

INVENTORY OF TIME ALLOCATION

1. Information about the Deceased

Name: _____

Date of Birth: _____

Employment: not employed / employed part-time / employed full-time

General Health: poor / good / excellent

In general, the participation of the Deceased in household work would be described as follows:
(please circle)

HOUSEHOLD ACTIVITY	Never	Occasionally	Often	Always
Food Preparation	0	1	2	3
Household Chores	0	1	2	3
Shopping, Errands	0	1	2	3
Child Care	0	1	2	3

2. Other People in the Household (Use a separate sheet if necessary)

ADULTS: Name and Relationship to Deceased		Date of Birth	Employed? (Yes or No)
CHILDREN AT HOME: Name of Child		Sex (M/F)	Date of Birth

3. Time Spent by the Deceased Performing Household Activities

(circle numbers, write in minutes)

Weekly: 0 = Never, 1 = once each week,....7 = daily

Annual: 0 = Never, 1 = once annually, 2 = twice annually, etc

HOUSEHOLD ACTIVITY	Weekly Frequency	Average Duration (min/ occasion)	Annual Frequency	Average Duration (min/ occasion)
Food Preparation				
Preparing Food	0 1 2 3 4 5 6 7		0 1 2	
Preparing Table	0 1 2 3 4 5 6 7		0 1 2	
Cooking Food	0 1 2 3 4 5 6 7		0 1 2	
Serving Food	0 1 2 3 4 5 6 7		0 1 2	
Clearing Table	0 1 2 3 4 5 6 7		0 1 2	
Meal Cleanup	0 1 2 3 4 5 6 7		0 1 2	
Barbecue (seasonal)	0 1 2 3 4 5 6 7		0 1 2	
Other (specify)	0 1 2 3 4 5 6 7		0 1 2	
Household Chores				
Daily Cleaning	0 1 2 3 4 5 6 7		0 1 2	
Weekly Cleaning	0 1 2 3 4 5 6 7		0 1 2	
Car Care	0 1 2 3 4 5 6 7		0 1 2	
Laundry/Ironing /Mending	0 1 2 3 4 5 6 7		0 1 2	
Gardening (Seasonal)	0 1 2 3 4 5 6 7		0 1 2	
Snow Clearing (Seasonal)	0 1 2 3 4 5 6 7		0 1 2	

(Time Spent on Household Activities, Continued)

HOUSEHOLD ACTIVITY	Weekly Frequency	Average Duration (min/occasion)	Annual Frequency	Average Duration (min/occasion)
Shopping/Errands				
Daily Errands	0 1 2 3 4 5 6 7		0 1 2	
Major Food Shopping	0 1 2 3 4 5 6 7		0 1 2	
Clothing Shopping	0 1 2 3 4 5 6 7		0 1 2	
Durable Goods Shopping	0 1 2 3 4 5 6 7		0 1 2	
Financial Services	0 1 2 3 4 5 6 7		0 1 2	
Other Shopping	0 1 2 3 4 5 6 7		0 1 2	
Child Care (if applicable)				
Direct Infant Care (child younger than 5)	0 1 2 3 4 5 6 7		0 1 2	
Direct Child Care (child older than 5)	0 1 2 3 4 5 6 7		0 1 2	
Helping — Skills	0 1 2 3 4 5 6 7		0 1 2	
Helping — Homework	0 1 2 3 4 5 6 7		0 1 2	
Reading to Child	0 1 2 3 4 5 6 7		0 1 2	
Indoor Entertainment (i.e.)	0 1 2 3 4 5 6 7		0 1 2	
Outdoor Entertainment (i.e.)	0 1 2 3 4 5 6 7		0 1 2	
Guidance	0 1 2 3 4 5 6 7		0 1 2	
Related Travel (i.e.)	0 1 2 3 4 5 6 7		0 1 2	
Other Child Care (please specify)	0 1 2 3 4 5 6 7		0 1 2	
Elder Care (if applicable)	0 1 2 3 4 5 6 7		0 1 2	

(Time Spent on Household Activities, Continued)

Other Household Tasks	Frequency per Year (number of times performed)	Average Duration (min. per occasion)
Interior Annual Cleaning	0 1 2 3 4 5 6 7 8 9 10 11 12	
Exterior Annual Cleaning	0 1 2 3 4 5 6 7 8 9 10 11 12	
Interior Repairs and Maintenance	0 1 2 3 4 5 6 7 8 9 10 11 12	
Exterior Repairs and Maintenance	0 1 2 3 4 5 6 7 8 9 10 11 12	
Home Improvements	0 1 2 3 4 5 6 7 8 9 10 11 12	
Other: Please specify	0 1 2 3 4 5 6 7 8 9 10 11 12	

Other Occasional Housework

Please indicate any major contributions to household work which have not been included above (e.g. extensive renovations, such as adding a patio or finishing a basement).
