

Thank you

Just a few final questions.

What age group are you?

- 8-17 18-39 40-59 60-79 80+

What gender are you?

- Male Female

When did you fill in the diary? Now and then during the day

At the end of the day

After the diary day

Did you feel rushed this day? Yes No

Was this an ordinary or an unusual day?

An ordinary day

An unusual day

Did you have difficulty fitting the electricity recorder?

Yes No

Final checklist

Before you return the diary and the electricity recorder in the prepaid envelope, please check that you have:

1. noted only **one main activity** on each line with no time periods left blank
2. marked your employment **working hours and location**, even if you worked at home
3. marked the duration of **secondary activities**, if any
4. always marked "**who was with you?**"
5. signed the **consent form** on page 1



Your activity and instruction booklet

ID:

Your diary day:

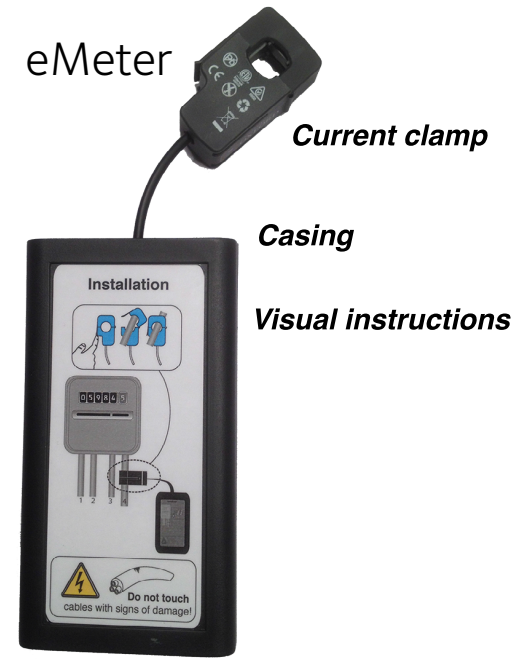
Welcome to METER research

Thank you for being part of University of Oxford research. Along with this booklet you have received the eMeter, which will collect a profile of your electricity use.

What you can do now

This device is set up to record your electricity profile over a 24 hour period on your diary day (the date is shown on the front cover). Please fit the eMeter under your mains electricity meter before then.

Instructions for how to attach the device are shown on its case. If you are unsure about the process, please contact me Philipp.Grunewald@ouce.ox.ac.uk.



After the day

When you completed this booklet please return it with the eMeter in the pre-paid envelope. Go through the checklist on the back of this booklet to make sure you captured everything.

We will then share your use profile with you. The combination of activity information and electricity recordings will help us to develop a better understanding of the timing of activities and their associated electricity consumption.

Your consent

Please note that participation is entirely voluntary. If you choose not to take part, then simply return the eMeter in the prepaid envelope. In order for us to use your personal data for research, please select from the following options:

- I agree for my anonymised data to be used for research purposes
- I agree for my individual annotated electricity load profile to be published in anonymised form
- I understand that I have the right to withdraw this consent after reviewing my profile or at any point in time

Signed

Date

Final checklist on the back of this booklet

Any questions?

Please contact

Dr Philipp Grunewald, philipp.grunewald@ouce.ox.ac.uk, 07870 101101

Room for your notes:

Recording activities

Please take this booklet with you during the day and fill it in every now and then when you have a spare moment. The diary covers 24 hours, starting at 4am in the morning. Each page captures 4 hours and is divided into 10 minute periods.

Below is an example of how to fill in the different columns. Each column is briefly explained here. You can find more detailed instructions at the end of this booklet.

Main activities

Please record your main activity for every 10-minute period

- Only write down one main activity
- If an activity takes longer, just draw a line or quote marks in the rows below
- You don't need to write down what you did while at work.

Other activities

- If you did more than one activity, note the other activity in the second column

Appliances

- Did you use one of the four appliances listed: dishwasher, washing machine, tumble dryer, oven or microwave? Please mark when you started them. If you know how long they ran, do mark this too.
- If you used any other major appliances, please note this under 'what you were doing'

Where were you?

