



**Palestinian Central Bureau of Statistics  
Time Use Survey 1999 - 2000**

Data provided herein are used only for mere statistical purposes and are considered highly confidential according to the General Statistics Law of 1994

**Master record identification.**

	<b>IDNUM</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID4</b>	<b>Dwelling unit number</b>	<input type="text"/> <input type="text"/>	<b>Name of household head .....</b>
<b>ID1</b>	<b>Locality code</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>ID5</b>	<b>Household number in the building</b>	<input type="text"/>	<b>Governorate name.....</b>
<b>ID2</b>	<b>No. Of enumeration area</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<b>ID6</b>	<b>Governorate code</b>	<input type="text"/> <input type="text"/>	<b>Locality name.....</b>
<b>ID3</b>	<b>Building No.</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<b>HU</b>	<b>Number of dwellings in the building</b>	<input type="text"/> <input type="text"/>	<b>Address of household. ....</b>
<b>ST</b>	<b>Strata code</b>	<input type="text"/> <input type="text"/> <input type="text"/>	<b>HH</b>	<b>Number of household's in the dwelling</b>	<input type="text"/> <input type="text"/>	<b>Building name/owner.....</b>

<b>N1</b>	<b>Number of household members</b>	<b>Males</b>	<input type="text"/> <input type="text"/>	<b>Females</b>	<input type="text"/> <input type="text"/>	<b>N2</b>	<b>Number of household members 10 years old and over</b>	<b>Males</b>	<input type="text"/> <input type="text"/>	<b>Females</b>	<input type="text"/> <input type="text"/>
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**IR1 Table of visit**

		<b>Date</b>				<b>Complete</b>	1. Yes	2. No	<b>Suggested date</b>						
<b>V1</b>	<b>First visit</b>	<b>DD</b>	<input type="text"/> <input type="text"/>	<b>/MM</b>	<input type="text"/> <input type="text"/>	<b>/YYYY</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>R1</b>	<input type="text"/>	<b>DD</b>	<input type="text"/> <input type="text"/>	<b>/MM</b>	<input type="text"/> <input type="text"/>	<b>/YYYY</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>V2</b>	<b>Second visit</b>	<b>DD</b>	<input type="text"/> <input type="text"/>	<b>/MM</b>	<input type="text"/> <input type="text"/>	<b>/YYYY</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>R2</b>	<input type="text"/>	<b>DD</b>	<input type="text"/> <input type="text"/>	<b>/MM</b>	<input type="text"/> <input type="text"/>	<b>/YYYY</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>V3</b>	<b>Third visit</b>	<b>DD</b>	<input type="text"/> <input type="text"/>	<b>/MM</b>	<input type="text"/> <input type="text"/>	<b>/YYYY</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>R3</b>	<input type="text"/>	<b>DD</b>	<input type="text"/> <input type="text"/>	<b>/MM</b>	<input type="text"/> <input type="text"/>	<b>/YYYY</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**IR2 Table of interviews**

	<b>Day</b>	<b>Month</b>	<b>Year</b>		<b>Day</b>	<b>Month</b>	<b>Year</b>
<b>First visit</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Fourth visit</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Second visit</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Fifth visit</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Third visit</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Sixth visit</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>RS</b>	<b>Final Result</b>	<input type="checkbox"/>	<b>1. Completed</b>	<b>2. Partially completed</b>	<b>3. Refusal</b>	<b>4. The household could not be contacted</b>	<b>5. Vacant dwelling</b>	<b>6. Not applicable</b>	<b>7. Others / specify...</b>
<b>IR3 Interviewer's name:</b>			<b>No.</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>IR6 Supervisor's name:</b>			<b>No.</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>IR4 Editor's name:</b>			<b>No.</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>IR7 Data keyer name:</b>			<b>No.</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>IR5 Coder's name:</b>			<b>No.</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					

**Household List**

**IDNUM**

	HO00	HO01	HO02	HO03			HO04
	Household members names	Relation to household head	Sex	Date of Birth			Age
Person No	Full Name	1. Head 2. Spouse 3. Son/daughter 4. Father/mother 5. Sibling 6. Grand father/mother 7. Grand child 8. Son/daughter in law 9. Other relatives 10. Others	1. Male 2. Female	To Interviewer: If is it difficult to know the date of birth in day and month, write Day = 01 Month = 01 Year in four digits			Age at the last birthday
	First name Father name Last name	Code	Code	Day	Month	Year	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

Record the relationship between the two respondents from the household ..... (Circle the two respondents numbers in the list of the household).

