

Appendix B: Online Survey Protocol

Welcome! Thank you for your interest in our research to improve the American Time Use Survey, an ongoing national survey that provides information about how Americans spend their time. At times, throughout the survey, you will be asked to write brief but detailed explanations to help us understand your situation. The study should take about 15 minutes. Please only start the study when you will be able to complete the whole study without interruption. Please do your best to respond to the questions accurately.

Please do not use your browser's back button.

This voluntary study is being collected by the Bureau of Labor Statistics under OMB No. 1220-0141 (Expiration Date: July 31, 2027). Without this currently approved number, we could not conduct this survey. This survey will take approximately 15 minutes to complete. If you have any comments regarding this estimate or any other aspect of this study, send them to BLS_PRA_Public@bls.gov. The BLS cannot guarantee the protection of survey responses and advises against the inclusion of sensitive personal information in any response. This survey is being administered by SurveyMonkey and resides on a server outside of the BLS Domain. Your participation is voluntary, and you have the right to stop at any time.

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As mentioned, the American Time Use Survey collects information about how people spend their time.

Please think back to yesterday [insert date].

When thinking about what you did yesterday, what is the first thing that comes to mind?
[open-end]

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Thinking back to yesterday again, what are the top five things that you did?

1. _____
2. _____
3. _____
4. _____
5. _____

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Next, we'd like you think back again to what you did yesterday, [insert date].

- In the spaces below, please indicate each thing you did yesterday, starting with the first thing you did yesterday.
- Please be sure to account for your whole day, so the end time of one activity should be the start time of the next activity. There should not be any gaps.
- *(Note: participants will be randomly assigned to receive 15 text boxes versus 22 text boxes)*

#	Activity Name
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1	
2	
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Thank you for entering the activities you did yesterday. We'd like to learn more about your thought process as you entered these activities.

How did you decide which activities to include?

[open-end]

How did you decide which activities NOT to include? For example, was there any activity you thought about including, but decided not to?

[open-end]

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Did you FORGET or DECIDE NOT TO INCLUDE any of the following activities? *Select all that apply. <randomized order>*

- ☐ Sleeping
- ☐ Showering or other personal care
- ☐ Getting ready for bed
- ☐ Watching TV

- ☐ Working
- ☐ Cooking
- ☐ Child care
- ☐ Eating or Drinking
- ☐ Household work or chores
- ☐ Shopping
- ☐ Walking, commuting, or going from place to place
- ☐ Hanging out or relaxing
- ☐ Sports, exercise, or recreation
- ☐ Studying or learning
- ☐ Other activity, please specify: ____

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For each item selected in the previous question, ask the following:

You indicated that you forgot or decided not to include [fill activity].

What is the MAIN reason why this activity was not included?

- ☐ Forgot to include this activity
- ☐ The activity was not important enough to include
- ☐ The activity was too short to include
- ☐ The activity was lumped in with another activity (for example, *eating dinner* was included as part of *cooking*)
- ☐ I was doing two different things at the same time, and only included one activity
- ☐ The activity was too personal to report
- ☐ Something else, please explain: ____

(If selected category 2 or 3)

How many **minutes** did you spend on this activity?

[open-ended numeric entry]

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Next, we want you to think about what you did earlier in the survey, that is, reporting everything you did yesterday. We'd like you to imagine doing this task again, but this time you were also asked to provide additional detail, including:

- How much time you spent on that activity, that is when each activity started and ended.
- Whether you were with anyone else in your household and who that was.
- Where you were and how you got there.

We'd like your feedback about how you would expect the website to work if you were asked for these additional details.

What would you prefer to use to complete the survey?

- ☐ Desktop or laptop computer
- ☐ Tablet
- ☐ Mobile device
- ☐ Something else, specify: ____

To report everything we need to know about your day, please rank the following in order of what you would expect to enter FIRST, SECOND, THIRD, and so forth. *RANDOMIZE ORDER*.

- ☐ Activity name, label (What did you do?)
- ☐ Activity start time (When did that start?)
- ☐ Activity end time (When did that end?)
- ☐ Activity location (Where did you do that?)
- ☐ Method of travel (How did you get there?)
- ☐ Who you were with (Who was with you during this activity?)

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Finally, we'd like to know the best way for the website to collect your activities. How would you MOST prefer to enter your activities?

- ☐ Type in a description of your activities
- ☐ Select activities from a list
- ☐ Search for activities in a database
- ☐ Use chat or voice-to-text features
- ☐ Something else, please specify: ____

How would you prefer to enter the start and end times for each activity?

- ☐ Type in the start and end times
- ☐ Select the start and end times from a drop down
- ☐ Use a clock or calendar to select start and end times
- ☐ Use chat or voice-to-text features
- ☐ Something else, please specify: ____

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What is your sex?

- ☐ Male
- ☐ Female

How old are you?

[open numeric entry]

What is the highest level of school you have completed or the highest degree you have received?

- ☐ Less than a high school diploma
- ☐ High school graduate, no college
- ☐ Some college or associate degree
- ☐ Bachelor's degree or higher

Do you have children **under 18 years old** living in your household?

- ☐ Yes
- ☐ No

(If yes) Select all that apply:

- ☐ I have children ages 0-5 living in my household.
- ☐ I have children ages 6-17 living in my household.

LAST WEEK, did you do ANY work for pay?

- ☐ Yes
- ☐ No

LAST WEEK, did you have a job either full or part time? Include any job from which you were temporarily absent.

- ☐ Yes
- ☐ No

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Thank you for completing this study. Your completion code is: [fill code].