- Your location at the time
- When travelling, note type of transport and the reason for travelling (e.g. driving to work)

Other people

- Note the number of people around you
- Write '0' if you are on your own

Notes

- At the end of the diary is room for your notes if you wish to add more detail

Example:

Time	What were you doing?		Did you use a				Where were you?	Other people
			Dishwasher	Washing machine	Tumble dryer	Oven / Microwave		
	Please write down one main activity	If you did something else at the same time, what else did you do?					E.g. home, work, outdoors, travelling by car...	How many people were with you?
8 am - 8:10	Wake up the children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	at home	1
8:10 - 8:20	Had breakfast	checked email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	}	2
8:20 - 8:30		talked to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8:30 - 8:40	Got child to school		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	walk to school	1
8:40 - 8:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	1
8:50 - 9 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	walk home	0
9 am - 9:10	Cleared up	listened to radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	at home	}
9:10 - 9:20		"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Use lines for ongoing activities

4 am - 6 am

Time	What were you doing?		Did you use a				Where were you? E.g. home, work, outdoors, travelling by car...	Other people How many people were with you?
	Please write down one main activity	If you did something else at the same time, what else did you do?	Dishwasher	Washing machine	Tumble dryer	Oven / Microwave		
4 am - 4:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4:10 - 4:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4:20 - 4:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4:30 - 4:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4:40 - 4:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4:50 - 5 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5 am - 5:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5:10 - 5:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5:20 - 5:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5:30 - 5:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5:40 - 5:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5:50 - 6 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Other activities

- Use this column to record any activities that you were doing at the same time as your main activity.
- For example, if you were looking after your child (main activity) and watching television at the same time, then you would record "watching television" in this column.
- It is up to you which activity you think is the main activity and which is the secondary activity.
- Don't forget to record secondary activities during lunch or coffee breaks, during work or while travelling.
- If you were using electrical appliances (other than those in the next column), you may like to record that here.

Electrical appliances

- Please record in this column whether you or someone else in your household was using a dishwasher, washing machine, tumble dryer, oven or microwave.
- Draw a line to indicate how long you believe the appliance was running for.
- You may like to record other appliances under activities.

Where were you?

- This column is to record where you were during the activity (e.g. 'at home', 'at work', 'friend's house').
- If you were travelling, what was your mode of transport and the reason for travel (e.g. 'drive to supermarket', 'cycle to friend').

Who was with you?

- Please indicate whether you were on your own or together with somebody you know.
- To be together does not necessarily mean that you actually do things together but rather that somebody else was around.
- Draw a line to show how long you were alone or with somebody you know. This may change during an activity. For example, somebody might leave or arrive.
- If you were with a child who lives with you record this in the column 'one child'.
- If you were with more than one child living with you mark 'More than one child'.
- Anyone who does not live with you gets marked in the right most column, even if they are your children or other relatives.

Additional diary instructions

What were you doing?

- In this column, record what you consider to be your main activity for each 10 minute period.
- If you were doing more than one activity at the same time, only record the main activity in this column.
- If you did one thing after another during the 10 minutes, record the activity that took the most time.
- If you were doing something you feel is too private to record, please write "personal".

Work

- You don't need to record exactly what you were doing during work time.
- If you have more than one job, please record which one you were working at.
- Please record what you did during breaks. For example, "Lunch break, had lunch" or "Lunch break, went for a walk".
- Include any work you've taken home and completed at home.

School / college

- Please record whether you study at home or attend classes / lectures. Include the type of study, such as secondary school, university etc.
- If the studies are part of paid work, please note this in the diary.

Housework and childcare

- Please record what you were really doing. For example, "Cooked supper", "Washed the dishes", "Put my child to bed", "Mowed the lawn", "Cleaned the house", "Washed the car".

Sleeping

- Please record any occasions during the night when you weren't sleeping. For example, if you have woken up and are doing nothing, reading or caring for children etc.

Reading

- If you were reading, please record what you read. For example, "Read a newspaper", "Read a magazine", "Read a book".
- If you used an e-reader or tablet, please note this.

Help to other households

- If you were helping someone who lives outside of your household, either totally or in part, please report this in the diary.
- For example, if you helped a friend repair their house, record this as "Helped friend repairing house".
- If you bought a neighbour some food while you did your own shopping, please record this too.

6 am - 8 am

Time	What were you doing? <small>Please write down one main activity</small>	If you did something else at the same time, what else did you do?	Did you use a				Where were you? <small>E.g. home, work, outdoors, travelling by car...</small>	Other people <small>How many people were with you?</small>
			Dishwasher	Washing machine	Tumble dryer	Oven / Microwave		
6 am - 6:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6:10 - 6:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6:20 - 6:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6:30 - 6:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6:40 - 6:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6:50 - 7 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7 am - 7:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7:10 - 7:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7:20 - 7:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7:30 - 7:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7:40 - 7:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7:50 - 8 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

8 am - 10 am

Time	What were you doing?		Did you use a				Where were you?	Other people
	Please write down one main activity	If you did something else at the same time, what else did you do?	Dishwasher	Washing mashine	Tumble dryer	Oven / Microwave		
8 am - 8:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		How many people were with you?
8:10 - 8:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8:20 - 8:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8:30 - 8:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8:40 - 8:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8:50 - 9 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9 am - 9:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9:10 - 9:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9:20 - 9:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9:30 - 9:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9:40 - 9:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9:50 - 10 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

