

## 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

(232-2778)

**Questionnaire Completed by:** \_\_\_\_\_

**Relation to Deceased:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Head Office**  
Satellite Office

Suite 216, 5718-1A Street SW  
Suite 300, 1791 Barrington Street

Calgary, AB T2H 0E8  
Halifax, NS B3J 3K9

## DIARY OF HOUSEHOLD ACTIVITIES (*FATAL ACCIDENT*)

### PERSONAL INFORMATION (PLEASE PRINT YOUR ANSWER)

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="checkbox"/> Single living alone</p> <p><input type="checkbox"/> Single living with roommate</p> <p><input type="checkbox"/> Single living with parents</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Common law (opposite or same-sex)</p> <p><input type="checkbox"/> 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="checkbox"/> Working full-time</p> <p><input type="checkbox"/> Working part-time</p> <p><input type="checkbox"/> Keeping House</p> <p><input type="checkbox"/> Retired</p> <p>4. What type of dwelling did the deceased live in?</p> <p><input type="checkbox"/> House</p> <p><input type="checkbox"/> Apartment</p> <p><input type="checkbox"/> Other (specify): _____</p> |
|---|---|

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. Were any of the children named above not living at 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 +

## DIARY OF HOUSEHOLD ACTIVITIES (*FATAL ACCIDENT*)

### IN THE ABSENCE OF THE ACCIDENT

	<b>HOURS PER WEEK</b>
1. How many hours did the deceased spend <u>at paid work</u> <b>PER WEEK?</b> (or planned to spend, if he/she had not begun working yet, was changing jobs, or was on a leave of absence)	<input style="width: 100px; height: 20px;" type="text"/>
2. How many hours did the deceased <u>sleep</u> <b>ON AVERAGE</b> , per night? _____ x 7 nights per week = _____ <b>PER WEEK</b>	<input style="width: 100px; height: 20px;" type="text"/>
3. How much time did the deceased spend, <b>PER DAY</b> , <u>on personal care, personal growth, or replenishment?</u> (i.e. showering, getting dressed, eating meals, exercising, volunteering, spirituality) _____ x 7 days per week	<input style="width: 100px; height: 20px;" type="text"/>
4. How much time did the deceased spend each <b>WORKDAY</b> (i.e. whatever days the deceased worked, which could have been on a weekend or at night if the deceased worked shift work) <u>on all leisure activities (e.g. television, movies, dining out, sporting events, visiting friends and family, etc.)?</u> _____ x _____ number of worked days per week*	<input style="width: 100px; height: 20px;" type="text"/>
5. How much time did the deceased spend each <b>DAY OFF</b> (i.e. whatever days the deceased had off work, which could have been on a weekend or at night if the deceased worked shift work) <u>on all leisure activities (e.g. television, movies, dining out, sporting events, visiting friends and family, etc.)?</u> _____ x _____ number of days off per week*	<input style="width: 100px; height: 20px;" type="text"/>
6. How much time did the deceased spend on seasonal housekeeping/yard activities? (GO TO PAGE 4 OF DIARY TO CALCULATE HOURS PER WEEK)	<input style="width: 100px; height: 20px;" type="text"/>

**\*Note: number of days in #4 and #5 MUST EQUAL 7 days (per week)**

7. TOTAL #1 to #6 = _____ HOURS PER WEEK
--

8. SUBTRACT (168 HOURS (= 24 hours x 7 days per week) – Number in #7)  = _____ HOURS PER WEEK OF REGULAR HOUSEKEEPING
---

## DIARY OF HOUSEHOLD ACTIVITIES (*FATAL ACCIDENT*)

### SEASONAL ACTIVITIES

- A. In the table below, “√” off the seasonal activities the deceased did before the accident.  
 B. Fill out the frequency with which the deceased did the activity (i.e., weekly, monthly, yearly, etc.).  
 C. Indicate the number of hours the deceased spent on the activity each time they did it.  
 D. Calculate the number of hours spent on each activity per week in the table below:

e.g.: If the activity was done *weekly*:

# of times per *week* X # of hours each time =  hours/week

If the activity was done *monthly*:

# of times per *month* X # of hours each time / 4.33 weeks per month =  hours/week

If the activity was done *yearly*:

# of times per *year* X # of hours each time / 52 weeks per year =  hours/week

If the activity was done *once every* \_\_\_\_ *years*:

# of hours each time / \_\_\_\_ *years* / 52 weeks per year =  hours/week

ACTIVITY	“√”	<b>BEFORE THE ACCIDENT, DID THE DECEASED DO THIS ACTIVITY...</b>				<b>HOURS SPENT ON ACTIVITY EACH TIME THE DECEASED DID IT</b>	<b>CALCULATION OF HOURS/ WEEK</b>
		<b>(ONLY SELECT ONE FREQUENCY)</b>					
		# OF TIMES PER WEEK? <i>OR</i>	# OF TIMES PER MONTH? <i>OR</i>	# OF TIMES PER YEAR? <i>OR</i>	ONCE EVERY ? YEARS (EG. ONCE EVERY 5 YEARS)		
Putting up/taking down Christmas							
Painting the Fence							
Repairing the roof							
Stacking and cutting firewood							
Renovating/ redecorating the house							
Gardening & lawn care (6 months per year)		# OF HOURS SPENT PER WEEK BY THE DECEASED:				Divide hours per week by 2 (because only 6 months per year)	
Snow shoveling		HOURS SPENT BY THE DECEASED EACH TIME IT WAS DONE:				X 58 days <sup>1</sup> /52 weeks =	
<b>TOTAL HOURS PER WEEK (ENTER THIS TOTAL IN #6 ON PAGE 3)</b>							

<sup>1</sup> Based on Environment Canada’s estimate of the average number of accumulated snowfalls per year in Calgary and Edmonton.

## DIARY OF HOUSEHOLD ACTIVITIES (*FATAL ACCIDENT*)

### IN THE ABSENCE OF THE ACCIDENT

9. List applicable *seasonal activities* from page 4 in column [1] on page 6.
10. Fill in corresponding hours/week for each seasonal activity from page 4 in column [2] on page 6.
11. Checkmark “√” each activity the deceased engaged in on the list of “typical regular weekly household activities” below and list them in column [1] on page 6.
12. Assign some portion of your answer in #8 (on page 3) to each regular weekly activity listed on page 6. Make sure your allocation of regular weekly activities in the table on page 6 totals your answer in #8.

### TYPICAL HOUSEHOLD ACTIVITIES

(Consistent with Statistics Canada's: "Unpaid Work Activity Classification", 1992 and 1998 General Social Survey on Time-Use)

We have provided this list to assist you in determining what is considered a 'household activity.'

#### **Housework:**

Meal Preparation  
Baking, Preserving Food, etc.  
Food (or Meal) Cleanup  
Indoor Cleaning  
Outdoor Cleaning  
Laundry, Ironing, Folding  
Mending/Shoe Care  
Dressmaking and Sewing (not hobbies)  
Pet Care  
Care of House Plants  
Household Administration (e.g., Paying bills, menu planning, etc.)  
Interior Maintenance and Repair  
Vehicle Maintenance  
Other Home Improvements

#### **Shopping & Services:**

Groceries  
Clothing, Gas, etc.  
Shopping for Durable Goods  
Travel: Shopping for Goods and Services

#### **Childcare:**

Baby Care  
Helping/Teaching/Reading  
Medical Care  
Unpaid Babysitting  
Travel: Transportation for Child

**Seasonal Activities: See page 4**

## DIARY OF HOUSEHOLD ACTIVITIES (*FATAL ACCIDENT*)

### TYPICAL ACTIVITIES TABLE (PLEASE PRINT YOUR ANSWER)

Activities (seasonal or from list on page 5)	Hours per week (from #6 and #8 on page 3)
COLUMN [1]	COLUMN [2]
<b>Example: Answer to #6 = 2 hours per week and answer to #8 = 10 hours per week – For illustration only</b>	
<i>Seasonal Activities</i> – gardening	1
<i>Seasonal Activities</i> – snow shoveling	1
<b>TOTAL <i>Seasonal Activities</i> (has to equal #6 from page 3)</b>	<b>2</b>
<i>Regular Activities</i> - meal preparation	8
<i>Regular Activities</i> - Laundry	2
<b>TOTAL <i>Regular Activities</i> (has to equal #8 from page 3)</b>	<b>10</b>
<b>TOTAL PER WEEK (must equal answer of #6 + #8)</b>	<b>12 HOURS</b>
Seasonal Housekeeping (from page 4):	
<b>TOTAL Seasonal Housekeeping (must equal answer in #6)</b>	
Regular Housekeeping (from “√” activities listed on page 5):	
<b>TOTAL Regular Housekeeping (must equal answer in #8)</b>	