities?
- In your opinion, what are the pros and the cons of the diaries relatively to each other?
- How would you adjust the diaries if you had to conduct them in your country?



# **Palestinian Central Bureau of Statistics**

**Time Use Survey 1999 - 2000**

**Diary Record Questionnaire**

May, 1999

IDNUM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Person's Number <input type="text"/> <input type="text"/>	Person's Name:
Day: <input type="text"/>	Date: DD <input type="text"/> <input type="text"/> / MM <input type="text"/> <input type="text"/> / YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Time	Code	Activity	Do not write here	TU-2 Have you been paid for this activity?			TU-3 With whom you performed this activity?			Do not write here
				1. Yes	2. No	3. Not applicable	Alone	Other household members	Other persons that you know	
<b>TU-1 Please record your main activity for each period</b> • Enter only one main activity on each line • Specify the mode of traveling (bus, car, walk, etc.)										
Midnight										
12.00 – 12.30	1									
12.30 – 01.00	2									
01.00 – 01.30	3									
01.30 – 02.00	4									
02.00 – 02.30	5									
02.30 – 03.00	6									
03.00 – 03.30	7									
03.30 – 04.00	8									
04.00 – 04.30	9									
04.30 – 05.00	10									
05.00 – 05.30	11									
05.30 – 06.00	12									
06.00 – 06.15	13									
06.15 – 06.30	14									

Time	Code	Activity	Do not write here	TU-2 Have you been paid for this activity? 1. Yes 2. No 3. Not applicable	TU-3 With whom you performed this activity?			Do not write here	
					Alone	Other household members	Other persons that you know	Location	Code
06.30 - 06.45	15								
06.45 - 07.00	16								
07.00 - 07.15	17								
07.15 - 07.30	18								
07.30 - 07.45	19								
07.45 - 08.00	20								
08.00 - 08.15	21								
08.15 - 08.30	22								
08.30 - 08.45	23								
08.45 - 09.00	24								
09.00 - 09.15	25								
09.15 - 09.30	26								
09.30 - 09.45	27								
09.45 - 10.00	28								
10.00 - 10.15	29								

Time	Code	TU-1 Please record your main activity for each period		TU-2 Have you been paid for this activity?	TU-3 With whom you performed this activity?			Do not write here	
		Activity	Do not write here		Code	Alone	Other household members	Other persons that you know	Location
10.15 – 10.30	30								
10.30 – 10.45	31								
10.45 – 11.00	32								
11.00 – 11.15	33								
11.15 – 11.30	34								
11.30 – 11.45	35								
11.45 – 12.00	36								
Noon									
12.00 – 12.15	37								
12.15 – 12.30	38								
12.30 – 12.45	39								
12.45 – 01.00	40								
01.00 – 01.15	41								
01.15 – 01.30	42								
01.30 – 01.45	43								
01.45 – 02.00	44								

Time	Code	Activity	Do not write here	TU-2 Have you been paid for this activity? 1. Yes 2. No 3. Not applicable	TU-3 With whom you performed this activity?			Do not write here	
					Alone	Other household members	Other persons that you know	Location	Code
02.00 – 02.15	45								
02.15 – 02.30	46								
02.30 – 02.45	47								
02.45 – 03.00	48								
03.00 – 03.15	49								
03.15 – 03.30	50								
03.30 – 03.45	51								
03.45 – 04.00	52								
04.00 – 04.15	53								
04.15 – 04.30	54								
04.30 – 04.45	55								
04.45 – 05.00	56								
05.00 – 05.15	57								
05.15 – 05.30	58								
05.30 – 05.45	59								

Time	Code	TU-1 Please record your main activity for each period		TU-2 Have you been paid for this activity?		TU-3 With whom you performed this activity?			Do not write here	
		Activity	Do not write here	Code	Do not write here	Alone	Other household members	Other persons that you know	Location	Code
05.45 - 06.00	60									
06.00 - 06.15	61									
06.15 - 06.30	62									
06.30 - 06.45	63									
06.45 - 07.00	64									
07.00 - 07.15	65									
07.15 - 07.30	66									
07.30 - 07.45	67									
07.45 - 08.00	68									
08.00 - 08.15	69									
08.15 - 08.30	70									
08.30 - 08.45	71									
08.45 - 09.00	72									
09.00 - 09.15	73									
09.15 - 09.30	74									

Time	Code	Activity	Do not write here	TU-2 Have you been paid for this activity?			TU-3 With whom you performed this activity?			Do not write here
				1. Yes	2. No	3. Not applicable	Alone	Other household members	Other persons that you know	
09.30 – 09.45	75									
09.45 – 10.00	76									
10.00 – 10.15	77									
10.15 – 10.30	78									
10.30 – 10.45	79									
10.45 – 11.00	80									
11.00 – 11.15	81									
11.15 – 11.30	82									
11.30 – 11.45	83									
11.45 – 12.00	84									

