

# TRANSFORMATIONS OF CZECH SOCIETY – ADULT RESPONDENT (18 YEARS OR OLDER)

## TIME USE DIARY: ADDITIONAL QUESTIONS

O.0 Please fill in TODAY'S date.

diaryday Day:   diarymon Month:   2018

orday O.1 First we would like to know what yesterday was like for you. Was yesterday an ordinary day or was it special in any way (for example, someone in the family was ill, someone visited your home, etc.)?

|   |                            |
|---|----------------------------|
| Ordinary day  | <input type="checkbox"/> 1 |
| Special day – DESCRIBE what made it special:<br>ordayun | <input type="checkbox"/> 2 |

daytype O.2 Yesterday was a day when I was:

|  |                            |
|--|----------------------------|
| A day when I was at work or at school      | <input type="checkbox"/> 1 |
| A day when I stayed at home due to illness | <input type="checkbox"/> 2 |
| Weekend, holiday, leave                    | <input type="checkbox"/> 3 |
| None of that                               | <input type="checkbox"/> 4 |

### INSTRUCTIONS TO COMPLETE THE TIME USE DIARY FOR YESTERDAY (REVERSE SIDE):

How did you spend **yesterday**? Please mark in the table **on the reverse side** what you did at the different times yesterday. The table **starts yesterday morning at six o'clock** and **ends this morning**. It divides your day into **half-hour** parts. Draw a line in each cell that stands for the time and the activity you did at that time. This could be one or more activities at the same time, so **there will be one or more lines in each column**. If you did an activity for more than 30 minutes, draw a line across the cells that apply. If there were 30 minutes during which you did several activities one after another, mark them all, even if any of them took less than 30 minutes.

| ADULTS – ACTIVITY AND TIME  | MORNING |      |      |       |       |       | AFTERNOON |       |       |       |       |       | EVENING/NIGHT |       |       |       |       |       |  |
|---|---------|------|------|-------|-------|-------|-----------|-------|-------|-------|-------|-------|---------------|-------|-------|-------|-------|-------|--|
|   | 6:00    | 7:00 | 8:00 | 9:00  | 10:00 | 11:00 | 12:00     | 13:00 | 14:00 | 15:00 | 16:00 | 17:00 | 18:00         | 19:00 | 20:00 | 21:00 | 22:00 | 23:00 |  |
|   | 7:00    | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 | 13:00     | 14:00 | 15:00 | 16:00 | 17:00 | 18:00 | 19:00         | 20:00 | 21:00 | 22:00 | 23:00 | 0:00  |  |
| 1 Sleep   |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |
| 2 Rest  |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |
| 3 Personal care, hygiene, getting dressed   |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |
| 4 Eating, drinking  |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |
| 5 Traveling, commuting to work/school   |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |
| 6 Employment (including own business, working from home, self-employment)                                   |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |
| 7 Study, education  |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |
| 8 Breaks from work, study (including lunch breaks)  |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |
| 9 Cooking, preparing meals, washing up  |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |
| 10 Household cleaning, washing laundry, ironing, vacuuming  |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |
| 11 Household, garden, car repairs and maintenance   |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |
| 12 Shopping, errands, appointments (includes seeing the doctor, going to the hairdresser, post office etc.) |         |      |      |       |       |       |           |       |       |       |       |       |               |       |       |       |       |       |  |