For the fieldworker: Please put the mark (X) inside the circle if another household list was used.



**Now I want to ask you few questions about housing unit and available of means**

<b>HO9</b>	<b>Building type?</b> 1. Villa 2. House 3. Apartment 4. Separate Room 5. Tent 6. Marginal 7. Other	<input type="checkbox"/>																														
<b>HO10</b>	<b>How many rooms, (exclude the kitchen)?</b>	<input type="checkbox"/> <input type="checkbox"/>																														
<b>HO11</b>	<b>Which of the following goods dose the household own or have free access to?</b> <b>1. Yes 2. No</b> 1. Private car 7. Phone line 13. Electronic 2. Pick-up car 8. Home library sweeper 3. Tractor 9. Refrigerator 14. Solar boiler 4. T.V 10. Cooking stove 15. Washing machine 5. Video 11. Microwave 16. Central heating 6. Computer 12. Dishes washer 17. Satellite 18. Land	1. <input type="checkbox"/> 7. <input type="checkbox"/> 13. <input type="checkbox"/> 2. <input type="checkbox"/> 8. <input type="checkbox"/> 14. <input type="checkbox"/> 3. <input type="checkbox"/> 9. <input type="checkbox"/> 15. <input type="checkbox"/> 4. <input type="checkbox"/> 10. <input type="checkbox"/> 16. <input type="checkbox"/> 5. <input type="checkbox"/> 11. <input type="checkbox"/> 17. <input type="checkbox"/> 6. <input type="checkbox"/> 12. <input type="checkbox"/> 18. <input type="checkbox"/>																														
<b>HO12</b>	<b>Dos the family farming any kind of Plants as granadilla, vegetables, fruits trees?</b> 1. Yes 2. No <i>skip to HO14</i>	<input type="checkbox"/>																														
<b>HO13</b>	<b>Total of size of land the HH sow?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																														
<b>HO14</b>	<b>Does the HH sowing any kind of animals and poultry?</b> 1. Yes 2. No <i>skip to HO14</i>	<input type="checkbox"/>																														
<b>HO15</b>	<b>No. of animals?</b> 1. Cows 2. Goats 3. Sheep 4. Chickens 5. Hours/ donkeys or camels	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
<b>HO16</b>	<b>Have you have any Surplus of either agriculture or animals Output?</b> 1. Yes 2. No	<input type="checkbox"/>																														
<b>HO17</b>	<b>Have you sale any kind of crops or animals?</b> 1. Yes 2. No	<input type="checkbox"/>																														
<b>HO18</b>	<b>How far is the household building from Elementary School?</b> 1. Less than 1 Km 2. 1-5 Km 3. More than 5 Km	<input type="checkbox"/>																														
<b>HO19</b>	<b>How far is the household building from Private Doctor?</b> 1. Less than 1 Km 2. 1-5 Km 3. More than 5 Km	<input type="checkbox"/>																														
<b>HO20</b>	<b>How far is the household building from health center?</b> 1. Less than 1 Km 2. 1-5 Km 3. More than 5 Km	<input type="checkbox"/>																														

<b>HO21</b>	<b>Is there any of the HH members need for special care as Elderly, Sick, Disabled or Handicapped?</b> 1. Yes 2. No <i>skip to HO23</i>	<input type="checkbox"/>
<b>HO22</b>	<b>Who take care of the persons whom need special care in the HH?</b> 1. Father 2. Mother 3. Brother/Sister 4. Grand father/mother 5. Son/Daughter 6. Husband/wife 7. Other relative	<input type="checkbox"/>

**Interviewer: To confirm of existence of children under 10 years before interview, refer to household list, if no, skip to HO26**

