

Confidentiality

The information you provided will be kept fully confidential. No individual information will be divulge or released to any other third party.

TUS - 2



Time Use Diary

To be filled by the interviewer.

| District | PSU Number | Housing unit No. (Within PSU) | Household No. (Within Housing unit) | Person Serial No. (In Labour force survey) | Date of filling the diary: | Day of filling the diary: (Circle the relevant day) | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|------------|-------------------------------|-------------------------------------|--|--|---|---|---|---|--|--|--|--|------|--|-------|--|-----|--|--|--|--|----------|-----------|-------------|------------|----------|------------|----------|--|
| | | | | <input type="text"/> | <table border="1"><tr><td>2</td><td>0</td><td>1</td><td>7</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Year</td><td colspan="2">Month</td><td colspan="3">Day</td><td></td></tr></table> | 2 | 0 | 1 | 7 | | | | | Year | | Month | | Day | | | | <table border="1"><tr><td>1.Monday</td><td>2.Tuesday</td><td>3.Wednesday</td><td>4.Thursday</td></tr><tr><td>5.Friday</td><td>6.Saturday</td><td>7.Sunday</td><td></td></tr></table> | 1.Monday | 2.Tuesday | 3.Wednesday | 4.Thursday | 5.Friday | 6.Saturday | 7.Sunday | |
| 2 | 0 | 1 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | | Month | | Day | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.Monday | 2.Tuesday | 3.Wednesday | 4.Thursday | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.Friday | 6.Saturday | 7.Sunday | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

To be filled by the respondent

Name of the respondent : Age of the respondent:.....

Tel. No. of the respondent :

Objective of collecting Time Use Data

This survey is conducted by the Department of Census of Statistics. The data provided by you will be used to study the time spending behavior of the people. The findings of the survey will be utilized to design policies to improve wellbeing of the people of the country. For example female contribution in non-economic activities, time spending on leisure/ exercise, time spending for education and transport etc. .

Your responsibility as a respondent

You are one of the selected respondents for this very important national survey. Please complete the provided Time Use Diary and submit to our officer of the Department of Census and Statistics. Your support in this regard is very much appreciated.

Date to submit the completed Time Use Diary

Please submit the completed Time Use Diary on of, 2017 to the officer (Tel. No. of the Department of Census and Statistics.

Dr. A.J. Satharasinghe
Director General
Department of Census and Statistics

For further information regarding on this please call; 0112877959 .

A. Please answer these two questions before completing the diary.

1 How often do you feel rushed or pressured for time?
(Please Tick ✓ for the answer.)

- Never..... ①
- Often ②
- Sometimes ③
- Rarely ④
- Always..... ⑤

Go to
Ques. 02

2 What are the reasons you feel rushed?
(Please Tick ✓ all the reasons)

- Difficulty to balance work and family responsibilities ... ①
- Pressure of working ②
- Pressure of studying..... ③
- Demand of the family ④
- Not planning of day today life ⑤
- Other ⑥

B. Please read these instructions before filling Time Use Diary.

- ✓ Study the example in last page before filling the diary.
- ✓ Your Time Use Diary starts at 12.00 a.m. of the day of you are assigned to fill it. (Generally you are sleeping from 12.00 a.m. to at least 4.00 a.m. early in the morning. Then you can start to fill the diary by writing “at sleep” from 12.00 a.m. to 4 a.m.
- ✓ From 12.00 a.m. you have to record your **main activity** for every 15 minute period and if you did more than one thing at the same time you have to write it as “what else were you doing?” column. Also you have to write “where you were at that time?” and “who else with you?” for every 15 minute period.
- ✓ If you were doing something you feel is too private to record, please write “personal”.
- ✓ You don’t have to answer “who else with you?” for sleeping time.
- ✓ Because you can forget whatever you have done in every 15 minute period and please be kind enough to fill the diary whenever possible.

Main Activity

- ✓ If you did more than one thing at the same time, please write the one you regard as the main activity.
- ✓ If you did one thing after another within 15 minute interval, record the main activity which took most time.
Eg: In the evening 5.00 – 5.15 → Ironing cloths to go somewhere (5 minutes) washing the body (10 minutes) Here take main activity as “washing the body” and “what else were you doing?” as “Ironing cloths”

For school children, people who are learning and employed person

- ✓ No need to record what you were doing during your working time.
 - Eg: It is enough to write “Doing my employment”.
- ✓ But record whatever you do during breaks
 - Eg: If you went out from the office in the lunch break record “Lunch break, had walk outside office”.

If any difficulty with filling the diary for a child, adult or a disable person

- ✓ Get help from a knowledgeable adult person.
- ✓ The theme leads to the sustainable development goals, “Do not let anyone behind”, information of disable persons are more important and please give your kind support to fill the diary if anyone (age of 10 years and above) at your home with disability.
- ✓ If you have any problem regarding with filling the diary do not forget to contact our department officer.

