

**BROWN ECONOMIC
CONSULTING INC.**

**DIARY OF HOUSEHOLD ACTIVITIES™
(Fatality Cases)**

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)**

or

Email: info@browneconomic.com

Questionnaire Completed by: _____

Relation to Deceased: _____

Date Completed: _____

Phone Number: _____

Email: _____

Suite 216, 5718-1A Street SW Calgary, AB T2H 0E8

tel 403.571.0115 **toll** 1.800.301.8801 **email** info@browneconomic.com **web** www.browneconomic.com

DIARY OF HOUSEHOLD ACTIVITIES (FATALITY CASES)

PERSONAL INFORMATION (PLEASE PRINT YOUR ANSWERS)

Name of deceased: _____

Decedent's date of birth: _____

Survivor's name: _____

Survivor's date of birth: _____

Survivor's contact information: _____

AT THE TIME OF THE INCIDENT

- | | |
|---|---|
| <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 partner:</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> |
|---|---|

5. Please complete the following **if the deceased had children:**

Name of Children	Date of Birth (month/date/year)	Grade at the Date of Incident	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

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

Yes No

(If YES, fill in the following):

<p>Name:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>When did he/she leave home</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>7. Check range of <i>before-tax</i> household income of the deceased and his/her partner AT THE TIME OF INCIDENT:</p> <p><input type="radio"/> \$0 - \$19,999</p> <p><input type="radio"/> \$20,000 - \$39,999</p> <p><input type="radio"/> \$40,000 - \$59,999</p> <p><input type="radio"/> \$60,000 - \$79,999</p> <p><input type="radio"/> \$80,000 - \$99,999</p> <p><input type="radio"/> \$100,000 or more</p>
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DIARY OF HOUSEHOLD ACTIVITIES (FATALITY CASES)

IN THE ABSENCE OF THE INCIDENT

						HOURS PER WEEK
1.	How many hours did the deceased spend <i>at paid work</i> PER WEEK ? (This includes other income-generating activities, paid training, and selling of goods and services) <ul style="list-style-type: none"> • 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 work. If the deceased didn't do paid work enter 0. 					
2.	How many hours did the deceased spend, ON AVERAGE PER DAY , <i>on sleep or rest?</i> (i.e., essential sleep, napping, resting, relaxing, sick in bed)		X	7 days/week	=	
3.	How much time did the deceased spend, ON AVERAGE PER DAY , <i>on studying or learning?</i> (i.e. attending classes (on site or online), homework/ studying, self-development/ special interest classes)		X	7 days/week	=	
4.	How much time did the deceased spend, ON AVERAGE PER DAY , <i>on personal care, personal growth, or replenishment?</i> (i.e. showering, getting dressed, eating meals, exercising, meditating, spirituality)		X	7 days/week	=	
5.	How much time did the deceased spend, ON AVERAGE PER DAY , <i>on travel?</i> (i.e. travelling to and from various activities by private vehicle, bus/ street car, airplane, taxi/ limo, boat, walking/ cycling)		X	7 days/week	=	
6.	How much time did the deceased spend, ON AVERAGE PER DAY , <i>on civic, religious and organizational activities?</i> (i.e. volunteering, religious activities)		X	7 days/week	=	
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 <i>all leisure activities</i> (e.g. television, movies, dining out, sporting events, visiting friends and family, socializing, etc.)?		X	# of days worked per week <input style="width: 40px; height: 20px;" type="text"/>	=	
8.	On each DAY OFF , how much time did the deceased spend, ON AVERAGE , on <i>all leisure activities</i> (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 <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					
10.	Subtract the total calculated in #9 from 168 (the total number of hours in a week, 24 hours/day x 7 days/week)					

DIARY OF HOUSEHOLD ACTIVITIES (FATALITY CASES)

IN THE ABSENCE OF THE INCIDENT: 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) | <input type="checkbox"/> |
| Indoor cleaning (e.g., indoor house cleaning, dish washing, tidying) | <input type="checkbox"/> |
| Outdoor cleaning (e.g., taking out garbage, recycling, compost, unpacking goods) | <input type="checkbox"/> |
| Laundry (e.g., washing & drying, ironing, folding, mending, shoe care) | <input type="checkbox"/> |
| Indoor maintenance (e.g., repair, painting, renovation) | <input type="checkbox"/> |
| Outdoor maintenance (e.g., car repair, ground maintenance, snow removal, cutting grass) | <input type="checkbox"/> |
| Plant care (e.g., planting & picking/ maintaining/ cleaning garden, caring for houseplants) | <input type="checkbox"/> |
| Pet care (e.g., feeding/ walking/ playing) | <input type="checkbox"/> |
| Other household activities (e.g., organizing, planning, paying bills, unpacking groceries, packing/unpacking luggage for travel, packing/unpacking boxes for a move) | <input type="checkbox"/> |

Shopping:

- | | |
|--|--------------------------|
| Shopping for and/or researching goods and services | <input type="checkbox"/> |
| Health professional visit/ consultation | <input type="checkbox"/> |

Child Care:

- | | |
|--|--------------------------|
| Personal care | <input type="checkbox"/> |
| Getting ready for school/ supervising or helping with homework | <input type="checkbox"/> |
| Reading/ playing | <input type="checkbox"/> |
| Reprimanding/ educational/ emotional help | <input type="checkbox"/> |
| Accompanying to or from school/ bus stop/ sports/ activities | <input type="checkbox"/> |

