

Household Chores Table

Your Name: _____ Date: _____

Type of residence (eg. 2 story house, apartment): _____

Square footage of your residence: _____

Number of residents in household, relationship to you of each person and ages of each person _____

HOURS PER WEEK SPENT ON HOUSEHOLD CHORES				
	BEFORE THE ACCIDENT	AFTER THE ACCIDENT		
	Please insert dates to define these time periods →	Immediately Following the Accident	Intermediate (If different from immediately following the accident)	Currently (If different from immediately following the accident)
		PERIOD FROM _____ TO _____	PERIOD FROM _____ TO _____	PERIOD FROM _____ TO _____
HOUSEHOLD ACTIVITY	Per Week	Per Week	Per Week	Per Week
Child care *				
Domestic travel				
Gardening				
Home repairs				
Indoor cleaning				
Laundry				
Meal clean-up				
Meal preparation				
Mending				
Outdoor cleaning				
Shopping				
Snow shoveling				
Other housework (specify type)				
TOTALS				

* Do not include time spent "watching" or "tending children". This only refers to time spent exclusively with children's physical needs (i.e., bathing, changing, dressing or feeding).