

## DIARY OF HOUSEHOLD ACTIVITIES *(Personal Injury)*

This diary is designed to help us assess the amount of household chores you performed before and after the accident / incident.

- **Please complete the questions in pen (not pencil).**
- **You will need a calculator to help you complete some questions.**
- **Please make sure you sign and date this diary below.**
- **Please PRINT all your answers.**

Questionnaire Completed by:	
Relation to Plaintiff:	
Date Completed:	
Home Phone Number:	
Work Phone Number:	

**If you have any questions while completing this form, please contact:  
Brown Economic Consulting at our help line:  
1-888-BEC-ASST  
(232-2778)**

# DIARY OF HOUSEHOLD ACTIVITIES (*Personal Injury*)

## PERSONAL INFORMATION

Name of Person Injured		Partner's Name (if applicable)	
Date of Birth of Person Injured		Partner's Date of Birth	
Date of Accident / Incident		Date of Marriage / Cohabitation	
Province of Accident / Incident			

### AT THE TIME OF THE ACCIDENT

**Were you:**

- Single living alone
- Single living with roommate
- Single living with parents
- Married
- Common law (opposite or same sex)

Other (specify)

**Was your partner:**

- Working full-time
- Working part-time
- Keeping house
- Retired

What city/town and province did you live in?

**What type of dwelling did you live in?**

- House
- Apartment

Other (specify)

Did you at the time of the accident (or now) have any unusual living circumstances that affect your household chores (e.g. hired housekeeper, living on an acreage / farm)?  
If so, please specify with dates.

### AT PRESENT

**Are you:**

- Single living alone
- Single living with roommate
- Single living with parents
- Married
- Common law (opposite or same sex)

Other (specify)

**Is your partner:**

- Working full-time
- Working part-time
- Keeping house
- Retired

What city/town and province do you live in?

**What type of dwelling do you live in?**

- House
- Apartment

Other (specify)

Check the range of the your **household** before-tax income of you & your partner **AT THE TIME OF THE ACCIDENT / INCIDENT**

- \$0-\$19,999
- \$20,000-\$39,999
- \$40,000-\$59,999
- \$60,000-\$79,999
- \$80,000+

**If you have children please complete the following:**

Name Of Child	Date of Birth	School Grade at Date of Accident (if applicable)	Expected Education Level (e.g. High School / College / University)	Approximate Age Expected to Complete this Education	Date Left Home if Applicable

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## BEFORE THE ACCIDENT

HOURS  
PER WEEK

**1** How many hours did you spend *at paid work* **PER WEEK?** (Or planned to spend, if you had not begun working yet, were changing jobs, or were on a leave of absence). If you didn't do paid work enter 0.

**2** How many hours did you *sleep* **ON AVERAGE**, per night?  X 7 nights per week =

**3** How much time did you spend, **PER DAY**, *on personal care, personal growth, or replenishment?* (i.e. showering, getting dressed, eating meals, exercising, volunteering, spirituality)  X 7 days per week =

**4** On each **WORKDAY** (i.e. whatever days you worked, which could have been on a weekend or at night if you worked shift work)  
  
How much time did you spend on *all leisure activities* (e.g. television, movies, dining out, sporting events, visiting friends and family, etc.)?  X Number of work days per week  =

**5** On each **DAY OFF**  
How much time did you spend on *all leisure activities* (e.g. television, movies, dining out, sporting events, visiting friends and family, etc.)?  X Number of days off Per week  =   
  
Note: Number of days off per week MUST equal 7 minus the number of work days )

### NOW GO TO PAGE 4

**6** Average weekly time spent on seasonal housekeeping / yard activities that you have calculated on PAGE 5.

**7** Total #1 to # 6 to give the number of hours per week

**8** Subtract the total you have calculated in #7 from 168 (the total number of hours in a week, 24 hours per day X seven days)

**9** This gives the number of hours per week of regular housekeeping.

### NOW GO TO PAGE 6

# DIARY OF HOUSEHOLD ACTIVITIES (*Personal Injury*)

## TYPICAL WEEKLY ACTIVITIES

- Tick the box next to the activity if you do that activity for more than half an hour per week
- Do NOT include any activity that you do as a hobby or for recreation

