



Please read these instructions before you start

Please use the columns in this diary to show us what you were doing, where you were and whether you were with anybody for each 10 minute period in the diary day.

All activities that people might do are important. However uninteresting or routine you feel that something is please write it in. An example on the next page and the details below will give you an idea of the level of information that we would like.

What were you doing?

Please write in what you were doing.

If you took longer than ten minutes please use an arrow to show how long you took to do that activity - as shown in the example on the next page.

If you did more than one thing within a 10 minute period, write in the one that took most time. Please note:

- ▶ **House work** - Record what specific thing you did, e.g. 'cooked dinner', 'hoovering', 'mowed lawn', 'cleaned car', etc.
- ▶ **Child care** - Record what you did e.g. 'fed child', 'played with child' 'watched/listened for child' etc.
- ▶ **Travel** - If you go out write in how you travelled e.g. *walking*, *passenger* on bus or in car, *drove* car, *cycled* etc.
- ▶ **Paid work** - for time spent at paid work just write 'main job'. But write in what you do during breaks, e.g. 'Had lunch', 'Went to the shops'.
If you have a second job or other work, please show which is your main job and which is your second (or third etc.) job.
- ▶ **Education** - for time spent at school or college just write in where e.g. 'secondary school', 'university', etc. But write in what you do during breaks, e.g. 'Had lunch'.

Also

- ▶ If you were doing something you feel is too private to record, please write 'personal'

What else were you doing?

If you were doing more than one thing at the same time, record the second activity in this column. For example, you might be watching television (main activity) and drinking tea or watching children (second activity).

You must decide which is the main and which is the second activity. Please don't forget to mark with an arrow, the length of time spent on secondary activities, which may be different from the main activity.

You do not have to fill in this column for time at work or at school or asleep.

Where were you?

Write in where you were at that time. E.g. 'Home', 'At a friends' or if travelling 'in a car', 'on a bus or train', 'on a cycle' or 'walking'. Again please use an arrow to mark the length of time you were at that place.

You do not have to fill in this column for time at work or at school or asleep.





Were you with anybody?

Please show if you were with anybody by putting a cross or crosses in the boxes. Use a line to show how long you were alone or with somebody. Please also put a cross in the boxes when you either stopped being alone or with certain groups of people. See example below.

To be with somebody does not necessarily mean that you actually do things together, but simply that you are in the same place - for example, in the same house, shop or on the same bus.

You do not have to fill in this column for time at work or at school or asleep.

Questions About Your Diary Day

When you have filled in the diary, please answer the questions on the last two pages.

Example

This is an example of how somebody might fill in one page of the diary day.

Morning Time, am	What were you doing? <small>Please record your main activity for each 10-minute period.</small>	What else were you doing? <small>Write in the most important activity you were doing at the same time</small>	Where were you? <small>e.g. At home, at friends, in car, on bus, train, cycling, walking</small>	Were you with anybody? <small>Please mark the boxes. See example on page 3.</small>				
	<small>Enter one main activity on each line.</small>			Alone or with people you don't know	Children up to 9 living in your household	Children aged 10 to 14 living in your household	Other household members	Other persons that you know
7:00 - 7:10	Sleeping			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:10 - 7:20	↓			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:20 - 7:30	Had a shower		At home	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:30 - 7:40	Made breakfast		↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:40 - 7:50	Ate breakfast	Read newspaper	↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:50 - 8:00	Did washing up		↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8:00 - 8:10	Got my son dressed	Talked with my son	↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8:10 - 8:20	Walked to school with son	↓	Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:20 - 8:30	Dropped son off at school	↓	↓	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:30 - 8:40	Walked to bus stop		↓	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:40 - 8:50	Travel by bus to work	Read newspaper	On the bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:50 - 9:00	↓	↓	↓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 - 9:10	↓	↓	↓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:10 - 9:20	Walked from bus stop to main job		Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:20 - 9:30	↓		↓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:30 - 9:40	↓		↓	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:40 - 9:50	Main job			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:50 - 10:00	↓			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You do not have to fill in this column for time at work or at school or asleep. Please make sure you fill them in for all other times.

Please take this diary with you during the day and fill it in now and then. The diary starts at 4.00am on the next page. Thank you for your help.





