



DIARY OF HOUSEHOLD ACTIVITIES *(Fatal Accident)*

Please complete the questionnaire in pen (not pencil).

If you have any questions while completing this form, please contact:

Brown Economic Consulting at our help line:

1-888-BEC-ASST

(1-888-232-2778)

Questionnaire Completed by: _____

Relation to Deceased: _____

Date Completed: _____

Phone Number: _____

Email: _____

DIARY OF HOUSEHOLD ACTIVITIES (*FATAL ACCIDENT*)

PERSONAL INFORMATION (PLEASE PRINT YOUR ANSWERS)

Name of deceased: _____

Your home phone number: _____ Your work phone number: _____

Date of birth of deceased: _____ Date of accident: _____

Deceased's partner's name (if applicable): _____

Deceased's partner's date of birth: _____ Date of marriage/cohabitation: _____

AT THE TIME OF THE ACCIDENT

<p>1. Was the deceased:</p> <p><input type="radio"/> Single living alone</p> <p><input type="radio"/> Single living with roommate</p> <p><input type="radio"/> Single living with parents</p> <p><input type="radio"/> Married</p> <p><input type="radio"/> Common law (opposite or same-sex)</p> <p><input type="radio"/> Other (specify): _____</p> <p>2. What city/town did the deceased live in?</p> <p>_____</p>	<p>3. Was the deceased's spouse:</p> <p><input type="radio"/> Working full-time</p> <p><input type="radio"/> Working part-time</p> <p><input type="radio"/> Keeping House</p> <p><input type="radio"/> Retired</p> <p>4. What type of dwelling did the deceased live in?</p> <p><input type="radio"/> House</p> <p><input type="radio"/> Apartment</p> <p><input type="radio"/> Other (specify): _____</p>
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5. Did the deceased have any unusual circumstances that affected his/her household chores (e.g., hired housekeeper)?

6. Please complete the following if the deceased had children:

Name of Children	Date of Birth (month/date/year)	Grade at the Date of Accident	Expected Education Level of Each Child (please circle one)
			High school, College, University
			High school, College, University
			High school, College, University
			High school, College, University

7. Had any of the children named above left home?

Yes No

(If YES, fill in the following):

Name:	When did he/she leave home
_____	_____
_____	_____
_____	_____
_____	_____

8. Check **range** of *before-tax* household income of the deceased and his/her partner AT THE TIME OF ACCIDENT:

- \$0 - \$19,999
- \$20,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 +

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IN THE ABSENCE OF THE ACCIDENT

					HOURS PER WEEK
1. How many hours did the deceased spend <u>at paid work</u> PER WEEK? (This includes other income-generating activities, paid training, and selling of goods and services)					<input style="width: 40px; height: 20px;" type="text"/>
• If the deceased had not begun working yet, was changing jobs, or was on a leave of absence, enter the number of hours the deceased planned to spend. If the deceased didn't do paid work enter 0.					
2. How many hours did the deceased spend, ON AVERAGE PER DAY , <u>on sleep or rest?</u> (i.e., essential sleep, napping, resting, relaxing, sick in bed)	<input style="width: 40px; height: 20px;" type="text"/>	X	7 days/week	=	<input style="width: 40px; height: 20px;" type="text"/>
3. How much time did the deceased spend, ON AVERAGE PER DAY , <u>on studying or learning?</u> (i.e. attending classes (on site or online), homework/ studying, self-development/ special interest classes)	<input style="width: 40px; height: 20px;" type="text"/>	X	7 days/week	=	<input style="width: 40px; height: 20px;" type="text"/>
4. How much time did the deceased spend, ON AVERAGE PER DAY , <u>on personal care, personal growth, or replenishment?</u> (i.e. showering, getting dressed, eating meals, exercising, meditating, spirituality)	<input style="width: 40px; height: 20px;" type="text"/>	X	7 days/week	=	<input style="width: 40px; height: 20px;" type="text"/>
5. How much time did the deceased spend, ON AVERAGE PER DAY , <u>on travel?</u> (i.e. travelling to and from various activities by private vehicle, bus/ street car, airplane, taxi/ limo, boat, walking/ cycling)	<input style="width: 40px; height: 20px;" type="text"/>	X	7 days/week	=	<input style="width: 40px; height: 20px;" type="text"/>
6. How much time did the deceased spend, ON AVERAGE PER DAY , <u>on civic, religious and organizational activities?</u> (i.e. volunteering, religious activities)	<input style="width: 40px; height: 20px;" type="text"/>	X	7 days/week	=	<input style="width: 40px; height: 20px;" type="text"/>
7. On each DAY THE DECEASED WORKED (including shift work on weekends or at night), how much time did the deceased spend, ON AVERAGE , on <u>all leisure activities</u> (e.g. television, movies, dining out, sporting events, visiting friends and family, socializing, etc.)?	<input style="width: 40px; height: 20px;" type="text"/>	X	# of days worked per week <input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
8. On each DAY OFF , how much time did the deceased spend, ON AVERAGE , on <u>all leisure activities</u> (e.g. television, movies, dining out, sporting events, visiting friends and family, socializing, etc.)? Note: Number of days off per week MUST equal 7 minus the number of days worked)	<input style="width: 40px; height: 20px;" type="text"/>	X	# of days off per week <input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
9. Total #1 to # 8 to give the number of hours per week spent on activities OTHER THAN housekeeping/ shopping/ child care					<input style="width: 40px; height: 20px;" type="text"/>
10. Subtract the total calculated in #9 from 168 (the total number of hours in a week, 24 hours/day x 7 days/week) This gives the number of hours per week of housekeeping/ shopping/ child care.					<input style="width: 40px; height: 20px;" type="text"/>

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IN THE ABSENCE OF THE ACCIDENT: TYPICAL WEEKLY HOUSEHOLD ACTIVITIES

- TICK THE BOX NEXT TO THE ACTIVITY IF THE DECEASED DID THAT ACTIVITY FOR MORE THAN HALF AN HOUR PER WEEK
- DO NOT INCLUDE ANY ACTIVITY THAT THE DECEASED DID AS A HOBBY OR FOR RECREATION

TICK BOX
IF YES

Household chores:

- Meal preparation and clean up (e.g., meal, lunch or snack preparation; baking, freezing, sealing, packing foods)
- Indoor cleaning (e.g., indoor house cleaning, dish washing, tidying)
- Outdoor cleaning (e.g., taking out garbage, recycling, compost, unpacking goods)
- Laundry (e.g., washing & drying, ironing, folding, mending, shoe care)
- Indoor maintenance (e.g., repair, painting, renovation)
- Outdoor maintenance (e.g., car repair, ground maintenance, snow removal, cutting grass)
- Plant care (e.g., planting & picking/ maintaining/ cleaning garden, caring for houseplants)
- Pet care (e.g., feeding/ walking/ playing)
- Other household activities (e.g., organizing, planning, paying bills, unpacking groceries, packing/unpacking luggage for travel, packing/unpacking boxes for a move)

Shopping:

- Shopping for and/or researching goods and services
- Health professional visit/ consultation

Child Care:

- Personal care
- Getting ready for school/ supervising or helping with homework
- Reading/ playing
- Reprimanding/ educational/ emotional help
- Accompanying to or from school/ bus stop/ sports/ activities

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<i>IN THE ABSENCE OF THE ACCIDENT</i>	
Household Activity (List <u>all</u> of the activities selected on PAGE 4)	Hours per Week (List the average number of hours per week the deceased spent on each activity)
TOTAL (must equal answer in Box 10 on Page 3)	