**For the Numerator, please go through the following**

<p>1. When did you fill the diary?</p> <p>(1) In the same day (from time to time)</p> <p>(2) At the end of the same day</p> <p>(3) The day after the reference day <input type="checkbox"/></p>	<p>2. Did you face any problems in filling in the diary?</p> <p>(1) Yes (Specify the reason)</p> <p>.....</p> <p>(2) No <input type="checkbox"/></p>	<p>3. Who fill the diary?</p> <p>(1) Myself</p> <p>(2) With help by others</p> <p>(3) With help by the fieldworker <input type="checkbox"/></p>	<p>4. The diary Status?</p> <p>(1) Complete <input type="checkbox"/></p> <p>(2) Partially complete (Specify the reason)</p> <p>.....</p> <p>(3) Not complete (Specify the reason)</p> <p>.....</p>
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SECTION 4: FIRST PERSON DIARY		Hours	Minutes
<i>Time started this section (hours : minutes)</i>			
<b>4.1 Date of day for which activities recorded :</b> <i>(This is the day before today)</i>		<b>4.5 (If more than one activity mentioned) : Did you do the activities at the same time, or one after the other? (Fillin same time in column 5)</b>	
Day			
Month			
Year			
<b>4.2 Day of the week for which activities recorded:</b> <i>(This is the day before today)</i>		<b>4.6 Where were you when you did the activity?</b> <i>(Fillin location columns 6 &amp; 7)</i>	
1 <input type="checkbox"/> Monday 2 <input type="checkbox"/> Tuesday 3 <input type="checkbox"/> Wednesday 4 <input type="checkbox"/> Thursday 5 <input type="checkbox"/> Friday 6 <input type="checkbox"/> Saturday 7 <input type="checkbox"/> Sunday		<b>Location code 1</b> 1 Own dwelling 2 Someone else's dwelling 3 Field, farm or other agricultural workplace 4 Other workplace outside private dwelling 5 Educational establishments 6 Public area i.e. not in a private dwelling, workplace or educational establishment 7 Travelling or waiting to travel 8 Other (specify)	
<b>Note to interviewer:</b> <i>The following questions relate to entries in the diary given on next page. Repeat these questions for each half hour period. Write down the description of each activities, enter the time and location in the relevant column while with the respondent. Enter activities codes after interview finished.</i>		<b>Location code 2</b> 1 Inside 2 Outside 3 Travelling on foot 4 Travelling by private transport (car, van, motorcycle) 5 Travelling by taxi (Rickshaw, Quinqui or other) 6 Travelling by train 7 Travelling by bus 8 Travelling by bicycle 9 Travelling by other means (specify)	
<b>4.3 What were you doing yesterday morning between 4 o'clock and half past four? (Fillin activity in first line of Col.2 for time period)</b>			
<b>4.4 What else were you doing during that period? (Fillin activities on next two lines of Col. 2 for the time period)</b>			

First person diary (Refer to questions 4.3, 4.4, 4.5 & 4.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	5	6	7
04h00		1001		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1002		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
04h30		1003		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
04h30		1004		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1005		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h00		1006		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h00		1007		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1008		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h30		1009		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
05h30		1010		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1011		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h00		1012		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h00		1013		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1014		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h30		1015		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
06h30		1016		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1017		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h00		1018		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h00		1019		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1020		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h30		1021		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
07h30		1022		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1023		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h00		1024		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h00		1025		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1026		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h30		1027		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
08h30		1028		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1029		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
09h00		1030		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
09h00		1031		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

First person diary (Refer to questions 4.3, 4.4, 4.5 & 4.6 respectively)							
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time?		Location 1	Location 2
1	2	3	4	5		6	7
				Yes	No		
To		1032		<input type="checkbox"/>	<input type="checkbox"/>		
09h30		1033		<input type="checkbox"/>	<input type="checkbox"/>		
09h30		1034		<input type="checkbox"/>	<input type="checkbox"/>		
To		1035		<input type="checkbox"/>	<input type="checkbox"/>		
10h00		1036		<input type="checkbox"/>	<input type="checkbox"/>		
10h00		1037		<input type="checkbox"/>	<input type="checkbox"/>		
To		1038		<input type="checkbox"/>	<input type="checkbox"/>		
10h30		1039		<input type="checkbox"/>	<input type="checkbox"/>		
10h30		1040		<input type="checkbox"/>	<input type="checkbox"/>		
To		1041		<input type="checkbox"/>	<input type="checkbox"/>		
11h00		1042		<input type="checkbox"/>	<input type="checkbox"/>		
11h00		1043		<input type="checkbox"/>	<input type="checkbox"/>		
To		1044		<input type="checkbox"/>	<input type="checkbox"/>		
11h30		1045		<input type="checkbox"/>	<input type="checkbox"/>		
11h30		1046		<input type="checkbox"/>	<input type="checkbox"/>		
To		1047		<input type="checkbox"/>	<input type="checkbox"/>		
12h00		1048		<input type="checkbox"/>	<input type="checkbox"/>		
12h00		1049		<input type="checkbox"/>	<input type="checkbox"/>		
To		1050		<input type="checkbox"/>	<input type="checkbox"/>		
12h30		1051		<input type="checkbox"/>	<input type="checkbox"/>		
12h30		1052		<input type="checkbox"/>	<input type="checkbox"/>		
To		1053		<input type="checkbox"/>	<input type="checkbox"/>		
13h00		1054		<input type="checkbox"/>	<input type="checkbox"/>		
13h00		1055		<input type="checkbox"/>	<input type="checkbox"/>		
To		1056		<input type="checkbox"/>	<input type="checkbox"/>		
13h30		1057		<input type="checkbox"/>	<input type="checkbox"/>		
13h30		1058		<input type="checkbox"/>	<input type="checkbox"/>		
To		1059		<input type="checkbox"/>	<input type="checkbox"/>		
14h00		1060		<input type="checkbox"/>	<input type="checkbox"/>		
14h00		1061		<input type="checkbox"/>	<input type="checkbox"/>		
To		1062		<input type="checkbox"/>	<input type="checkbox"/>		