Do not write anything in coloured columns.

| Name | Month | Date of filling the diary |
|------|-------|---------------------------|
|------|-------|---------------------------|

| Time | What was the main activity? <i>Eg. Preparing dinner, Child caring etc.</i> | Code | What else were you doing at the same time? <i>Eg. Watching TV, Listening radio etc.</i> | Code | Where were you? Place/mode of transport <i>Eg. home, in car, in bus, on foot etc.</i> | Code | Who were with you? (Put X mark in the box) | | |
|-------------|---|------|--|------|---|------|---|--------------------------|--------------------------|
| | | | | | | | Alone | With Household members | With Other known persons |
| 12.00-12.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.15-12.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.30-12.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.45-1.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.00-1.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.15-1.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.30-1.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.45-2.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.00-2.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.15-2.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.30-2.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.45-3.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.00-3.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.15-3.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.30-3.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.45-4.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.00-4.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.15-4.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.30-4.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.45-5.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.00-5.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.15-5.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.30-5.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.45-6.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

From 12.00 a.m. (Night) to 6.00 a.m. (Morning)

| | Time | What was the main activity? <i>Eg. Preparing dinner, Child caring etc.</i> | Code | What else were you doing at the same time? <i>Eg. Watching TV, Listening radio etc.</i> | Code | Where were you? Place/mode of transport <i>Eg. home, in car, in bus, on foot etc.</i> | Code | Who were with you? (Put X mark in the box) | | |
|--|-------------|---|------|--|------|---|--------------------------|---|--------------------------|--------------------------|
| | | | | | | | | Alone | With Household members | With Other known persons |
| From 6.00 a.m. (Morning) to 12.00 p.m. | 6.00-6.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 6.15-6.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 6.30-6.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 6.45-7.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.00-7.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.15-7.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.30-7.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.45-8.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 8.00-8.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 8.15-8.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 8.30-8.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 8.45-9.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9.00-9.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9.15-9.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9.30-9.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9.45-10.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 10.00-10.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 10.15-10.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 10.30-10.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 10.45-11.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.00-11.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.15-11.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.30-11.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.45-12.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Time | What was the main activity? <i>Eg. Preparing dinner, Child caring etc.</i> | Code | What else were you doing at the same time? <i>Eg. Watching TV, Listening radio etc..</i> | Code | Where were you? Place/mode of transport <i>Eg. home, in car, in bus, on foot etc.</i> | Code | Who were with you? (Put X mark in the box) | | |
|-------------|---|------|---|------|---|------|---|--------------------------|--------------------------|
| | | | | | | | Alone | With Household members | With Other known persons |
| 12.00-12.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.15-12.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.30-12.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.45-1.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.00-1.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.15-1.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.30-1.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.45-2.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.00-2.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.15-2.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.30-2.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.45-3.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.00-3.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.15-3.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.30-3.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.45-4.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.00-4.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.15-4.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.30-4.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.45-5.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.00-5.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.15-5.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.30-5.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.45-6.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

From 12.00 p.m. to 6.00 p.m.

| | Time | What was the main activity? <i>Eg. Preparing dinner, Child caring etc.</i> | Code | What else were you doing at the same time? <i>Eg. Watching TV, Listening radio etc.</i> | Code | Where were you? Place/mode of transport <i>Eg. home, in car, in bus, on foot etc.</i> | Code | Who were with you? (Put X mark in the box) | | |
|------------------------------|-------------|---|------|--|------|---|--------------------------|---|--------------------------|--------------------------|
| | | | | | | | | Alone | With Household members | With Other known persons |
| From 6.00 p.m. to 12.00 a.m. | 6.00-6.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 6.15-6.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 6.30-6.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 6.45-7.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.00-7.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.15-7.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.30-7.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.45-8.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 8.00-8.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 8.15-8.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 8.30-8.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 8.45-9.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9.00-9.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9.15-9.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9.30-9.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9.45-10.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 10.00-10.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 10.15-10.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 10.30-10.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 10.45-11.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.00-11.15 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.15-11.30 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.30-11.45 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.45-12.00 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

C. Answer the following questions.

(Answer the questions according to the day you fill the diary. Please Tick ✓ for the answer.)

