

FOR OFFICE USE ONLY

CDS-II 2002/2003

INTERVIEWER LABEL

SID #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ -08

## The Child Development Supplement



### WEEKDAY TIME DIARY

CHILD'S/ADOLESCENT'S

FIRST NAME: \_\_\_\_\_

FOR: \_\_\_\_\_  
(DAY OF WEEK)

MODE OF IW:  
(CIRCLE ALL  
THAT APPLY)

1. SAQ
2. FtF
3. Phone

RESPONDENT:  
(CIRCLE ALL  
THAT APPLY)

1. Child/ Adolescent
2. PCG

DATE OF IW: \_\_\_\_\_

LENGTH OF IW: \_\_\_\_\_

LENGTH OF EDIT: \_\_\_\_\_



**Instructions:** An important part of our research is to find out how children of all ages spend time during the week and on the weekends. The Diary is a listing of the CDS child's activities during one weekday and during one weekend day. These diaries will help us collect the most accurate information possible. Please fill them out ahead of time so our interview will go more quickly. The time diary is from the perspective of the CDS children/adolescents and what they did during a specific day.

- ✍ Please fill out the Time Diary for the **day of the week** specified on the front cover.
- ✍ Please fill out the Time Diary for the **child/adolescent** listed on the front cover.
- ✍ Please use **one line** for each activity and write in what your child was doing.
  - 📖 If he/she was watching TV or playing a video or computer game, please write in the name of the program or game.
  - 📖 Please indicate who was doing the activity with the child and who else was in the same location (but not doing the activity with the child).
  - 📖 Please indicate if the child was doing any **other** activity at the same time.
- ✍ **Please record travel time as a separate activity.** If one activity is in the child's home and the next activity is at a friend's house, there should be travel time in between. Any time there is a major location change (not just from one room to another), there must be some travel time.
- ✍ Please fill out the diary for the entire 24-hour time period, starting with midnight on the specified day and running until midnight on the next day. List the child's first activity of the day, the child's second activity of the day, on to the child's last activity on the day.
- ✍ Ending time for one activity should match beginning time for the next activity. **There should be no gaps in time.**
- ✍ On the following page, you will find some examples of these activities and how they would be filled out for this time diary. The following scenario is only an example of how to fill out a time diary. It may not be at all reflective of a day in the life of your child. Your interviewer will be glad to help you with any questions or problems you may have in completing the diary. Please give this diary to your interviewer at the time of your interview.

**Any questions? Call 1-800-759-7947**

## A Day in the life of an 8-year-old child...

1. The child's day begins with the child getting out of bed at 7:30 a.m. and going to the bathroom. As you can see, the mother recorded that her child was "sleeping" between midnight and 7:30 a.m. and then "getting up" as the primary activity from 7:30 a.m. to 7:40 a.m. Her child did not get out of bed immediately and had to be coaxed into getting out of bed so it took 10 minutes from the time he woke up to get to the bathroom. From 7:40 a.m. to 7:45 a.m. the child is in the bathroom. For activities such as "using the bathroom," "sleeping," or other personal care activities, the last 3 columns (columns G, H, and J) of the time diary are not completed. These should be left blank for these activities.
2. From 7:45 a.m. to 8:15 a.m. the child is eating breakfast and watching T.V. The mother lists this in the time diary as the primary activity "eating breakfast" and the secondary activity, "watching T.V." The child is primarily involved in eating breakfast and is only watching T.V. as an activity to do while eating. The child is eating breakfast with the mom, dad, and cousin who is staying over. So the mother lists this in the time diary as no one directly involved in the activity with the child but then lists her, the father, and the cousin in the next column as being present but not directly involved in the activity.
3. From 8:15 a.m. to 8:45 a.m. the child is getting ready for school. Then at 8:45 a.m. the mother drives the child to school. As previously stated, the diary is from the perspective of the child so the primary activity from 8:15 to 8:45 a.m. is getting dressed and then from 8:45 a.m. to 9:05 a.m. the child is "going to school." Notice that the primary activity is the travel to school and the secondary is talking to mother in car. The child is not "driving to school," that would be the mother's activity.
4. The child is in school from 9:05 a.m. to 3:15 p.m. in the afternoon and then goes by carpool to the YMCA for an after-school program from 3:15 p.m. to 5:00 p.m. when child is picked up by the father. The trip from the school to the YMCA takes 15 minutes. The child has told the mother and father a little about school that day and the after-school program and the mother has recorded it according to her knowledge of the child's schedule and the time the child reported doing the activity. Once again the ride from the YMCA to the home is recorded as "going home from YMCA." Also note how other people involved in the activities are listed.
5. The child and father arrive at home at 5:30 p.m. and the child begins watching television while the mother prepares dinner. The mother lists the child's primary activity as "watching T.V." and then puts the name of the television program(s) in the space provided. The child is playing with toys while watching television, so playing with toys is listed under the secondary activity column.
6. Starting at 6:00 p.m. the child eats dinner until 6:25 p.m. and then reads a book from the library from 6:25 p.m. until 7:00 p.m. The child then brushes teeth, watches T.V., and then goes to bed at 9:00 p.m. The mother lists that the child is "listening to a bedtime story" from 9:00 p.m. until 9:20 p.m. and then the final activity is "sleeping" from 9:20 p.m. until midnight.