First person diary (Refer to questions 4.3, 4.4, 4.5 & 4.6 respectively)							
Time Period	1 to 3 Activities per time period	Activities	Code	Same time?		Location 1	Location 2
		S.No.		Yes	No		
1	2	3	4	<input type="checkbox"/> 5	<input type="checkbox"/>	6	7
14h30		1063		<input type="checkbox"/>	<input type="checkbox"/>		
14h30		1064		<input type="checkbox"/>	<input type="checkbox"/>		
To		1065		<input type="checkbox"/>	<input type="checkbox"/>		
15h00		1066		<input type="checkbox"/>	<input type="checkbox"/>		
15h00		1067		<input type="checkbox"/>	<input type="checkbox"/>		
To		1068		<input type="checkbox"/>	<input type="checkbox"/>		
15h30		1069		<input type="checkbox"/>	<input type="checkbox"/>		
15h30		1070		<input type="checkbox"/>	<input type="checkbox"/>		
To		1071		<input type="checkbox"/>	<input type="checkbox"/>		
16h00		1072		<input type="checkbox"/>	<input type="checkbox"/>		
16h00		1073		<input type="checkbox"/>	<input type="checkbox"/>		
To		1074		<input type="checkbox"/>	<input type="checkbox"/>		
16h30		1075		<input type="checkbox"/>	<input type="checkbox"/>		
16h30		1076		<input type="checkbox"/>	<input type="checkbox"/>		
To		1077		<input type="checkbox"/>	<input type="checkbox"/>		
17h00		1078		<input type="checkbox"/>	<input type="checkbox"/>		
17h00		1079		<input type="checkbox"/>	<input type="checkbox"/>		
To		1080		<input type="checkbox"/>	<input type="checkbox"/>		
17h30		1081		<input type="checkbox"/>	<input type="checkbox"/>		
17h30		1082		<input type="checkbox"/>	<input type="checkbox"/>		
To		1083		<input type="checkbox"/>	<input type="checkbox"/>		
18h00		1084		<input type="checkbox"/>	<input type="checkbox"/>		
18h00		1085		<input type="checkbox"/>	<input type="checkbox"/>		
To		1086		<input type="checkbox"/>	<input type="checkbox"/>		
18h30		1087		<input type="checkbox"/>	<input type="checkbox"/>		
18h30		1088		<input type="checkbox"/>	<input type="checkbox"/>		
To		1089		<input type="checkbox"/>	<input type="checkbox"/>		
19h00		1090		<input type="checkbox"/>	<input type="checkbox"/>		
19h00		1091		<input type="checkbox"/>	<input type="checkbox"/>		
To		1092		<input type="checkbox"/>	<input type="checkbox"/>		
19h30		1093		<input type="checkbox"/>	<input type="checkbox"/>		

First person diary (Refer to questions 4.3, 4.4, 4.5 & 4.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	<input type="checkbox"/> 5 <input type="checkbox"/>	6	7
19h30		1094		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1095		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h00		1096		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h00		1097		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1098		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h30		1099		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
20h30		1100		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1101		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h00		1102		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h00		1103		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1104		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h30		1105		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
21h30		1106		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1107		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h00		1108		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h00		1109		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1110		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h30		1111		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
22h30		1112		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1113		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h00		1114		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h00		1115		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1116		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h30		1117		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
23h30		1118		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1119		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
00h00		1120		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
00h00		1121		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1122		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
00h30		1123		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
00h30		1124		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

First person diary (Refer to questions 4.3, 4.4, 4.5 & 4.6 respectively)						
Time Period	1 to 3 Activities per time period	Activities S.No.	Code	Same time? Yes No	Location 1	Location 2
1	2	3	4	<input type="checkbox"/> 5 <input type="checkbox"/>	6	7
To		1125		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h00		1126		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h00		1127		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1128		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h30		1129		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
01h30		1130		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1131		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h00		1132		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h00		1133		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1134		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h30		1135		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
02h30		1136		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1137		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h00		1138		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h00		1139		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1140		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h30		1141		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
03h30		1142		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
To		1143		1 <input type="checkbox"/> 2 <input type="checkbox"/>		
04h00		1144		1 <input type="checkbox"/> 2 <input type="checkbox"/>		

## Time Use Survey Diary

To be filled in from 4am on **day one**, which is

Day:  /  /  Date: / /

all through **day two**, which is

Day:  /  /  Date: / /

until 4am on **day three**, which is

Day:  /  /  Date: / /

Appointment diary

### Time taken

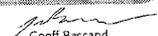
Please record approximately how much time you spent completing this diary (include the time it took you to read the instructions and write in the diary)

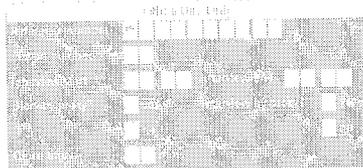
hours  minutes

### Confidentiality of information supplied

The information you provide in this diary will be used only for statistical purposes. Your information remains confidential to Statistics New Zealand and is protected by the Statistics Act 1975.

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Geoff Bascand  
Government Statistician



2-Sec1:1

### Before you start

Please read the instructions on page 1 and look at the example on pages 2 and 3 before starting your diary.