<b>HO23</b>	<b>Who is the main person whom takes care of the children in the HH?</b> 1. Child's mother 2. Child's father 3. Brother/ Sister 4. Grand Father/ Mother 5. Other Relative	<input type="checkbox"/>
<b>HO24</b>	<b>Does the father always spend time with the child, time to time, don't spend any time?</b> 1. Always <i>Skip to HO26</i> 2. Time to time <i>Skip to HO26</i> 3. Doesn't spend any time	<input type="checkbox"/>
<b>HO25</b>	<b>Why the father doesn't spend any time with the child?</b> 1. The father always busy with other things at house 2. The father spend most of his time working outside the house 3. The father does not live in the house 4. The father is sick 5. The father is died 6. Other reason/ specify	<input type="checkbox"/>

**Now I want to ask you few questions about HH income**

<b>HO26</b>	<b>The main source of the HH income for the last 12 months?</b> 1. Yes 2.No 1. Salary and wages 2. Self employee income 3. Ownership income 4. Income transfers from Israel 5. Income transfers from the West Bank and Gaza Strip 6. Others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>HO27</b>	<b>What is the main source of income for the household?</b> (Chose the answer from the previous question HO26)	<input type="checkbox"/>
<b>HO28</b>	<b>During the last four weeks what is the total expenditure from all the source of income in NIS?</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



# **Palestinian Central Bureau of Statistics**

**Time Use Survey 1999 - 2000**

**Individual Questionnaire**

**May, 1999**

IDNUM

First member: (Male) Name .....

Second member: (Female) Name .....

No. (from household List )

No. (from household List )

No.	Questions	First person The Male	Second person The Female	Options
IN1	Are you currently enrolled at school, dropped out before graduation, graduated or never been enrolled at school?	<input type="checkbox"/>	<input type="checkbox"/>	1. Currently enrolled 2. Dropped out before graduation 3. Craduated. 4. Never enrolled
IN2	How many years of schooling have you completed?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Years of schooling completed.....
IN3	What is your level of education?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1. Illiterate.                      6. Diploma 2. Can read and write.        7. Barcaroles. 3. Elementary.                    8. H. Diploma. 4. Preparatory.                    9. M.A 5. Secondary.                      10. P.H.D
IN4	Are you registered refugee, not registered refugee, not refugee?	<input type="checkbox"/>	<input type="checkbox"/>	1. Registered refugee. 2. Not registered refugee. 3. Not refugee.
IN5	What is you marital status?  (This question only for persons 12 years and over).	<input type="checkbox"/>	<input type="checkbox"/>	1. Single. 2. Engaged. 3. Married. 4. Divorced. 5. Widowed.
IN6	What is your religion?	<input type="checkbox"/>	<input type="checkbox"/>	1. Muslim. 2. Christian. 3. Others.

No.	Questions	First person The Male	Second person The Female	Options
IN7	Relation to labour force?	<input type="checkbox"/>	<input type="checkbox"/>	1. Worked from 1-14 hours. 2. Worked 15 hours or more. 3. Unemployed ever worked. 4. Unemployed never worked. 5. Student. 6. House keeper. 7. Unable to work. 8. Does not seek for job. 9. Others. <div style="position: absolute; right: 0; top: 50%; transform: translateY(-50%); font-size: 2em;">}</div> <div style="position: absolute; right: 0; top: 50%; transform: translateY(-50%); font-weight: bold; font-style: italic;">skip to IN 11</div>
IN8	Do you in your main job work as employer, self-employed, as an employee or as unpaid family member?	<input type="checkbox"/>	<input type="checkbox"/>	1. Employer. 2. Self-employed. 3. Wage Employee. 4. Unpaid Family member. 5. Other.
IN9	What is your main occupation?	..... <b>Occupation code</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	..... <b>Occupation code</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
IN10	Where is your main job location?	<input type="checkbox"/>	<input type="checkbox"/>	1. At home. 2. In the same Governorate in West Bank. 3. In other Governorate in West Bank. 4. In the same Governorate in Gaza Strip. 5. Other Governorate in Gaza Strip. 6. settlement 7. In Israel. 8. In Israely Settlement. 9. Abroad / Arab country. 10. Abroad / forgone country.
IN11	Do you have your own room in your dwelling?	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes. 2. No.



Now I am going to ask you some questions about leisure time and culture.

