



(For official use)

CONFIDENTIAL

The information collected in the survey will be strictly confidential according to the survey ordinance & individual level information will not be divulged to any person or agency

Year	Month		District	Household		

Time Use Survey - 2017

Survey Schedule

Department of Census & Statistics
Sri Lanka

Controlling Information

Interviewer's Visits	First	Second	Third
1. Date			
2. Result*			
3. Time taken to complete schedule	Minutes	Minutes	Minutes

* Result Code

Completed	1
Postponed	2
Housing unit not available currently **	3
Not competent respondent at home	4
Refused	5
Housing unit is temporarily closed	6
Other (Specify)	7

** (Specify the reasons for not available particular housing unit now)

- (i) Being empty
- (ii) Not used by non-seasons
- (iii) Unable to live
- (ii) Demolished

4.

If the housing unit is consolidated, No. of H.U.'s listed for this unit.

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5.

If the housing unit is divided, No. of H.U.'s in this unit as at present.

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6. Office use only

Code final result

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Completed	1
Not completed	2
Non related unit	3

Demographic Characteristics

Serial Number	Name of all persons residing in this household (According to the Labor Force Survey)	Age as at last birthday (Years)		Do you suffer from chronic illness? (Up to a maximum of two) Time - the time suffering from the disease				Do you suffer from a disability? (Up to a maximum of two) Time - The period of disability				Does this person seek the support of an outside party to care for them? the answer is 4 go to the 10 screen	If code 1 or 2 or 3 in column 6, Child / Adult / Disabled Care			Was the Diary delivered? (10 years and above) 1. Yes 2. No
		3		4.1		4.2		5.1		5.2			6	7	8	
1	2	Years		Disease	Period	Disease	Period	Disability	Period	Disability	Period	Hours				
01																
02																
03																
04																
05																
06																
07																
08																
09																
10																

7th Column - Outside party to care

Belonging to this HH (From a non-relative).....	1
Government Institution.....	2
Private Institution.....	3
Another HH.....	4
Other (Specify)	9

9th Column - payment

Paid	1
Not paid.....	2

4, 5 Columns - Time period

Less than 5 years.....	1
Between 5 & 10.....	2
Above 10 years.....	3

4th Column - chronic illness

No Chronic disease	01
Diabetes.....	02
High blood pressur.....	03
Heart disorders.....	04
Kidney disease...../.....	05
Liver diseases.....	06
Stroke / Section fraction.....	07
Asthma / Respiratory diseases.....	08
Mental Illness.....	09
Joint swelling / Air weasel.....	10
Epilepsy.....	11
Migraine.....	12
Cancer	13
Other (Specify)	14

5th Column - Disability Status

Not Disabled.....	1
Autism / Persons with special needs....	2
Mental diseases / Memory lost.....	3
Diseases related to ear.....	4
Physically disabled.....	5
Diseases related to speaking.....	6
Blinded.....	7
Other (Specify)	9

6th Column - The nature of care

Yes- Child Care.....	1
Yes- Adult Care.....	2
Yes - Disabled Care.....	3
No outside care.....	4

Section 3- Housing Information

3.1 Type of Structure

Single House - Single Floor	1
Single House - Double Floor	2
Single House - Above double floor	3
Attached house / Annex	4
Flat	5
Condominium Luxury apartments	6
Twin houses	7
Line room / row house	8
Slum / Shanty	9
Other (Specify)	0

3.2 Number of bed rooms

3.3 Total floor area (Sq. feet)

Less than 100	1
100 - less than 250	2
250 - less than 500	3
500 - less than 750	4
750 - less than 1000	5
1000 - less than 1500	6
1500 - less than 3000	7
3000 & more	9

3.4 Principle materials of Construction

(A) Wall

Brick	1
Cabook	2
Cement block /Stone	3
Pressed soil block	4
Mud.....	5
Wood/ Takaran	6
Cadjan / Palmyrah	7
Other (Specify)	9