### How to do your time use diary

Please write in the columns to show what you were doing, where you were, and who you were with. An example is shown on page 2 and 3.

#### What were you doing?

- It is important to write down when you start and finish things – you don't have to write something for every five minutes. It doesn't matter how uninteresting or routine you think something is, please write it down.
- If you were doing paid work, write down what you did in your lunch break, tea breaks or any other breaks, if you have them. You don't need to write down things you do at work (just put "at work").
- If you are on the Internet or computer, write down, in general terms, what you were doing – for example, playing games, emailing, shopping, downloading, chatting etc.

#### What else were you doing at the same time?

- If you were doing more than one thing at the same time, please use the second column to write down the other activities.

#### Where were you or how were you travelling?

- Write down where you were – for example, at home, work, school, shops, beach.
- If you were travelling, write down how you were travelling – for example, walking, car, bus, taxi.

#### Who else was with you?

- Use an arrow to show how long you were alone or with other people.
- To be with someone means that you are in the same place – for example, in the same house or shop, or on the same bus. You don't have to be doing the same thing together.
- You may fill in more than one category for the same time.

Please record how much time you spend reading and filling in this diary in the space provided on the front cover.

*Please complete the diary for the whole time, even if you are away from home for one or both days.*

### Morning of Day 1: 7am – 10am

Office Use Only		What were you doing?	What else were you doing at the same time?	Where were you or how were you travelling? (eg work, shops, car, bus)	Who else was with you?				
H/HD Member	Non-H/HD Member				alone	family I live with	family I don't live with	other people I know	people I don't know
0-13	14+	0-13	14+						
		7:00am		7:00am					
		.05	Sleeping		.05	Home			
		.10			.10				
		.15	Had shower		.15				
		.20			.20				
		.25	Got dressed		.25				
		7:30am			7:30am				
		.35	Made breakfast	Talked to partner	.35				
		.40			.40				
		.45	Ate breakfast		.45				
		.50			.50				
		.55	Internet banking	Checked email	.55				
		8:00am			8:00am				
		.05			.05				
		.10			.10				
		.15			.15				
		.20	Drove to shops	Listened to music	.20	Car			
		.25			.25				
		8:30am			8:30am				
		.35	Went grocery shopping		.35	Shops			
		.40			.40				
		.45	Drove to work	Listened to music	.45	Car			
		.50			.50				
		.55	Work		.55	Work			
		9:00am			9:00am				
		.05			.05				
		.10			.10				
		.15			.15				
		.20			.20				
		.25	Work break morning tea	Drank coffee and chatted	.25				
		9:30am			9:30am				
		.35	Work		.35				
		.40			.40				
		.45			.45				
		.50			.50				
		.55			.55				
		10:00am			10:00am				

Please complete both pages

### Morning of Day 1: 4am – 7am

Office Use Only		What were you doing?	What else were you doing at the same time?	Where were you or how were you travelling? (eg work, shops, car, bus)	Who else was with you?				
H/HD Member	Non-H/HD Member				alone	family I live with	family I don't live with	other people I know	people I don't know
0-13	14+	0-13	14+						
		4:00am		4:00am					
		.05		.05					
		.10		.10					
		.15		.15					
		.20		.20					
		.25		.25					
		4:30am		4:30am					
		.35		.35					
		.40		.40					
		.45		.45					
		.50		.50					
		.55		.55					
		5:00am		5:00am					
		.05		.05					
		.10		.10					
		.15		.15					
		.20		.20					
		.25		.25					
		5:30am		5:30am					
		.35		.35					
		.40		.40					
		.45		.45					
		.50		.50					
		.55		.55					
		6:00am		6:00am					
		.05		.05					
		.10		.10					
		.15		.15					
		.20		.20					
		.25		.25					
		6:30am		6:30am					
		.35		.35					
		.40		.40					
		.45		.45					
		.50		.50					
		.55		.55					
		7:00am		7:00am					

Please complete both pages

### Morning of Day 1: 7am – 10am

Office Use Only		What were you doing?	What else were you doing at the same time?	Where were you or how were you travelling? (eg work, shops, car, bus)	Who else was with you?					
HHLD Member	Non-HLD Member				alone	family I live with	family I don't live with	other people I know	people I don't know	
0-13	14+	0-13	14+							
		7.00am			7.00am					
		.05			.05					
		.10			.10					
		.15			.15					
		.20			.20					
		.25			.25					
		7.30am			7.30am					
		.35			.35					
		.40			.40					
		.45			.45					
		.50			.50					
		.55			.55					
		8.00am			8.00am					
		.05			.05					
		.10			.10					
		.15			.15					
		.20			.20					
		.25			.25					
		8.30am			8.30am					
		.35			.35					
		.40			.40					
		.45			.45					
		.50			.50					
		.55			.55					
		9.00am			9.00am					
		.05			.05					
		.10			.10					
		.15			.15					
		.20			.20					
		.25			.25					
		9.30am			9.30am					
		.35			.35					
		.40			.40					
		.45			.45					
		.50			.50					
		.55			.55					
		10.00am			10.00am					