No.	Questions	First person		Second person		Options
		The Male		The Female		
IN12A	Did you listen to radio yesterday?	<input type="checkbox"/>		<input type="checkbox"/>		1. Yes 2. No <i>skip to in 12C</i>
IN12B	How long time did you listen to radio?	Minutes <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Minutes <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
		Hours <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Hours <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
IN12C	Did you listen to radio last week (last 7 days)?	<input type="checkbox"/>		<input type="checkbox"/>		1. Yes 2. No
IN13A	Did you watch T.V. yesterday?	<input type="checkbox"/>		<input type="checkbox"/>		2. Yes 2. No <i>skip to in 13C</i>
IN13B	How long time did you watch T.V.?	Minutes <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Minutes <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
		Hours <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Hours <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
IN13C	Did you watch T.V. last 7 days?	<input type="checkbox"/>		<input type="checkbox"/>		1. Yes 2. No
IN14A	Did you read newspapers yesterday?	<input type="checkbox"/>		<input type="checkbox"/>		1. Yes 2. 2. No <i>skip to in 14C</i>
IN14B	How long time did you spent in reading newspapers?	Minutes <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Minutes <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
		Hours <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Hours <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
IN14C	Did you read newspapers last 7 days?	<input type="checkbox"/>		<input type="checkbox"/>		1. Yes 2. No
IN15	Last 12 months, how many books did you read? Do not include school and daily work readings?	<input type="checkbox"/>		<input type="checkbox"/>		1. Did not read any book. 2. 1 book. 3. 2 books. 4. 3 – 5 books. 5. 6 – 9 books. 6. 10 books or more. 7. No answer.



No.	Questions	First person	Second person	Options
		The Male	The Female	
IN20	Last 12 months, how many times did you go to.....?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Cinema. 2. Concerts. 3. Museum. 4. Art gallery. 5. Theatre. 6. Sport events. 7. Symposium. 8. Public Library.
IN21	Last month, how many times did you go to.....?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Coffee Shops. 2. Grocery Shop. 3. Practicing sports activities.
IN22	Are you a member of...? Yes. No.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. A Sports club. 2. A Culture club. 3. A Public library. 4. A Charitable society. 5. A Union.

Now I am going to ask you some questions about your health conditions?

IN23	Are you able to walk for 5 minuetts fairly fast without any problems?	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes. 2. No.
IN24	Do you suffer from any permanent illness, or handicap that has considerable impact on your daily life?	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes. 2. No.



# **Palestinian Central Bureau of Statistics**

**Time Use Survey 1999 - 2000**

**Diary Record Questionnaire**

May, 1999













		<b>TU-1 Please record your main activity for each period</b> • Enter only one main activity on each line • Specify the mode of traveling (bus, car, walk, etc.)		<b>TU-2 Have you been paid for this activity?</b>  1. Yes 2. No 3. Not applicable		<b>TU-3 With whom you performed this activity?</b>			<b>Do not write here</b>	
<b>Time</b>	<b>Code</b>	<b>Activity</b>	<b>Do not write here</b>	<b>Code</b>	<b>Alone</b>	<b>Other household members</b>	<b>Other persons that you know</b>	<b>Location</b>		
09.30 – 09.45	75									
09.45 – 10.00	76									
10.00 – 10.15	77									
10.15 – 10.30	78									
10.30 – 10.45	79									
10.45 – 11.00	80									
11.00 – 11.15	81									
11.15 – 11.30	82									
11.30 – 11.45	83									
11.45 – 12.00	84									

**For the Numerator, please go through the following**

<p><b>1. When did you fill the diary?</b></p> <p>(1) In the same day (from time to time)</p> <p>(2) At the end of the same day</p> <p>(3) The day after the reference day <input type="checkbox"/></p>	<p><b>2. Did you face any problems in filling in the diary?</b></p> <p>(1) Yes (Specify the reason) .....</p> <p>(2) No <input type="checkbox"/></p>	<p><b>3. Who fill the diary?</b></p> <p>(1) Myself</p> <p>(2) With help by others</p> <p>(3) With help by the fieldworker <input type="checkbox"/></p>	<p><b>4. The diary Status?</b></p> <p>(1) Complete <input type="checkbox"/></p> <p>(2) Partially complete (Specify the reason) .....</p> <p>(3) Not complete (Specify the reason) .....</p>
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