TIME	A	B	C	D	E	F	G	H	J
	<i>What did your child do?</i>	<i>Time Began</i>	<i>Time Ended</i>	<i>If watching TV, was that a tape or TV program?</i>	<i>If TV, video, computer games: What was the name of the (program/video/game/book) child was (watching/playing/reading)?</i>	<i>Where was the child?</i>	<i>Who was doing the activity with the child?</i>	<i>Who (else) was there but not directly involved in the activity?</i>	<i>What else was the child doing at the same time?</i>
Midnight	<b>1. Sleeping</b>	12:00	7:30			at home			
	Getting up	7:30	7:40			at home		mother	arguing
	Using the bathroom	7:40	7:45			at home			
	<b>2. Eating breakfast</b>	7:45	8:15			at home		mom, dad, cousin	watching TV
	<b>3. Getting dressed for school</b>	8:15	8:25			at home	mother	dad, cousin	talking
	Going to school	8:45	9:05			In car	mother		talking w/mother
	<b>4. In school</b>	9:05	3:15			school	teacher, other children		worked,played
	Going from school to YMCA	3:15	3:30			In car	Driver	other children	talking with other kids
	Playing basketball	3:15	5:00			YMCA	other children	counselor	talking w/other kids
5 PM.	Going home from YMCA	5:00	5:30			in car	father		talking
	<b>5. Watching TV</b>	5:30	6:00	TV program	Wishbone	at home	dad, cousin	mother	playing w/toys
	<b>6. Eating dinner</b>	6:00	6:25			at home	mom, dad, cousin		talking
	Reading book from library	6:25	7:00		Cat and the Hat	at home		mom, dad, cousin	
	Playing computer games	7:00	7:30		Oregon Trail	at home	cousin	mom, dad	
	Taking a bath/brushing teeth	7:30	8:30			at home			
	Watching TV	8:30	9:00	TV program	Simpsons	at home	cousin	mom, dad	hitting cousin
	Listering to bedtime story	9:00	9:20			at home	mom	dad	
Midnight	Sleeping	9:20	12:00			at home			



*What your child did from midnight until 7 the morning*

							DO NOT ANSWER IF SLEEPING OR PERSONAL CARE		
	A	B	C	D	E	F	G	H	J
TIME	What did your child do?	Time Began	Time Ended	IF WATCHING TV: Was that a video tape or TV program?	IF TV, VIDEO, COMPUTER GAMES, BOOKS: What was the name of the (program/video/game/book) child was (watching/playing/reading)?	Where was child?	Who was doing the activity with child?	Who (else) was in the same location (see Column F) but not directly involved in the activity	What else was child doing at the same time?
Midnight          7 AM		12:00							

*What your child did from 7 in the morning until 12 noon*

							DO NOT ANSWER IF SLEEPING OR PERSONAL CARE		
	A	B	C	D	E	F	G	H	J
TIME	What did your child do?	Time Began	Time Ended	IF WATCHING TV: Was that a video tape or TV program?	IF TV, VIDEO, COMPUTER GAMES, BOOKS: What was the name of the (program/video/game/book) child was (watching/playing/reading)?	Where was child?	Who was doing the activity with child?	Who (else) was in the same location (see Column F) but not directly involved in the activity	What else was child doing at the same time?
7AM									
12 noon									



*What your child did from 12 noon until 5 in the evening*

							DO NOT ANSWER IF SLEEPING OR PERSONAL CARE		
	A	B	C	D	E	F	G	H	J
TIME	What did your child do?	Time Began	Time Ended	IF WATCHING TV: Was that a video tape or TV program?	IF TV, VIDEO, COMPUTER GAMES, BOOKS: What was the name of the (program/video/game/book) child was (watching/playing/reading)?	Where was child?	Who was doing the activity with child?	Who (else) was in the same location (see Column F) but not directly involved in the activity	What else was child doing at the same time?
12 noon									
5 PM									