Please complete both pages

### Middle of Day 1: 10am – 1pm

Office Use Only		What were you doing?	What else were you doing at the same time?	Where were you or how were you travelling? (eg work, shops, car, bus)	Who else was with you?					
HHLD Member	Non-HLD Member				alone	family I live with	family I don't live with	other people I know	people I don't know	
0-13	14+	0-13	14+							
		10.00am			10.00am					
		.05			.05					
		.10			.10					
		.15			.15					
		.20			.20					
		.25			.25					
		10.30am			10.30am					
		.35			.35					
		.40			.40					
		.45			.45					
		.50			.50					
		.55			.55					
		11.00am			11.00am					
		.05			.05					
		.10			.10					
		.15			.15					
		.20			.20					
		.25			.25					
		11.30am			11.30am					
		.35			.35					
		.40			.40					
		.45			.45					
		.50			.50					
		.55			.55					
		12.00pm			12.00pm					
		.05			.05					
		.10			.10					
		.15			.15					
		.20			.20					
		.25			.25					
		12.30pm			12.30pm					
		.35			.35					
		.40			.40					
		.45			.45					
		.50			.50					
		.55			.55					
		1.00pm			1.00pm					

Please complete both pages

### Afternoon of Day 1: 1pm – 4pm

Office Use Only				What were you doing?	What else were you doing at the same time?	Where were you or how were you travelling? (eg work, shops, car, bus)	Who else was with you?				
HHLD Member		Non-HHLD Member					alone	family I live with	family I don't live with	other people I know	people I don't know
0-13	14+	0-13	14+								
				1:00pm		1:00pm					
				.05		.05					
				.10		.10					
				.15		.15					
				.20		.20					
				.25		.25					
				1:30pm		1:30pm					
				.35		.35					
				.40		.40					
				.45		.45					
				.50		.50					
				.55		.55					
				2:00pm		2:00pm					
				.05		.05					
				.10		.10					
				.15		.15					
				.20		.20					
				.25		.25					
				2:30pm		2:30pm					
				.35		.35					
				.40		.40					
				.45		.45					
				.50		.50					
				.55		.55					
				3:00pm		3:00pm					
				.05		.05					
				.10		.10					
				.15		.15					
				.20		.20					
				.25		.25					
				3:30pm		3:30pm					
				.35		.35					
				.40		.40					
				.45		.45					
				.50		.50					
				.55		.55					
				4:00pm		4:00pm					

Please complete both pages

### Afternoon of Day 1: 4pm – 7pm

Office Use Only				What were you doing?	What else were you doing at the same time?	Where were you or how were you travelling? (eg work, shops, car, bus)	Who else was with you?				
HHLD Member		Non-HHLD Member					alone	family I live with	family I don't live with	other people I know	people I don't know
0-13	14+	0-13	14+								
				4:00pm		4:00pm					
				.05		.05					
				.10		.10					
				.15		.15					
				.20		.20					
				.25		.25					
				4:30pm		4:30pm					
				.35		.35					
				.40		.40					
				.45		.45					
				.50		.50					
				.55		.55					
				5:00pm		5:00pm					
				.05		.05					
				.10		.10					
				.15		.15					
				.20		.20					
				.25		.25					
				5:30pm		5:30pm					
				.35		.35					
				.40		.40					
				.45		.45					
				.50		.50					
				.55		.55					
				6:00pm		6:00pm					
				.05		.05					
				.10		.10					
				.15		.15					
				.20		.20					
				.25		.25					
				6:30pm		6:30pm					
				.35		.35					
				.40		.40					
				.45		.45					
				.50		.50					
				.55		.55					
				7:00pm		7:00pm					

Please complete both pages

### Evening of Day 1: 7pm – 10pm

Office Use Only				What were you doing?	What else were you doing at the same time?	Where were you or how were you travelling? (eg work, shops, car, bus)	Who else was with you?							
H/HD Member	Non-H/HD Member	0-13	14+				alone	family I live with	family I don't live with	other people I know	people I don't know			
0-13	14+	0-13	14+	7:00pm			7:00pm							
				.05			.05							
				.10			.10							
				.15			.15							
				.20			.20							
				.25			.25							
				7:30pm			7:30pm							
				.35			.35							
				.40			.40							
				.45			.45							
				.50			.50							
				.55			.55							
				8:00pm			8:00pm							
				.05			.05							
				.10			.10							
				.15			.15							
				.20			.20							
				.25			.25							
				8:30pm			8:30pm							
				.35			.35							
				.40			.40							
				.45			.45							
				.50			.50							
				.55			.55							
				9:00pm			9:00pm							
				.05			.05							
				.10			.10							
				.15			.15							
				.20			.20							
				.25			.25							
				9:30pm			9:30pm							
				.35			.35							
				.40			.40							
				.45			.45							
				.50			.50							
				.55			.55							
				10:00pm			10:00pm							

Please complete both pages

### Night of Day 1: 10pm – 1am

Office Use Only				What were you doing?	What else were you doing at the same time?	Where were you or how were you travelling? (eg work, shops, car, bus)	Who else was with you?						
H/HD Member	Non-H/HD Member	0-13	14+				alone	family I live with	family I don't live with	other people I know	people I don't know		
0-13	14+	0-13	14+	10:00pm			10:00pm						
				.05			.05						
				.10			.10						
				.15			.15						
				.20			.20						
				.25			.25						
				10:30pm			10:30pm						
				.35			.35						
				.40			.40						
				.45			.45						
				.50			.50						
				.55			.55						
				11:00pm			11:00pm						
				.05			.05						
				.10			.10						
				.15			.15						
				.20			.20						
				.25			.25						
				11:30pm			11:30pm						
				.35			.35						
				.40			.40						
				.45			.45						
				.50			.50						
				.55			.55						
				12:00am			12:00am						
				.05			.05						
				.10			.10						
				.15			.15						
				.20			.20						
				.25			.25						
				12:30am			12:30am						
				.35			.35						
				.40			.40						
				.45			.45						
				.50			.50						
				.55			.55						
				1:00am			1:00am						

Please complete both pages

**24 Diary**

- Please report on your activities during the designated two days in 15 minute units.
- Please draw a horizontal line to specify the activity and persons with you for each 15 minute unit.

