

## Carework in South Korea – Time Diary (example - Paid care work for children)

### \* Items of Investigation

#### 1. Main Activity

1. Please write down the main activity that the respondent engaged in at the given time frame.
2. If activity is related to carework, show respondent the care activity cards and probe which care activities were done, how long they took, and in which order they were done. Only if carework was done for someone other than the care recipient child, please specify who it was for. For example, if respondent was cooking for his/her own child, please write “Cooked for respondent’s child”.
3. Start with the question “What time did you wake up in the morning?” and then ask “What did you do after you woke up? What time was that?” Continue with questions like these in order to facilitate the responses.
4. For continuous activities, please indicate with an arrow from the start time to the end time. (See example)

#### 2. Secondary Activity

1. Record a secondary activity if respondent engaged in another activity simultaneously with the main activity during the time frame. For example, if respondent watched TV while having a meal, you may record “Have a meal” as the main activity and “Watch TV” as secondary activity. (You may also write “Watch TV” as the main activity and “Have a meal” as the secondary activity)
2. In particular, please probe whether the respondent was minding or watching the care recipient while engaging in the main activity. For example, if the respondent was doing the dishes while watching after the child so that he/she doesn’t fall or hurt him/herself or standing by for emergency, please record “Doing dishes” as the main activity and “Watching/minding/standing by for child” as the secondary activity.
3. After you are done with the time diary, you may need to ask additional questions in order to probe for secondary activities. For example, you can ask “Were you engaged in anything else at this time frame?” or “Were you talking with the care recipient while watching TV?”

#### 3. Location of Care Receiving Child

1. Please record where the care receiving child was during that time frame.
2. Record 1 if the care recipient child was in the same house/place with respondent and within sight (e.g. same room), 2 if child was in the same house/place but outside of sight (e.g. different room), 3 if child was in a different place (e.g. outside house, different building).

#### 4. Who was with respondent

- 1) Please select all that was in the same house (same place). Don’t record those the respondent does not know (e.g. in the bus on commute)
- 2) If there were multiple people present, please record all of them.

Date: \_\_\_/\_\_\_/\_\_\_

Weekday  Weekend

4 AM – 10 AM

	1. Main Activity	2. Secondary Activity	3. Where was the care recipient?	4. Who was with you in the same place?
	<p>Record respondent's main activity in 10 minute intervals.</p> <p>* In the case of activity related to carework, please record a specific activity from the care activity card.</p>	<p>Record if respondent was engaging in another activity simultaneously.</p> <p>* In the case of activity related to carework, please record a specific activity from the care activity card.</p>	<p>1. In same house/place, within sight</p> <p>2. In same house/place, outside of sight</p> <p>3. Not in same house/place</p>	<p>1. Alone</p> <p>2. Care recipient's family</p> <p>3. Other paid caregiver</p> <p>4. Respondent's own child/children</p> <p>5. Respondent's own spouse</p> <p>6. Other person respondent knows _____</p>
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10				
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5 AM				
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6 AM				
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Date: ___/___/___	<input type="checkbox"/> Weekday <input type="checkbox"/> Weekend	10 AM – 4 PM
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	Record respondent's main activity in 10 minute intervals.  * In the case of activity related to carework, please record a specific activity from the care activity card.	Record if respondent was engaging in another activity simultaneously.  * In the case of activity related to carework, please record a specific activity from the care activity card.	1. In same house/place, within sight 2. In same house/place, outside of sight 3. Not in same house/place	1. Alone 2. Care recipient's family 3. Other paid caregiver 4. Respondent's own child/children 5. Respondent's own spouse 6. Other person respondent knows _____
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10 10				
10 20				
10 30				
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10 50				
11 AM				
11 10				
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11 40				
11 50				
12 PM				
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Date: ___/___/___	<input type="checkbox"/> Weekday <input type="checkbox"/> Weekend	4 PM – 10 PM
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4 PM				
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5 PM				
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6 PM				
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Date: ___/___/___	<input type="checkbox"/> Weekday <input type="checkbox"/> Weekend	10 PM – 4 AM
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	1. Main Activity	2. Secondary Activity	3. Where was the care recipient?	4. Who was with you in the same place?
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10 PM				
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11 PM				
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