*What your child did from 5 in the evening until...*

							DO NOT ANSWER IF SLEEPING OR PERSONAL CARE		
	A	B	C	D	E	F	G	H	J
TIME	What did your child do?	Time Began	Time Ended	IF WATCHING TV: Was that a video tape or TV program?	IF TV, VIDEO, COMPUTER GAMES, BOOKS: What was the name of the (program/video/game/book) child was (watching/playing/reading)?	Where was child?	Who was doing the activity with child?	Who (else) was in the same location (see Column F) but not directly involved in the activity	What else was child doing at the same time?
5 PM									

*...12 midnight*

							<b>DO NOT ANSWER IF SLEEPING OR PERSONAL CARE</b>		
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>J</b>
<b>TIME</b>	What did your child do?	Time Began	Time Ended	IF WATCHING TV: Was that a video tape or TV program?	IF TV, VIDEO, COMPUTER GAMES, BOOKS: What was the name of the (program/video/game/book) child was (watching/playing/reading)?	Where was child?	Who was doing the activity with child?	Who (else) was in the same location (see Column F) but not directly involved in the activity?	What else was child doing at the same time?
<b>Midnight</b>			12:00						

**Please answer the following questions:**

A1. Who completed the time diary? **(Please Circle One)**

- 1. Mother/Primary Caregiver alone
- 2. Mother/Primary Caregiver and Target child/adolescent together
- 3. Child/Adolescent alone
- 4. Other (specify): \_\_\_\_\_

A2. How typical was this day (for that day of the week)? **(Please Mark an X in the Box)**

Very Typical					Not At All Typical			
1		2		3		4		5

A3. On what date did the time diary activities take place?

\_\_\_\_\_ **(MONTH)** \_\_\_\_\_ **(DAY)** \_\_\_\_\_ **(YEAR)**

A4. On what date did you fill out the time diary?

\_\_\_\_\_ **(MONTH)** \_\_\_\_\_ **(DAY)** \_\_\_\_\_ **(YEAR)**

A5. How long did it take you to fill out the time diary and questions?

\_\_\_\_\_ (minutes)

A6. Did the mother or primary caregiver go to work on the same day that the time diary activities took place? **(Please Mark an X in the Box)**

 YES NO

— If you circled NO, GO TO Question A7

a. What time did the mother or primary caregiver start work? \_\_\_\_\_ A.M. P.M. **(Please Write the Time and Circle AM or PM)**

b. What time did the mother or primary caregiver stop work? \_\_\_\_\_ A.M. P.M.

c. Did the mother or primary caregiver work a second shift on the same day? **(Please Mark an X in the Box)**

 YES NO

— If you circled NO, GO TO Question A7

d. What time did the mother or primary caregiver start the second shift at work? \_\_\_\_\_ A.M. P.M. **(Please Write the Time and Circle AM or PM)**

e. What time did the mother or primary caregiver stop the second shift at work? \_\_\_\_\_ A.M. P.M.

A7. Did the mother or primary caregiver go to school on the same day that the time diary activities took place? **(Please Mark an X in the Box)**

 YES NO

— If you circled NO, GO TO Question A8

a. What time did the mother or primary caregiver start school? \_\_\_\_\_ A.M. P.M. **(Please write the time and circle AM or PM)**

b. What time did the mother or primary caregiver stop school? \_\_\_\_\_ A.M. P.M.

A8. The next questions are about the other caregiver, \_\_\_\_\_.

Did the other caregiver go to work on the same day that the time diary activities took place? **(Please Mark an X in the Box)**

YES

NO

— If you circled NO, GO TO Question A9

a. What time did the other caregiver start work? \_\_\_\_\_ A.M. P.M. **(Please write the time and circle AM or PM)**

b. What time did the other caregiver stop work? \_\_\_\_\_ A.M. P.M.

c. Did the other caregiver work a second shift on the same day? **(Please Mark an X in the Box)**

YES

NO

— If you circled NO, GO TO Question A9

d. What time did the other caregiver start his/her second shift at work? \_\_\_\_\_ A.M. P.M.

e. What time did the other caregiver stop his/her second shift at work? \_\_\_\_\_ A.M. P.M.

A9. Did the other caregiver go to school on the same day that the time diary activities took place? **(Please Mark an X in the Box)**

YES

NO

— If NO, you are finished with this diary.

a. What time did the other caregiver start school? \_\_\_\_\_ A.M. P.M. **(Please write the time and circle AM or PM)**

b. What time did the other caregiver stop school? \_\_\_\_\_ A.M. P.M.

**THANK YOU!**