(1) Select the feature of this day from the categories listed below. (Please fill in the circle all applicable categories)							(2) How was the weather on this day?		
Travel (at least one overnight stay)	Day excursion (more than half a day)	Event, wedding or funeral (lasting over half a day)	Business trip or training, etc.	Under medical treatment	Holiday or vacation, etc.	Other	Rained all day long	Rained occasionally	Not rained
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

06

Those who were engaged in more than one activity at the same time should report the main activity.

<b>Morning</b>	Kind of activities	0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock	
	1 Sleep														1
	2 Personal care														2
	3 Meals														3
	4 Commuting to and from school or work														4
	5 Work														5
	6 Schoolwork														6
	7 Housework														7
	8 Caring or nursing														8
	9 Child care														9
	10 Shopping														10L
	11 Moving (excluding commuting)														11
	12 Watching TV, listening to the radio, reading newspapers or magazines														12
	13 Rest and relaxation														13
	14 Studies and researches (excluding schoolwork)														14
	15 Hobbies and amusements														15
	16 Sports														16
	17 Volunteer and social activities														17
	18 Social life														18
	19 Medical examination or treatment														19
	20 Other activities														20
Person(s) being together	a Alone														a
	b Family member(s)														b
	c Classmate(s) or colleague(s)														c
	d Other person(s)														d
	0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock		

<b>Afternoon</b>	Kind of activities	0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock	
	1 Sleep														1
	2 Personal care														2
	3 Meals														3
	4 Commuting to and from school or work														4
	5 Work														5
	6 Schoolwork														6
	7 Housework														7
	8 Caring or nursing														8
	9 Child care														9
	10 Shopping														10
	11 Moving (excluding commuting)														11
	12 Watching TV, listening to the radio, reading newspapers or magazines														12
	13 Rest and relaxation														13
	14 Studies and researches (excluding schoolwork)														14
	15 Hobbies and amusements														15
	16 Sports														16
	17 Volunteer and social activities														17
	18 Social life														18
	19 Medical examination or treatment														19
	20 Other activities														20
Person(s) being together	a Alone														a
	b Family member(s)														b
	c Classmate(s) or colleague(s)														c
	d Other person(s)														d
	0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock		

**Afternoon**

Kind of activities 0 30 1 30 2 30 3

1 Sleep  
2 Personal care  
3 Meals  
4 Commuting to and from school or work  
5 Work  
6 Schoolwork  
7 Housework  
8 Caring or nursing  
9 Child care  
10 Shopping  
11 Moving (excluding commuting)  
12 Watching TV, listening to the radio, reading newspapers or magazines  
13 Rest and relaxation  
14 Studies and researches (excluding schoolwork)  
15 Hobbies and amusements  
16 Sports  
17 Volunteer and social activities  
18 Social life  
19 Medical examination or treatment  
20 Other activities

Person(s) being together

a Alone  
b Family member(s)  
c Classmate(s) or colleague(s)  
d Other person(s)

(How to draw line)

Draw straight through the white lines using a ruler

**First Day**

Date      week

October : : ( )

6 o'clock	30	7	30	8	30	9	30	10	30	11	30	12 o'clock	Kind of activities
1													1 Sleep
2													2 Personal care
3													3 Meals
4													4 Commuting to and from school or work
5													5 Work
6													6 Schoolwork
7													7 Housework
8													8 Caring or nursing
9													9 Child care
10													10 Shopping
11													11 Moving (excluding commuting)
12													12 Watching TV, listening to the radio, reading newspapers or magazines
13													13 Rest and relaxation
14													14 Studies and researches (excluding schoolwork)
15													15 Hobbies and amusements
16													16 Sports
17													17 Volunteer and social activities
18													18 Social life
19													19 Medical examination or treatment
20													20 Other activities
a													a Alone
b													b Family member(s)
c													c Classmate(s) or colleague(s)
d													d Other person(s)

Person(s) being together

**Morning**

6 o'clock	30	7	30	8	30	9	30	10	30	11	30	12 o'clock	Kind of activities
1													1 Sleep
2													2 Personal care
3													3 Meals
4													4 Commuting to and from school or work
5													5 Work
6													6 Schoolwork
7													7 Housework
8													8 Caring or nursing
9													9 Child care
10													10 Shopping
11													11 Moving (excluding commuting)
12													12 Watching TV, listening to the radio, reading newspapers or magazines
13													13 Rest and relaxation
14													14 Studies and researches (excluding schoolwork)
15													15 Hobbies and amusements
16													16 Sports
17													17 Volunteer and social activities
18													18 Social life
19													19 Medical examination or treatment
20													20 Other activities
a													a Alone
b													b Family member(s)
c													c Classmate(s) or colleague(s)
d													d Other person(s)