Date <input type="text"/> <small>Date Month</small> <small>Early Morning</small> <small>Time, am</small>	What were you doing? <small>Please record your main activity for each 10-minute period.</small> <small>Enter one main activity on each line.</small>	What else were you doing? <small>Write in the most important activity you were doing at the same time</small> <small>e.g. Looking after children, listening to the radio or having a drink</small>	Where were you? <small>e.g. At home, at friends, in car, on bus, train, cycling, walking</small>	Were you with anybody? <small>Please mark the boxes. See example on page 3.</small>				
				<small>Alone or with people you don't know</small>	<small>Children up to 9 living in your household</small>	<small>Children aged 10 to 14 living in your household</small>	<small>Other household members</small>	<small>Other persons that you know</small>
4:00 - 4:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:10 - 4:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:20 - 4:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:30 - 4:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:40 - 4:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:50 - 5:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00 - 5:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:10 - 5:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:20 - 5:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:30 - 5:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:40 - 5:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:50 - 6:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00 - 6:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:10 - 6:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:20 - 6:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:30 - 6:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:40 - 6:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:50 - 7:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Morning Time, am	What were you doing? <i>Please record your main activity for each 10-minute period.</i>	What else were you doing? <i>Write in the most important activity you were doing at the same time</i>	Where were you? <i>e.g. At home, at friends, in car, on bus, train, cycling, walking</i>	Were you with anybody? <i>Please mark the boxes. See example on page 3.</i>				
	<i>Enter one main activity on each line.</i>	<i>e.g. Looking after children, listening to the radio or having a drink</i>		Alone or with people you don't know	Children up to 9 living in your household	Children aged 10 to 14 living in your household	Other household members	Other persons that you know
7:00 - 7:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:10 - 7:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:20 - 7:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:30 - 7:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:40 - 7:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:50 - 8:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 - 8:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:10 - 8:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:20 - 8:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:30 - 8:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:40 - 8:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:50 - 9:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 - 9:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:10 - 9:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:20 - 9:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:30 - 9:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:40 - 9:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:50 - 10:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PLEASE CONTINUE WHEN YOU HAVE COMPLETED ALL THE COLUMNS YOU NEED TO





Late Morning Time, am	What were you doing? <i>Please record your main activity for each 10-minute period.</i>	What else were you doing? <i>Write in the most important activity you were doing at the same time</i>	Where were you? <i>e.g. At home, at friends, in car, on bus, train, cycling, walking</i>	Were you with anybody? <i>Please mark the boxes. See example on page 3.</i>				
	<i>Enter one main activity on each line.</i>	<i>e.g. Looking after children, listening to the radio or having a drink</i>		Alone or with people you don't know	Children up to 9 living in your household	Children aged 10 to 14 living in your household	Other household members	Other persons that you know
10:00 - 10:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:10 - 10:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:20 - 10:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:30 - 10:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:40 - 10:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:50 - 11:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 - 11:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:10 - 11:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:20 - 11:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:30 - 11:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:40 - 11:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:50 - 12:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 - 12:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:10 - 12:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:20 - 12:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:30 - 12:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:40 - 12:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:50 - 1:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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PLEASE CONTINUE WHEN YOU HAVE COMPLETED ALL THE COLUMNS YOU NEED TO