(B) Floor

Cement	1
Teraso / Tile	2
Concrete	3
Mud	4
Wood	5
Sand.....	6
Other (Specify)	9

(C) Roof

Tile	1
Asbestos	2
Concrete	3
Metal sheet	4
Takaran	5
Cadjan / Palmyrah / Straw	6
Other (Specify)	9

3.5 Tenure

Constructed / Purchased by an occupant	1
Inherited	2
Freely received / Received as a gift	3
Compensated	4
Rent free (Employer / Other)	5
Relief payment (Employer / Other)	6
Rent	7
Lease	8
Encroached	9
Other (Specify)	0

3.6 (A) **Main source of drinking water**

Well

Protected well within premises	1
Protected well outside premises	2
Unprotected well	3

Main tap line

Tap inside home	4
Tap within unit / premises (main line)	5
Tap out side premises (main line)	6

Other

Project in village	7
Tube well	8
Bowser	9
River/ Tank / Streams	10
Rain water	11
Bottled water	12
Other (Specify)	99

(B) **Distance to take source of drinking water**

		Meters
Within premises	1	
Outside premises	2	

(C) **Was there enough water to drink bath & wash during last year ?**

Ye s	No			
	Less than A week	More than a week or Less than a month	Month or more than a month	
Drink	1	2	3	4
Bath / wash	1	2	3	4

3.7 (A) **Availability of toilet**

Within unit

Exclusive for the household	1
Sharing with another household	2

Outside unit

Exclusive for the household	3
Sharing with another household	4

Other

No toilet to housing unit but sharing with another unit	5
Public toilet	6
Not using toilets	7

(B) **Type of Toilet**

Water seal	1
Direct Pit	2
Other (Specify)	9

3.8 **Disposal of Garbage**

Collected by garbage truck	1
Burned	2
Dumped within premises	3
Process for fertilizer	4
Dumped / Throw away out side premises	5
Other (Specify)	9

3.9 **Principle Type of Lighting**

Kerosene	1
Electricity	2
Solar energy	3
Generator / Battery	4
Gas	5
Other (Specify)	9

3.10 **Principle Type of cooking fuel**

Fire wood	1
Gas	2
Kerosene	3
Electricity	4
Saw dust / Paddy husk	5
Other (Specify)	9

3.11 (A) Did any of the household member collect fire wood during last month?

Yes	1
No	2

→ Go to 3.12

(B) Distance & place of collecting firewood

		Meters
Own land	1	
Other land	2	

3.12 (A) Was this housing unit affected by any natural disaster during last 12 months?

Yes	1
No	2

→ Go to: 3.13

(B) Nature of disaster

	Yes	No
1 Flood	1	2
2 Drought	1	2
3 Earth slip	1	2
4 Attacked by wild animals	1	2
5 Storm	1	2
9 Other (specify)	1	2

3.13 Does any member of this household (excluding borders & servants) have owned any land /lands

Yes	1
No	2

3.14 Do your household have pets ?

Yes	1
No	2

→ Go to section 4

3.15 (3.14) If yes, Specify number of pets.

Dogs	
Cats	
Fish.....	
Other (specify)	

Section 4 - Income & Expenditure

4.1 The average monthly cost of your household is Rs.

Less than 10,000	1
10,000 – 19,999	2
20,000 – 39,999	3
40,000 – 59,999	4
60,000 – 79,999	5
80,000 and more	6

5.0 According to the interviewer's observations, the quality of life in this home

Very Good	1
Good	2
Ordinary	3
Poor	4
Very poor	5

4.2 Indicate the source of income that you currently receive in the household (mark all income sources).

	Yes	No
Salaries and wages.....	1	2
Income from self employment / farming	1	2
Pensions.....	1	2
Income from country/foreign country	1	2
Government allowances (Samurdi /Elderly payments/etc.)	1	2
Investment / Savings / Property Income.....	1	2
Other income.....	1	2

4.3 From the above sources, the total monthly income you currently receive in the household is Rs.

Less than 10,000	1
10,000 – 19,999	2
20,000 – 39,999	3
40,000 – 59,999	4
60,000 – 79,999	5
80,000 and more	6