Person(s) being together

**Afternoon**

# O M A N

Household No.	Person No.	First name
---------------	------------	------------

		night			morning							
		04.00-05.00	05.00-06.00	06.00-07.00	07.00-08.00	08.00-09.00	09.00-10.00	10.00-				
..... day ..... / .....												
Sleeping and resting	1											
Eating	2											
Personal care	3											
School (also homework)	4											
Work as employed	5											
Own business work	6											
Farming	7											
Animal rearing	8											
Fishing	9											
Shopping/getting services	10											
Weaving, sewing, other textile care	11											
Cooking	12											
Domestic work (washing, cleaning)	13											
Care for children/adults/elderly	14											
Commuting	15											
Travelling	16											
Watching TV	17											
Reading	18											
Sitting with family	19											
Exercising	20											
Social visits	21											
Practicing hobbies	22											
Other, specify...	23											

04.00-05.00	05.00-06.00	06.00-07.00	07.00-08.00	08.00-09.00	09.00-10.00	10.00-
⌚	⌚	⌚	⌚	⌚	⌚	⌚

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**The Economic and Social Research Institute**  
 4 Burlington Road  
 Dublin 4  
 Tel 6671525

Area Code  Household Code  Respondent Code

**NATIONAL TIME-USE SURVEY, 2005**

**CONFIDENTIAL**

The Economic and Social Research Institute has been commissioned by the NDP Gender Equality Unit to carry out a survey of time-use in Ireland, with the active participation of the Central Statistics Office in an advisory role. The purpose of the survey is to identify how adults in Ireland spend their time in the course of the day.

Your household was selected at random for inclusion in this survey from the electoral register.

There are two 'time-use' diaries – one for a weekday and one for a weekend day. This diary is for a weekend day, and it would be of great assistance to us if all adults in the household could complete it. We would like you to fill this diary out at various points on the day in question so that the information will be current and as accurate as possible. The day and date for which we would like you to complete this diary is written below.

At the end of the diary there are a number of questions about the diary day and also some on background information, which will allow us to examine how different people spend their time.

All of the information provided will be treated in the strictest confidence and will not be revealed to anyone or in any way, which could be associated with your name or address.

**WEEKEND DIARY**

*Day on which we would like this diary to be completed:*

DAY \_\_\_\_\_ DATE \_\_\_\_\_

Respondent \_\_\_\_\_

A. ACTIVITY GROUP	Activity Code		EARLY AFTERNOON					
			12.01 pm			1.00 pm		
			15	30	45	15	30	45
PERSONAL CARE /RESTING	1	SLEEPING						
	2	RESTING/RELAXING doing nothing, 'time out'						
	3	PERSONAL CARE washing, dressing, toilet						
	4	EATING/DRINKING/HAVING A MEAL						
TRAVEL	5	TRAVEL including travel to and from work as well as leisure and domestic travel						
PAID EMPLOYMENT OR STUDY	6	PAID EMPLOYMENT include paid and unpaid overtime, work from home, self-employment and farm work. Exclude lunch and other breaks.						
	7	STUDY, EDUCATION include courses, night classes, studying at home. Exclude lunch and other breaks.						
	8	BREAKS FROM WORK OR STUDY include tea/coffee, smoking and lunch breaks.						
HOUSEWORK AND OTHER HOUSEHOLD TASKS	9	COOKING & preparing food (including making lunches), washing-up						
	10	CLEANING the house, doing the laundry, ironing, hoovering, tidying up						
	11	HOUSE REPAIRS & maintenance, DIY, gardening						
SHOPPING AND APPOINTMENTS	12	SHOPPING, MESSAGES/ERRANDS & APPOINTMENTS shopping for food or leisure, services e.g. hairdressers, visiting doctor, paying bills						
CARING FOR OTHERS	13	CHILDCARE looking after children, physical care, supervision						
	14	PLAYING AND TALKING WITH CHILDREN include reading, games, helping with homework, accompanying children to activities						
	15	CARING FOR ADULTS with special needs or elderly persons, either in your home or elsewhere (e.g. help with personal care)						
VOLUNTARY AND RELIGIOUS ACTIVITY	16	VOLUNTARY ACTIVITY for a charitable organisation, sports club or other organisation, include meetings & informal helping outside the home						
	17	RELIGIOUS ACTIVITY Attending religious services, prayer						
SOCIALISING AND GOING OUT	18	SPENDING TIME/CHATTING WITH FAMILY, FRIENDS, NEIGHBOURS including spouse						
	19	PHONING/TEXTING FAMILY, FRIENDS, NEIGHBOURS include writing a letter						
	20	EATING OUT/GOING TO THE PUB include going to cafes, bars, restaurants, nightclubs						
	21	GOING OUT to concerts, theatre, cinema, galleries, sporting events, bookies, bingo						
SPORTS & LEISURE	22	PLAYING SPORTS, EXERCISE AND OUTDOOR ACTIVITY including playing football, walking the dog, going to the park						
	23	COMPUTER/INTERNET FOR PERSONAL USE e.g. play station, x-box, surfing the net, email, using computer for leisure, shopping						
	24	HOBBIES AND OTHER LEISURE ACTIVITIES e.g. playing musical instruments, playing cards, other games						
TV, RADIO, READING	25	WATCHING TV and videos/DVDs						
	26	READING a book, magazine or newspaper or LISTENING to radio or music						

B. WHO WERE YOU WITH?	No-one/I was alone						
		Spouse/partner					
Tick all that apply.	Own children under 18						
	Other person or people I know						