	TICK BOX IF YES		TICK BOX IF YES
Housework:		Shopping and services:	
Meal preparation	<input type="checkbox"/>	Groceries	<input type="checkbox"/>
Baking, preserving food	<input type="checkbox"/>	Clothing/gas	<input type="checkbox"/>
Meal clean-up	<input type="checkbox"/>	Shop for durable goods	<input type="checkbox"/>
Indoor cleaning	<input type="checkbox"/>	Travel: goods & services	<input type="checkbox"/>
Outdoor cleaning	<input type="checkbox"/>		
Laundry	<input type="checkbox"/>	Child Care:	
Mending/ shoe care	<input type="checkbox"/>	Baby care	<input type="checkbox"/>
Dressmaking/sewing	<input type="checkbox"/>	Help/ teach/ read	<input type="checkbox"/>
Pet care	<input type="checkbox"/>	Medical care	<input type="checkbox"/>
Care of house plants	<input type="checkbox"/>	Unpaid babysitting	<input type="checkbox"/>
Household administration	<input type="checkbox"/>	Transportation for child	<input type="checkbox"/>
Interior maintenance/repair	<input type="checkbox"/>		
Vehicle maintenance	<input type="checkbox"/>		
Other home improvement	<input type="checkbox"/>		

## TYPICAL SEASONAL ACTIVITIES

	TICK BOX IF YES		TICK BOX IF YES
Gardening / Lawn Care	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Snow shoveling / removal	<input type="checkbox"/>		<input type="checkbox"/>
Seasonal Home Improvement	<input type="checkbox"/>		<input type="checkbox"/>
Stacking / Cutting Firewood	<input type="checkbox"/>		<input type="checkbox"/>

**NOW GO TO PAGE 5**

# DIARY OF HOUSEHOLD ACTIVITIES (*Personal Injury*)

## TYPICAL SEASONAL ACTIVITIES

- We need to know how much time on average you spent per week on seasonal housekeeping activities BEFORE the accident.
- Seasonal Activities are ones which you may do only for a few weeks per year (e.g. gardening during summer months) or only a few times per year (e.g. snow shoveling).

If during the year you did gardening / lawn care:

	How many times per week?	X	How many hours each time?	X	How many weeks per year?	=	Total number of hours each year
Gardening /Lawn Care	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>

If during the year you did snow shoveling / removal:

	How many times per year ON AVERAGE?	X	How many hours each time?	=	Total number of hours each year
Snow Shoveling / Removal	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>

Other Seasonal Activities (as noted on page 4):

Seasonal Activity (please specify):	How many times per week?	X	How many hours each time?	X	How many weeks per year?	=	Total number of hours each year
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>

**Total Hours Per Year spent on Seasonal Activities (add up the total number of hours per year for each activity)**

**Divide this total by 52 (the number of weeks per year and write the answer in the box below)**

**Average Hours Per Week spent on Seasonal Activities**

**NOW GO BACK TO PAGE 3 and copy the AVERAGE HOURS PER WEEK spent on seasonal activities you have just calculated into the box provided ON PAGE 3.**

## DIARY OF HOUSEHOLD ACTIVITIES (*Personal Injury*)

BEFORE THE ACCIDENT		AFTER THE ACCIDENT		
		<b>3</b> Date of Accident:	<b>4</b> Date your housekeeping activity improved:	<b>5</b> Date you reached your current capacity:
SEASONAL HOUSEKEEPING ACTIVITIES				
1a	2a			
List <u>all</u> the 'seasonal activities you selected on PAGE 4	Hours per week you spent on each of these activities (as you calculated on PAGE 5)	For Each Activity what percentage could you do after the accident	For Each Activity what percentage could you do at the above date	For Each Activity what percentage could you do at the above date
TOTAL		(Total must equal answer to question 6 on page 3)		
REGULAR HOUSEKEEPING ACTIVITIES				
1b	2b			
List <u>all</u> the regular housekeeping activities you selected on PAGE 4	Allocate the total number Hours per week you spent on each of these activities	For Each Activity what percentage could you do after the accident	For Each Activity what percentage could you do at the above date	For Each Activity what percentage could you do at the above date