

CASE ID #: _____

FIRST NAME: _____



MON TUE WED THUR FRI

Target Date to Complete: _____

Family Economics Study 2019 Child Development Supplement WEEKDAY TIME DIARY

PLEASE ANSWER THE FOLLOWING QUESTIONS

Who completed the time diary?

Please circle one response.

1. Child alone
2. Parent/guardian alone
3. Child and parent/guardian together
4. Child and interviewer together
5. Parent/guardian and interviewer together
6. 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 circle the appropriate number.

Very typical

1

2

3

4

Not at all typical

5

TIME DIARY INSTRUCTIONS

Who fills out the Time Diary? The parent/guardian should help younger children with the Time Diary or complete it for them. Adolescents may complete it on their own.

When to fill out the Time Diary:

- Complete it on the day of the week labeled on the front cover. Together the interviewer and parent/guardian will set a target date for the Time Diary. Make every effort to complete the Time Diary on this date.
- Fill out the diary for the entire 24-hour time period, **starting and ending at midnight**.

It's easier to fill out the diary as the day goes by, providing as much detail as possible.

How to fill out the Time Diary:

- Use **one line** per activity and write in what the child was doing. Most importantly, this Time Diary is completely confidential. Please be as honest and as exact as possible.
 - Begin a new line when changing activities. Complete each line as much as possible. Draw a line through spaces for questions that do not apply to the activity.
-  Do not fill out Columns E, F, G, H, or I **if sleeping, showering, doing personal care, in school, or working**. Instead, draw a line through these columns.
- **Recording time:** There should be no gaps in time – the ending time for one activity should match the beginning time for the next activity.
- **Traveling between activities:** Enter travel time as a separate activity. Record how the child travels between locations – even if walking. Any time there is a significant change in location, there must be some travel time.
 - For example, if one activity is at home and the next activity is at a friend's house, there should be travel time in between the two activities.
- If **other activities are done at the same time**, write in the one the child considers to be the main activity, in Column A and write the other activity in Column E. Remember to fill in Columns F and G for secondary activity too.
 - For example: John is watching a movie and eating a snack. He considers the movie to be the main activity. He will write “Watching a movie” in Column A and “Eating a snack” in Column E.
- If the child is **watching a show or movie, playing a video or computer game, or reading a book**, check the box/es in Column F if a device is used, and record the name of the show, movie, game, or book in Column G.
- Write in **anyone else** doing the activity with the child in Column H or anyone in the same location but not doing the activity in Column I. Do not write in someone's name, but instead write in their relationship to the child (for example, sister, father, or friend).
 - Do include pets.
 - Do not include people the child does not know when they are in a public space, like a store or restaurant.

When finished: Complete the questions on the cover page of the Time Diary and follow instructions provided by your interviewer.



Need more information? Call 866-796-5166 or go to <http://fes.isr.umich.edu/CDS/index.html>.

A	B		C	D	E	F	G	H	I
What did you do?	Time		Where were you?	What else were you doing at the same time?	Did you use a smartphone, tablet, or computer? If yes, check the box.	If the activity involved a show, video, movie, game, or book, what was the title?	Who was doing the activity with you?	Who else was there but not directly involved in the activity?	
	Start	End	(Ex: kitchen, car, park, store)	(Ex: watching TV, listening to music, eating a snack)			(Ex: mom, dad, brother, family dog)		
Leave no gaps in your day and include travel time.					DO NOT COMPLETE if sleeping, personal care, in school or working.				
	midnight 12:00 am				<input type="checkbox"/>				
					<input type="checkbox"/>				
					<input type="checkbox"/>				
					<input type="checkbox"/>				
					<input type="checkbox"/>				

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	Start	End						
Leave no gaps in your day and include travel time.					DO NOT COMPLETE if sleeping, personal care, in school or working.			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
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					<input type="checkbox"/>				
					<input type="checkbox"/>				
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					<input type="checkbox"/>				
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					<input type="checkbox"/>				
					<input type="checkbox"/>				
					<input type="checkbox"/>				
					<input type="checkbox"/>				

THE FOLLOWING QUESTIONS ARE FOR INTERVIEWERS ONLY.

MODE of TD: Circle ALL that apply.

1. SAQ 2. FtF 3. Phone

FIELD IWER

Administered:

Did you administer TD in R's home? (Y/N)

Did you administer TD by telephone? (Y/N)

Review:

Did you review the TD in R's home? (Y/N)

Editing:

Did you edit the TD in R's home? (Y/N)

Date of TD Administration:

____ / ____ / ____

Date of TD Review:

____ / ____ / ____

Date of TD Editing:

____ / ____ / ____

Time taken for TD Administration:

Min _____

Time taken for TD Review:

Min _____

Time taken for TD Editing:

Min _____

FOLLOW UP TEAM

Was any follow-up needed with the parent/guardian? (Y/N)

Was any follow-up needed with the child? (Y/N)

Was any follow-up needed with someone else? (Y/N)

Please Specify: _____

Time taken for Follow Up Review and Edit:

Min _____