C. WHERE WERE YOU?	At home						
		Away from home					



A. ACTIVITY GROUP	Activity Code		EVENING					
			8.00 pm			9.00 pm		
			15	30	45	15	30	45
PERSONAL CARE /RESTING	1	SLEEPING						
	2	RESTING/RELAXING doing nothing, 'time out'						
	3	PERSONAL CARE washing, dressing, toilet						
	4	EATING/DRINKING/HAVING A MEAL						
TRAVEL	5	TRAVEL including travel to and from work as well as leisure and domestic travel						
PAID EMPLOYMENT OR STUDY	6	PAID EMPLOYMENT include paid and unpaid overtime, work from home, self-employment and farm work. Exclude lunch and other breaks.						
	7	STUDY, EDUCATION include courses, night classes, studying at home. Exclude lunch and other breaks.						
	8	BREAKS FROM WORK OR STUDY include tea/coffee, smoking and lunch breaks.						
HOUSEWORK AND OTHER HOUSEHOLD TASKS	9	COOKING & preparing food (including making lunches), washing-up						
	10	CLEANING the house, doing the laundry, ironing, hoovering, tidying up						
	11	HOUSE REPAIRS & maintenance, DIY, gardening						
SHOPPING AND APPOINTMENTS	12	SHOPPING, MESSAGES/ERRANDS & APPOINTMENTS shopping for food or leisure, services e.g. hairdressers, visiting doctor, paying bills						
CARING FOR OTHERS	13	CHILDCARE looking after children, physical care, supervision						
	14	PLAYING AND TALKING WITH CHILDREN include reading, games, helping with homework, accompanying children to activities						
	15	CARING FOR ADULTS with special needs or elderly persons, either in your home or elsewhere (e.g. help with personal care)						
VOLUNTARY AND RELIGIOUS ACTIVITY	16	VOLUNTARY ACTIVITY for a charitable organisation, sports club or other organisation, include meetings & informal helping outside the home						
	17	RELIGIOUS ACTIVITY Attending religious services, prayer						
SOCIALISING AND GOING OUT	18	SPENDING TIME/CHATTING WITH FAMILY, FRIENDS, NEIGHBOURS including spouse						
	19	PHONING/TEXTING FAMILY, FRIENDS, NEIGHBOURS include writing a letter						
	20	EATING OUT/GOING TO THE PUB include going to cafes, bars, restaurants, nightclubs						
	21	GOING OUT to concerts, theatre, cinema, galleries, sporting events, bookies, bingo						
SPORTS & LEISURE	22	PLAYING SPORTS, EXERCISE AND OUTDOOR ACTIVITY including playing football, walking the dog, going to the park						
	23	COMPUTER/INTERNET FOR PERSONAL USE e.g. play station, x-box, surfing the net, email, using computer for leisure, shopping						
	24	HOBBIES AND OTHER LEISURE ACTIVITIES e.g. playing musical instruments, playing cards, other games						
TV, RADIO, READING	25	WATCHING TV and videos/DVDs						
	26	READING a book, magazine or newspaper or LISTENING to radio or music						
B. WHO WERE YOU WITH?		No-one/I was alone						
		Spouse/partner						
	Tick all that apply.	Own children under 18						
		Other person or people I know						
C. WHERE WERE YOU?		At home						
		Away from home						





A) Was this diary day unusual in any way (e.g. you or a family member was sick; you were on holiday from work; school holidays; you were travelling etc.)

Yes..... No.....

B) In what way was it unusual?  
\_\_\_\_\_  
\_\_\_\_\_

C) Did you feel rushed or stressed during the diary day?

Yes, felt rushed most of the day.....<sub>1</sub>      Yes, felt rushed some of the day.....<sub>2</sub>      Did not feel rushed.....<sub>3</sub>

D) When did you fill in the diary? Please tick (✓) one box.

Now and then during the diary day.....<sub>1</sub>      At the end of the diary day.....<sub>2</sub>      The day after the diary day.....<sub>3</sub>      Later.....

E) About \_\_\_\_\_ days after

F) Did you travel to work on the "diary day"?

Yes..... No.....

G) How did you travel from home to work that day? Tick (✓) all that apply.

Walk..... <input type="checkbox"/> <sub>1</sub>	By Luas..... <input type="checkbox"/> <sub>6</sub>
By Bicycle..... <input type="checkbox"/> <sub>2</sub>	By Dart..... <input type="checkbox"/> <sub>7</sub>
Motorbike..... <input type="checkbox"/> <sub>3</sub>	By Train..... <input type="checkbox"/> <sub>8</sub>
By Car..... <input type="checkbox"/> <sub>4</sub>	Other (specify)..... <input type="checkbox"/> <sub>9</sub>
By Bus..... <input type="checkbox"/> <sub>5</sub>	

H) In the course of that journey to work did you also:

	Yes	No
(i) drop anyone off to another destination (e.g. children to school)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(ii) take a detour to do any shopping, attend any other appointments (e.g. doctor etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

I) Did you encounter any problems filling out the diary?

Yes..... No.....

J) Please describe these problems as fully as possible  
\_\_\_\_\_  
\_\_\_\_\_

K) Were there any activities which you feel were not covered in the list?

Yes.....<sub>1</sub> No.....<sub>2</sub>

L) Which ones? Please describe as fully as possible  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your help and assistance in completing this questionnaire