

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:	
Signature:	
Phone Number:	
Email:	

**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)**

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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 (age at retirement?)

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 (age at retirement?)

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 <u>at paid work</u> PER WEEK? (This includes other income-generating activities, paid training, and selling of goods and services) <ul style="list-style-type: none"> • If you had not begun working yet, were changing jobs, or were on a leave of absence, enter the number of hours you planned to spend. If you didn't do paid work enter 0. 					
2. How many hours did you spend, ON AVERAGE PER DAY , <u>on sleep or rest?</u> (i.e., essential sleep, napping, resting, relaxing, sick in bed)		X	7 days/week	=	
3. How much time did you 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)		X	7 days/week	=	
4. How much time did you spend, ON AVERAGE PER DAY , <u>on personal care, personal growth, or replenishment?</u> (i.e. showering, getting dressed, eating meals, exercising, meditating, spirituality)		X	7 days/week	=	
5. How much time did you 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/ ferry, walking/ cycling)		X	7 days/week	=	
6. How much time did you spend, ON AVERAGE PER DAY , <u>on civic, religious and organizational activities?</u> (i.e. volunteering, religious activities)		X	7 days/week	=	
7. On each DAY YOU WORKED (including shift work on weekends or at night), how much time did you spend, ON AVERAGE , on <u>all leisure activities</u> (e.g. television, movies, dining out, sporting events, visiting friends and family, socializing, etc.)?		X	# of days worked per week	=	
8. On each DAY OFF , how much time did you 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)		X	# of days off per week	=	
9. Total #1 to # 8 to give the number of hours per week spent on activities OTHER THAN housekeeping/ shopping/ child care					
10. Subtract the total you have 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.					

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BEFORE THE ACCIDENT: TYPICAL WEEKLY HOUSEHOLD ACTIVITIES

- Tick the box next to the activity if, prior to the accident, you did 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

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**

DIARY OF HOUSEHOLD ACTIVITIES (*Personal Injury*)

BEFORE THE ACCIDENT		AFTER THE ACCIDENT		
Household Activity	Hours per Week Spent on Activity	Date of Accident:	Date your housekeeping activity improved:	Date you reached your current capacity:
List <u>all</u> of the activities you selected on PAGE 4	List the average number of 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?
TOTAL		← TOTAL must equal answer in Box 10 on Page 3		