Afternoon Time, pm	What were you doing? <i>Please record your main activity for each 10-minute period.</i>	What else were you doing? <i>Write in the most important activity you were doing at the same time</i>	Where were you?	Were you with anybody?				
	<i>Enter one main activity on each line.</i>	<i>e.g. Looking after children, listening to the radio or having a drink</i>	<i>e.g. At home, at friends, in car, on bus, train, cycling, walking</i>	<i>Please mark the boxes. See example on page 3.</i>				
				Alone or with people you don't know	Children up to 9 living in your household	Children aged 10 to 14 living in your household	Other household members	Other persons that you know
1:00 - 1:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:10 - 1:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:20 - 1:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:30 - 1:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:40 - 1:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:50 - 2:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 - 2:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:10 - 2:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:20 - 2:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:30 - 2:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:40 - 2:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:50 - 3:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 - 3:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:10 - 3:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:20 - 3:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:30 - 3:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:40 - 3:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:50 - 4:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Early Evening Time, pm	What were you doing? <i>Please record your main activity for each 10-minute period.</i>	What else were you doing? <i>Write in the most important activity you were doing at the same time</i>	Where were you? <i>e.g. At home, at friends, in car, on bus, train, cycling, walking</i>	Were you with anybody? <i>Please mark the boxes. See example on page 3.</i>				
	<i>Enter one main activity on each line.</i>	<i>e.g. Looking after children, listening to the radio or having a drink</i>		Alone or with people you don't know	Children up to 9 living in your household	Children aged 10 to 14 living in your household	Other household members	Other persons that you know
4:00 - 4:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:10 - 4:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:20 - 4:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:30 - 4:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:40 - 4:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:50 - 5:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00 - 5:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:10 - 5:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:20 - 5:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:30 - 5:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:40 - 5:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:50 - 6:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00 - 6:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:10 - 6:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:20 - 6:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:30 - 6:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:40 - 6:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:50 - 7:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Evening Time, pm	What were you doing? <i>Please record your main activity for each 10-minute period.</i>	What else were you doing? <i>Write in the most important activity you were doing at the same time</i>	Where were you? <i>e.g. At home, at friends, in car, on bus, train, cycling, walking</i>	Were you with anybody? <i>Please mark the boxes. See example on page 3.</i>				
	<i>Enter one main activity on each line.</i>	<i>e.g. Looking after children, listening to the radio or having a drink</i>		Alone or with people you don't know	Children up to 9 living in your household	Children aged 10 to 14 living in your household	Other household members	Other persons that you know
7:00 - 7:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:10 - 7:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:20 - 7:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:30 - 7:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:40 - 7:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:50 - 8:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 - 8:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:10 - 8:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:20 - 8:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:30 - 8:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:40 - 8:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:50 - 9:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 - 9:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:10 - 9:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:20 - 9:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:30 - 9:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:40 - 9:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:50 - 10:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Late Evening Time, pm	What were you doing? <i>Please record your main activity for each 10-minute period.</i>	What else were you doing? <i>Write in the most important activity you were doing at the same time</i>	Where were you? <i>e.g. At home, at friends, in car, on bus, train, cycling, walking</i>	Were you with anybody? <i>Please mark the boxes. See example on page 3.</i>				
	<i>Enter one main activity on each line.</i>	<i>e.g. Looking after children, listening to the radio or having a drink</i>		Alone or with people you don't know	Children up to 9 living in your household	Children aged 10 to 14 living in your household	Other household members	Other persons that you know
10:00 - 10:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:10 - 10:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:20 - 10:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:30 - 10:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:40 - 10:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:50 - 11:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 - 11:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:10 - 11:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:20 - 11:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:30 - 11:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:40 - 11:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:50 - 12:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 - 12:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:10 - 12:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:20 - 12:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:30 - 12:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:40 - 12:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:50 - 1:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Night Time, am	What were you doing? <i>Please record your main activity for each 10-minute period.</i>	What else were you doing? <i>Write in the most important activity you were doing at the same time</i>	Where were you? <i>e.g. At home, at friends, in car, on bus, train, cycling, walking</i>	Were you with anybody? <i>Please mark the boxes. See example on page 3.</i>				
	<i>Enter one main activity on each line.</i>	<i>e.g. Looking after children, listening to the radio or having a drink</i>		Alone or with people you don't know	Children up to 9 living in your household	Children aged 10 to 14 living in your household	Other household members	Other persons that you know
1:00 - 1:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:10 - 1:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:20 - 1:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:30 - 1:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:40 - 1:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:50 - 2:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 - 2:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:10 - 2:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:20 - 2:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:30 - 2:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:40 - 2:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:50 - 3:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 - 3:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:10 - 3:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:20 - 3:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:30 - 3:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:40 - 3:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:50 - 4:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Please look back over each diary page and check that you have filled in all the columns you need to.

About Your Diary Day- Please complete the questions below after completing the diary

1a Now, please look back over the diary day. During this time, did you help someone from outside your household at all?

(Please include help to another household even if this was also of benefit to your own household - eg looking after a neighbour's children at the same time as yours, baking a cake for a school fete)

Do not include helping someone as part of your job

- Yes *If yes, please answer question 1b below*
- No *If no, please answer question 2 below*

If yes

1b Please write in the time(s) during the diary day when you helped someone from outside your household.

If you helped people from outside your household more than once in the diary day, please show separately each period of time you gave this help

	Time Started	Please tick	Time Finished	Please tick
First Period	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM
Second Period	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM
Third Period	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM
Fourth Period	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/> : <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM

Please continue on a separate piece of paper if necessary

Everybody answer the next question

2 When did you fill in this diary?

- Now and then during the diary day
- At the end of the diary day
- The day after the diary day
- Later, about ___ days after the diary day

3 Where were you at the start of the diary day (04.00 am)?

- At home
- Somewhere else

4 Where were you at the end of the diary day (04:00 am)?

- At home
- Somewhere else





5a Are you in paid work, at school or college, or doing none of these things?

- In paid work *Please answer question 5b below*
 At school or college *Please answer question 6 below*
 None of these *Please go to question 7 below*

If in work

5b Were you working on this day?

- Yes, I was working *If at school or college please answer 6 below*
 No, it was a week-end day / day of the week I do not usually work
 No, I was on leave *If not at school or college please go to 7 below*
 No, I was sick
 No, I was absent for some other reason

If at school or college

6 Was the diary day during the term or school holidays / vacation?

- Term time (including weekends during term)
 School holidays / vacation

Everybody answer question 7a

7a Were you on a trip to another locality (town) during the diary day?

(Do not count regular trips to work or school, or trips lasting less than three hours in total)

- No *Please go to question 8 below*
 Yes, a day trip within the country
 Yes, a day trip abroad *Please go to question 7b below*
 Yes, an overnight trip within the country
 Yes, an overnight trip abroad

If yes

7b How far from home did you travel? Write in the approximate distance from home (one way). If several trips, note the longest. If to another country outside the UK, note the country.

Miles

Country

Everybody answer question 8

8 Was this day unusual for any reason (e.g. A birthday, an anniversary, illness, a religious festival, a day spent on holiday etc.)?

Yes *Please give details*
 No

9 Did you have any problems filling in the diary?

- No
 Yes (please write in)



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14

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×

15

×



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