

Time-activity Diary (TAD)

Date: [continental time]: 20 / / (yyyy/mm/dd)

Subject No.:

Interviewer No.:

Weather code: Sunny, Cloudy, Rainy, Windy

Time (hhmin)	Items	A.	B.	C. Activity type		D. Air quality and weather		
		Location	Ventilation status	Activity 1	Activity 2	Quality 1	Quality 2	Weather
Set your watch first and write down your environment information below !								
Make sure that each blank has been filled with only one right code.								
Midnight –00:30								
00:30–01:00								
01:00–01:30								
01:30–02:00								
2AM 02:00–02:30								
02:30–03:00								
03:00–03:30								
03:30–04:00								
4AM 04:00–04:30								
04:30–05:00								
05:00–05:30								
05:30–06:00								
6AM 06:00–06:30								
06:30–07:00								
07:00–07:30								
07:30–08:00								
8AM 08:00–08:30								
08:30–09:00								
09:00–09:30								
09:30–10:00								
10AM 10:00–10:30								
11:30–11:00								
11:00–11:30								
11:30–12:00								

Questionnaire continues on the other side.

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Time (hhmin)	A.		B. Ventil ation status	C. Activity type		D. Air quality and weather		
	Location			Activity 1	Activity 2	Quality 1	Quality 2	Weather
Noon 12:00 –12:30								
12:30–13:00								
13:00–13:30								
13:30–14:00								
2PM 14:00–14:30								
14:30–15:00								
15:00–15:30								
15:30–16:00								
4PM 16:00–16:30								
16:30–17:00								
17:00–17:30								
17:30–18:00								
6PM 18:00–18:30								
18:30–19:00								
19:00–19:30								
19:30–20:00								
8PM 20:00–20:30								
20:30–21:00								
21:00–21:30								
21:30–22:00								
10PM 22:00–22:30								
22:30–23:00								
23:00–23:30								
23:30–23:59								

Check the other side for finishing this questionnaire.
 Make sure that each blank has been filled with only one right code.
 Thank you and have a great day!

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【Part A】 Location

A. Location: Please select where you stay most two of the time in this specific period

[Indoor] Space with ceiling, wall or door

1. Home
2. Office, classroom, cram school, etc.
3. Factory (repair car garage, furnishing manufacture, etc.)
4. Restaurant (barbecue restaurant, café, fast food restaurant, underground food court, etc.)
5. Buddhist Temple, Taoist temple or place in that people worship the god by burning incense
6. Hospital or clinic
7. Beauty salon, barber shop or massage store
8. Other public places (bank, convenience store, etc.)
61. None of the above, please write down other indoor locations

[Outdoor] hall, road, outdoors, open ground

16. On the road (walking on the road, waiting for bus or traffic light)
17. Traditional market
18. Night market, fairgrounds, school carnival
19. Small market under ten vendors
20. Sports field (playgrounds, golf course, etc.)
21. Parks, Scenery spot, farm and other outdoor places
22. Home exteriors (balcony or loft)
23. Outdoor workplace
63. None of the above, please write down other outdoor locations

[Vehicles]

11. Car, truck, taxi
12. Bus
13. Underground; tube; subway
14. Train

16. Walking, wheelchair
9. Bike, electric scooter
10. Motorcycle, electric locomotive
15. Farm, livestock oriented machine car, engineering train
62. Other vehicles, please write down

【Part B】 Ventilation status

Reminder:

If you choose the **indoor selections (marked in green)** in part A, please **log 1 to 5 in part B**.

If you choose the **outdoor** selections in part A, please only **log 9** in part B.

B. Ventilation status

1. **No** air-condition, with the doors/windows tightly closed
2. **No** air-condition, with the doors/windows partly open
3. **No** air-condition, with the doors/windows fully open
4. Air-conditioned, with the doors/windows tightly closed
5. Air-conditioned, with the doors/windows partly/ fully open
9. Outdoor, not applicable under the situation

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【Part C】 Activity type

C. Character of Activity: Please choose at most two items as your main activities.

1. Sleep, rest, meditation
2. Ways to office, school or destinations
3. At work or in class
4. Cooking or preparing foods
5. Worshipping or chanting
6. Shopping
7. Exercise (physical exercise, athletic video games, outdoors activities, mountain-climbing, bicycle-riding, etc.)
8. Eating (meal, dessert)
9. Bathing or showering
10. Watching TV, reading, doing homework, playing computer or video games, go to the movies (exhibition, show), party with friends, chatting or other static activities
11. House-working (taking care children or pets, gardening, cleaning, etc.)
12. Take a walk 64. None of the above, please write down other activities

【Part D】 Air quality

D. Air quality: Please choose at most two items you have smelled.

1. Exhaust gas from cars or motorcycles
2. Smoke of lampblack from homes, restaurants and peddlers
3. Smell from smoking or second-hand smoke
4. Sweep dust
5. Incense burning smoke (encircle incense, slender stick of incense, thick stick of incense, etc.)
6. Mosquito-repellent incense or coil
7. Smell of fragrant products
8. Paper offerings burning
9. Burning wood, straw, bagasse, trash, etc.
10. Peculiar smells and dust emitted from factory or garbage incinerator
11. Peculiar smells from garbage, kitchen waste and recycles or dust from livestock
65. Please write down other peculiar smell in the space