

APPENDIX D

- Household Record Sheet
- Weekday diary
- Weekend diary

TIME USE DIARY MAIN 2005

Interviewer

HOUSEHOLD RECORD SHEET

Quota 0

AREA 0 HSD 0

Name

Household Outcome

Enter outcome From LIST A

Address

Household Reference Person Only

H1. I would like you to think now of the other members of your household. Could you please tell their (A) gender; (B) age last birthday; (C) their economic status; (D) level of education attained and finally, (E) their relationship to each other.

DIARY LEFT	Individual outcome	No	Name/Initial	(A) Sex		(B) Age last birthday	(C) Principal Economic Status							(D) Level of Education				(E) Relationship of each member to each other																
				Male	Female		At Work	Un-employed	Home duties	Student/Education	Retired	Pre School	Other/Perm Sick/disabled	No formal education	Junior Cert. or equiv.	Leaving Cert	Post Leaving Cert	No	1	2	3	4	5	6	7	8								
Y <input type="checkbox"/> N <input type="checkbox"/>		1	HoH	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1																
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Y <input type="checkbox"/> N <input type="checkbox"/>		8		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8																

48



Insert ONE code for each person over 18 in the household from LIST B

H2. Could we ask you the approximate level of your net household income. This means the total income after tax and PRSI of ALL members of the household. It includes all types of income: income from employment, social welfare payments, child benefit, rents, interest, pensions etc. We would just like to know into which of four broad groups the total income of your household falls. I'd like to assure you once again that all information you give me is entirely confidential

Total Household Income from ALL MEMBERS of the household

Enter Code 1-12 from LIST D

Number of eligible persons (over 18) _____

Number of WEEKDAY diaries completed _____

Number of WEEKEND diaries completed _____

Diary days and colours

White Sunday

Yellow Monday

Resp Number of person who owns/rents accommodation _____



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 weekday, 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.

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.

WEEKDAY 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? Tick all that apply.								
		No-one/I was alone						
		Spouse/partner						
		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.						
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B. WHO WERE YOU WITH?								
Tick all that apply.	No-one/I was alone							
	Spouse/partner							
	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....._1 No....._2

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....._1 Yes, felt rushed some of the day...._2 Did not feel rushed....._3

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

Now and then during the diary day....._1 At the end of the diary day....._2 The day after the diary day.... _3 Later...._4

E) About _____ days after

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

Yes....._1 No....._2

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

Walk_1 By Luas....._6
By Bicycle....._2 By Dart....._7
Motorbike....._3 By Train....._8
By Car_4 Other (specify)....._9
By Bus....._5

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"/> _1	<input type="checkbox"/> _2
(ii) take a detour to do any shopping, attend any other appointments (e.g. doctor etc.)	<input type="checkbox"/> _1	<input type="checkbox"/> _2

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

Yes....._1 No....._2

J) Please describe these problems as fully as possible

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

Yes....._1 No....._2

L) Which ones? Please describe as fully as possible

Thank you for your help and assistance in completing this questionnaire



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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.

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WEEKEND DIARY

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

DAY _____ **DATE** _____

Respondent _____

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			15	30	45	15	30	45
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Yes....._1 No....._2

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Thank you for your help and assistance in completing this questionnaire

Background Information

Q1. Please tick to indicate whether you are male or female: Male..... ₁ Female..... ₂

Q2. What is your date of birth? (day) _____ (mth) _____ (yr) _____

Q3. Which of the following best describes the highest level of education you have completed?

- | | | | | | |
|---|--------------------------|--------------|--------------------------------------|--------------------------|--------------|
| Incomplete primary education | <input type="checkbox"/> | ₁ | Leaving Cert. or Equivalent..... | <input type="checkbox"/> | ₄ |
| Completed primary | <input type="checkbox"/> | ₂ | Post Leaving Cert diploma/cert | <input type="checkbox"/> | ₅ |
| Group/Inter/Junior Cert. or equivalent..... | <input type="checkbox"/> | ₃ | Third Level degree or higher | <input type="checkbox"/> | ₆ |

Q4. Are you Irish? Yes..... ₁ No..... ₂

Q5. What is your nationality? _____

Q6. What is your present marital status?

- Married/partner... ₁ Separated.... ₂ Divorced... ₃ Widowed..... ₄ Never Married... ₅

Q7. Which of the following best describes your situation regarding employment

- | | | | | | |
|--|--------------------------|--------------|---|--------------------------|--------------|
| Employed | <input type="checkbox"/> | ₁ | Permanent long-term sickness or disability..... | <input type="checkbox"/> | ₆ |
| Self-employed (including farmer)..... | <input type="checkbox"/> | ₂ | Looking after the home or family | <input type="checkbox"/> | ₇ |
| Student full-time | <input type="checkbox"/> | ₃ | Retired..... | <input type="checkbox"/> | ₈ |
| Government training or employment scheme ... | <input type="checkbox"/> | ₄ | Other (please specify)..... | <input type="checkbox"/> | ₉ |
| Unemployed | <input type="checkbox"/> | ₅ | | | |

Q8. How many days do you normally work each week? _____ days per week

Q9. How many hours do you normally work each week in your main job, including regular overtime (excluding lunch breaks)?

_____ hours per week

Q10. In general terms, do you feel that your work conflicts with your family or social commitments?

- Yes, a lot ₁ Yes, a little ₂ No..... ₃

Q11. What was/is your occupation in your current or most recent job or business? Please describe as fully as possible the type of work done. [If you are a farmer, please record the acreage; if relevant, record the rank or grade – e.g. rank in army or Gardaí, grade in civil service.]

Q12. Do or did you manage or supervise anyone in that job?

- Yes..... ₁ How many? _____ No..... ₂

Q13. If you are married or have a partner what was/is your partner's occupation in his/her current or most recent job or business? Please describe as fully as possible the type of work done. [If a farmer, please record the acreage; if relevant, record the rank or grade – e.g. rank in army or Gardaí, grade in civil service.]

_____ No spouse/partner.....₅₅

Q14. Does or did your partner manage or supervise anyone in that job?

Yes.....₁ How many? _____ No.....₂

Q15. Are you currently caring for an elderly person or persons with special needs

a) In your home: Yes ...₁ No.....₂ b)Outside your home: Yes....₁ No.....₂

Q16(a). Do you have any children under 18 years? Yes ₁ No ₂

Q16(b). How many? _____

Q17. In general, how good would you say your health is? Would you say it is:

Very Good...₁ Good....₂ Fair...₃ Bad.....₄ Very Bad....₅

Q18(a). Do you have any chronic physical or mental health problem, illness or disability?

Yes.....₁ No.....₂

Q18(b). Are you hampered in your daily activities by this physical or mental health problem, illness or disability?

Yes, severely.....₁ Yes, to some extent.....₂ No.....₃

Q19. How satisfied are you with your present situation in the following areas of your life? Using a scale of 1 to 6 could you indicate your level of satisfaction with each of the following areas. A '1' indicates that you are not satisfied at all while a '6' means that you are fully satisfied.

Not Satisfied At All —————▶ Fully Satisfied

- | | | | | | | |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Your work or main daily activity..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| b. Your financial situation | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| c. The amount of leisure time you have..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| d. Your life in general..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

Thank you for your help and assistance in completing this questionnaire