2 am - 4 am

Time	What were you doing?		Did you use a				Where were you?	Other people
	Please write down one main activity	If you did something else at the same time, what else did you do?	Dishwasher	Washing mashine	Tumble dryer	Oven / Microwave		
2 am - 2:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		How many people were with you?
2:10 - 2:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:20 - 2:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:30 - 2:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:40 - 2:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:50 - 3 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3 am - 3:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3:10 - 3:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3:20 - 3:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3:30 - 3:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3:40 - 3:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3:50 - 4 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

midnight - 2 am

Time	What were you doing?		If you did something else at the same time, what else did you do?	Did you use a				Where were you?	Other people
	Please write down one main activity			Dishwasher	Washing mashine	Tumble dryer	Oven / Microwave		
midnight - 0:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		How many people were with you?
0:10 - 0:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0:20 - 0:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0:30 - 0:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0:40 - 0:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0:50 - 1 am				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1 am - 1:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:10 - 1:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:20 - 1:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:30 - 1:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:40 - 1:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:50 - 2 am				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

10 am - noon

Time	What were you doing?		If you did something else at the same time, what else did you do?	Did you use a				Where were you?	Other people
	Please write down one main activity			Dishwasher	Washing mashine	Tumble dryer	Oven / Microwave		
10 am - 10:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		How many people were with you?
10:10 - 10:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:20 - 10:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:30 - 10:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:40 - 10:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:50 - 11 am				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11 am - 11:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11:10 - 11:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11:20 - 11:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11:30 - 11:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11:40 - 11:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11:50 - noon				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

noon - 2 pm

Time	What were you doing?		If you did something else at the same time, what else did you do?	Did you use a				Where were you? <small>E.g. home, work, outdoors, travelling by car...</small>	Other people <small>How many people were with you?</small>
	Please write down one main activity			Dishwasher	Washing mashine	Tumble dryer	Oven / Microwave		
noon				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 12:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 12:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 12:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 12:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 12:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 1 pm				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1 pm				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 1:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 1:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 1:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 1:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 1:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 2 pm				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

10 pm - midnight

Time	What were you doing?		If you did something else at the same time, what else did you do?	Did you use a				Where were you? <small>E.g. home, work, outdoors, travelling by car...</small>	Other people <small>How many people were with you?</small>
	Please write down one main activity			Dishwasher	Washing mashine	Tumble dryer	Oven / Microwave		
10 pm				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 10:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 10:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 10:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 10:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 10:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 11 pm				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11 pm				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 11:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11:10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 11:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 11:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 11:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- 11:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
- midnight				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

8 pm - 10 pm

Time	What were you doing?		Did you use a				Where were you?	Other people
	Please write down one main activity	If you did something else at the same time, what else did you do?	Dishwasher	Washing mashine	Tumble dryer	Oven / Microwave		
8 pm - 8:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		How many people were with you?
8:10 - 8:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8:20 - 8:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8:30 - 8:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8:40 - 8:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8:50 - 9 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9 pm - 9:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9:10 - 9:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9:20 - 9:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9:30 - 9:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9:40 - 9:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9:50 - 10 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

2 pm - 4 pm

Time	What were you doing?		Did you use a				Where were you?	Other people
	Please write down one main activity	If you did something else at the same time, what else did you do?	Dishwasher	Washing mashine	Tumble dryer	Oven / Microwave		
2 pm - 2:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		How many people were with you?
2:10 - 2:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:20 - 2:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:30 - 2:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:40 - 2:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2:50 - 3 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3 pm - 3:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3:10 - 3:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3:20 - 3:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3:30 - 3:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3:40 - 3:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3:50 - 4 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

4 pm - 6 pm

Time	What were you doing?		Did you use a				Where were you?	Other people
	Please write down one main activity	If you did something else at the same time, what else did you do?	Dishwasher	Washing mashine	Tumble dryer	Oven / Microwave		
4 pm - 4:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		How many people were with you?
4:10 - 4:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4:20 - 4:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4:30 - 4:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4:40 - 4:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4:50 - 5 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5 pm - 5:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5:10 - 5:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5:20 - 5:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5:30 - 5:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5:40 - 5:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5:50 - 6 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

6 pm - 8 pm

Time	What were you doing?		Did you use a				Where were you?	Other people
	Please write down one main activity	If you did something else at the same time, what else did you do?	Dishwasher	Washing mashine	Tumble dryer	Oven / Microwave		
6 pm - 6:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		How many people were with you?
6:10 - 6:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6:20 - 6:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6:30 - 6:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6:40 - 6:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6:50 - 7 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7 pm - 7:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7:10 - 7:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7:20 - 7:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7:30 - 7:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7:40 - 7:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7:50 - 8 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		