## Appendix 5 Form of Questionnaire

Classified General Statistical Surr Obtained Approval from and Communications : 2	the Minister of Internal Affairs	tries Questionnaire for the first The Statistics Bureau	
<ul> <li>This questionnaire will not be used for purposes other than statistics. Please be sure to state the complete truth.</li> <li>Please refer to "How to fill in the Questionnaire" when in doubt.</li> <li>Please fill numbers in, one per box and aligned to the right. When you find no relevant personnel or sales amount, please <u>"0" but do not leave them blank.</u></li> </ul>			
•Please use a black pencil	or a mechanical pencil to fill in. In case you	made mistakes, please erase completely	y with an eraser.
year	month Please fill in for the prep	rinted month and the previous month.	Please fill in as it may be necessary to
«Address»			contact you.
			Telephone ( ) – (EXT.
1 Legal organization and capital value	proprietor- company partnership li	imited Mutual Foreign Corr ability company com ompany (head (inc office/head ass quarterers in inco a foreign four country) med	cial corporation,
Capital or investment, fund		, thousand-yen Pleas	e round to the nearest zero. e refrain from writing the Yen mark.
(Please fill in based on t	e location of establishment at the end of mon he last business day of the month. )	hth	
<ol> <li>Number of persons engaged in business         <ul> <li>(excluding dispatched or subcontracted employees             to separately operated establishment)</li> </ul> </li> </ol>		At the end of previous month	At the end of present month
<ol> <li>Salaried directors, Individual proprietors, Non-paid family workers</li> </ol>		person(s)	persor
Regular employees •Those who have been employed indefinitely or more than one month or those who were employed for 18 days or more in this month and the		person(s)	person
previous month.	3 Persons other than @	person(s)	persor
④ Non-regular workers (Those workers other than regular employees)		person(s)	person
Total number (total of ①~④)		person(s)	person
	ho work as dispatched or subcontracted ly operated establishments	person(s)	persor
	of the establishment or supply of services and sales (income) of an unt of sales for the month that the service is		
·Please round to the nearest zero. ·Please refrain from writing the Yen mark.	sales (income) in the previous month	Monthly sales (income) in	the present month thousand-yer
4 Type of the major business of establishment 1 Yes	2  No		
Remarks	·		
Municipality code	Enumeration district No. Establishment No.	* Column for survey taker	