

CASE ID #: _____

RESPONDENT'S FIRST NAME

Diary Day (Pre-Selected):
MON TUE WED THUR FRI
[SAT SUN]

TARGET DATE TO COMPLETE



Child Development Supplement
CDS 2014

WEEKDAY [WEEKEND] TIME DIARY



PLEASE ANSWER THE FOLLOWING QUESTIONS

Who completed the time diary? Please circle one response.

1. The child did the time diary alone
2. The child's mother did the time diary alone
3. The child and the child's mother did the time diary together
4. The child's father did the time diary alone
5. The child and the child's father did the time diary together
6. The child did the time diary with the interviewer
7. Other (specify): _____

On what date did the time diary activities take place?
_____ (MONTH) _____ (DAY) _____ (YEAR)

On what date did you fill out the time diary?
_____ (MONTH) _____ (DAY) _____ (YEAR)

How typical was this day (for that day of the week)?
Please mark an "X" in the appropriate box.

Very typical					NOT at all typical
1	2	3	4	5	

MODE OF TD:
(Circle ALL
that apply)

1. SAQ
2. FtF
3. Phone

FIELD IWER

IWer Administered TD in R home

IWer Administered TD by Phone

Date of TD Administration

____/____/____

Length of TD Administration

Min _____

Review: Reviewed In R home

Length of TD Iwer R home Review:

Min _____

Edited In Iwer home

Length of TD Iwer At-Home Edit:

Min _____

FOLLOW UP TEAM

Reviewed by phone with PCG

Reviewed by phone with R

Length of Time Field Follow Up Review and Edit:

Min _____

Please READ ALL of these Time Diary instructions carefully before you begin!

An important part of our study is finding out how people spend their time. Please complete your Time Diaries **before your scheduled interview**. Caregivers should help younger children with the Time Diary or complete it for them. Caregivers and teenagers may complete the Time Diary on their own.

- Please complete the Time Diary for the **day of the week** circled on the front cover. There is a **target date** for the Time Diary. Please make every effort you can to complete the Time Diary on this date.
- Use **one line** for each activity and write in what you were doing. Begin a new line if you change activities.
- Please fill out the diary for the entire **24-hour** time period, starting at midnight and ending at midnight. It works best to fill out the diary as the day goes by, providing as much detail as possible. This will help you to include everything that happened and to make sure that your information is accurate.
- **There should be no gaps in time.** The ending time for one activity should match the beginning time for the next activity.
- **Always enter travel time as a separate activity.** For example, if one activity is in your home and the next activity is at your friend's house, there should be travel time in between the two activities. Any time there is a significant location change (not just from one room to another), there must be some travel time. Also, record how you traveled any time you change locations – even if you walked.
- Fill out the line for each activity as completely as possible. Cross out spaces for questions that do not apply to the primary activity. Do not fill out Columns **E, F, G, H, or I** if you are sleeping, showering, or doing other personal/private activities or if you are in school or working. Instead, draw a line through these columns.
- Write in any **other** activities being done at the same time (Column E). If you did two activities at the same time, write in the one you considered to be the main activity in Column A. Remember to fill in Columns F and G for secondary activities too.
- If you were watching a show or movie, playing a video or computer game, or reading a book, please write in what device you used for the activity and the name of the show or movie, game, or book. If you were using a computer, tablet, or smartphone, please write the name of the apps or websites you used.
- Please write in who was also doing the activity with you, and who else was in the same location but not doing the activity. **Do not write in someone's name**, but instead write in their relationship to you (for example, sister or father or friend). Pets should also be included. Do not include people you do not know when you are in a public space like a store or restaurant.
- Please complete the questions on the cover page of the Time Diary when you finish.
- Refer to the Time Diary Examples packet for more information about how to fill out this Time Diary.
- Most importantly, this Time Diary is completely confidential. Please be as honest and as exact as possible.

Any questions? Call 1-866-796-5166

blank

Leave no gaps in your day!
Don't forget travel time!

DO NOT COMPLETE E, F, G, H, OR I IF SLEEPING, PERSONAL CARE, OR IN SCHOOL OR WORKING

A	B	C	D	E	F	G	H	I
What did you do?	Time began	Time ended	Where were you (Ex: kitchen, in the car, at the park)?	What else were you doing at the same time (Ex: watching TV, listening to music, etc)?	What did you use to watch or do the activity? (Ex: TV, desktop or laptop computer, tablet, cell phone or smartphone, gaming console, etc.)	What was the name of the show, video, movie, game, book, app, or website?	Who was doing the activity with you? (Ex: mom, dad, brother, etc.)	Who (else) was there with you but not directly involved in the activity?
	Midnight 12:00 AM							

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