| | | |
|---|--|---|
| 1 | When did you fill the diary? (Please Tick ✓ for the answer) | <input type="checkbox"/> 1 Now and then during the diary day |
| | | <input type="checkbox"/> 2 At the end of the diary day |
| | | <input type="checkbox"/> 3 The day after the diary day |
| | | <input type="checkbox"/> 4 Other |
| 2 | Did you feel rushed this day? (Please Tick ✓ for the answer.) | <input type="checkbox"/> 1 Yes |
| | | <input type="checkbox"/> 2 No |
| 3 | Was this an ordinary or an unusual day? (Please Tick ✓ for the answer.) | <input type="checkbox"/> 1 An ordinary day |
| | | <input type="checkbox"/> 2 An unusual day → Go to question no. 04. |
| 4 | Reason for being an unusual day? (Please Tick ✓ for the answer.) | <input type="checkbox"/> 1 Bad weather |
| | | <input type="checkbox"/> 2 Suffering from a temporary illness |
| | | <input type="checkbox"/> 3 Suffering family member from a temporary illness |
| | | <input type="checkbox"/> 4 Special occasions as Marriage, Funeral, Parties etc. |
| | | <input type="checkbox"/> 5 Other..... |
| 5 | If you are employee or self-employed, the day you fill the diary; (Please Tick ✓ for the answer.) | <input type="checkbox"/> 1 Ordinary working day |
| | | <input type="checkbox"/> 2 Weekend/ Public / Mercantile/Bank Holyday |
| | | <input type="checkbox"/> 3 Sick leave day |
| | | <input type="checkbox"/> 4 Other personal leave day |
| 6 | If you study in school/ other educational institute, the day you fill the diary; (Please Tick ✓ for the answer.) | <input type="checkbox"/> 1 Ordinary school day |
| | | <input type="checkbox"/> 2 Weekend /vacation |

Please go through the diary once again and check the following.

- ❖ Check that you have noted only one main activity at each line and that there are no empty time periods other than doing the same activity in many hours (Eg: Sleeping some hours)
- ❖ Check that you recorded all travel and modes of transport or place.
- ❖ Check that you recorded the duration of parallel activities, if any.
- ❖ Check that there is at least one “⊗” at each line in the “Who were with you?” column, except for time that you spent in bed.

Many thanks for filling in this diary!

D. Please read the following example.

Eg: The day of filling the diary Mala spent her time from 3.00 p.m. to 6.00 p.m. as follows.

- Mala got a nap with her child from 3.00 p.m. to 4 p.m. and got up at 4.00 p.m.
- Then she sewed cloths (as her economic activity) up to 5.00 p.m. while looking after her child.
- While she was sewing one of her neighbor visited and she was chatting with her from 4.15 p.m. to 4.25 p.m., but she was continuing her both activities while chatting.
- Mala's mother took the child with her to home at 4.30 p.m..
- Then from 5.00 p.m. to 6.00 p.m. Mala was preparing dinner while watching the T.V..
- Incidentally she remembered that coconut for cooking has finished and she went to the boutique at 5.20 p.m. and bought coconut and came home at 5.30 p.m.
- Then she started cooking and watching the T.V. again and her husband joined with her chatting on 5.50 p.m.

| Time | What was the main activity? Eg. Preparing dinner, Child caring etc. | Code | What else were you doing at the same time? Eg. Watching TV, Listening radio etc. | Code | Where were you? Place/mode of transport Eg. home, in car, in bus, on foot etc. | Code | Who was with you? (Put X mark in the box) | | |
|-----------|--|------|---|------|--|------|--|-------------------------------------|-------------------------------------|
| | | | | | | | Alone | Household members | Other known persons |
| 3.00-3.15 | Sleeping | | | | home | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.15-3.30 | „ | | | | „ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.30-3.45 | „ | | | | „ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.45-4.00 | „ | | | | „ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.00-4.15 | Sewing cloths as | | Looking after | | home | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.15-4.30 | her economic | | her child | | „ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.30-4.45 | activity | | | | „ | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.45-5.00 | „ | | | | „ | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.00-5.15 | Preparing dinner | | Watching T.V. | | home | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.15-5.30 | Went to boutique to buy coconut | | | | On foot | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.30-5.45 | Preparing dinner | | Watching T.V. | | home | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.45-6.00 | „ | | „ | | „ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

When you are reporting activities.....

- ✓ Indicate whether you used a Personal Computer or the internet to do the activity.
- ✓ Record the activities such as Studies related to your economic activities, Training, Travelling, Seeking employment, etc.
- ✓ Write if you study at home or attend classes/ lectures or reading, writing, doing activities etc.
- ✓ Record time for travelling activities and write mode of transport for each and every activities

Eg.-

- Going to school : By bus
- Going to Tuition : By bicycle
- Go to boutique to buy goods for household : On foot
- ✓ Record house work activities such as cooked supper, cleaning outdoor, caring sick father, teaching lessons to children etc.
- ✓ Write if you read other than for studying such as reading newspapers, magazines, novels etc.
- ✓ If the main activity was help given to somebody outside your own household then report this in the diary, Eg: Helped friend's house repairing.
- ✓ Record if you participate voluntary social service/ meetings.