



2 Monthly Survey on Service Industries Questionnaire for the first month (for enterprises, etc.)

General Statistical Survey

Monthly Survey on Service Industries Questionnaire for the first month (for enterprises, etc.)

Statistics Bureau, Ministry of Internal Affairs and Communications

Year:

Month:

Please fill in as it may be necessary to contact you.

Enterprise: \_\_\_\_\_

The name of the person to fill in for your business:

Telephone: ( ) - ( ) - ( )

Fax: ( ) - ( ) - ( )

E-mail: \_\_\_\_\_

In the table:  Make entries including tax and other the reason thereof.

If the monthly sales increased or decreased significantly compared with the same month a year earlier, enter the specific reason. If you cannot compare with the same month a year earlier, please enter the comparison with the previous month.

1. Monthly sales (income), etc. of your company (organization, etc.)	1. (1) Details of business activities		1. (2) Sales (income)		Remarks (1)
	Month	Year	Month	Year	
1	Month	Year	Month	Year	
	Year	Month	Year	Month	
2	Month	Year	Month	Year	
	Year	Month	Year	Month	
3	Month	Year	Month	Year	
	Year	Month	Year	Month	
4	Month	Year	Month	Year	
	Year	Month	Year	Month	
5 Others	Month	Year	Month	Year	
	Year	Month	Year	Month	
<p><b>Entire enterprise (total)</b></p> <p>* Provide the total sales of the entire company with tax and other, not being a blank.</p>					

2. Number of persons working at the location of establishment of your company (organization, etc.) at the end of the month. Provide the figure for the business day closest to the end of the month. \* If there is no applicable data for each column, do not leaving it blank.

2. (1) Number of persons engaged in your company (organization, etc.) (excluding dispatched or temporarily transferred employees to other enterprises, etc.)	① Salaried directors		Regular employees		② Full-time employees		③ Other than full-time employees (part-timers and temporary workers, etc.)		④ Non-regular workers (including part-timers and temporary workers other than ③)		Total number (total of ① to ④)		2. (2) Persons temporarily transferred or dispatched from other enterprises, etc.	
	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year
1	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year
	Year	Month	Year	Month	Year	Year	Month	Year	Year	Month	Year	Year	Month	Year
2	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year
	Year	Month	Year	Month	Year	Year	Month	Year	Year	Month	Year	Year	Month	Year
3	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year
	Year	Month	Year	Month	Year	Year	Month	Year	Year	Month	Year	Year	Month	Year
4	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year
	Year	Month	Year	Month	Year	Year	Month	Year	Year	Month	Year	Year	Month	Year
5	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year
	Year	Month	Year	Month	Year	Year	Month	Year	Year	Month	Year	Year	Month	Year

Remarks (2) If any major changes have occurred with respect to your company (organization, etc.), please provide details.

1. Merged with other companies (organizations, etc.) this month  
 2. Split or 3. Like a separate entity (split off a corporation) this month  
 3. Capital changed this month



# 4 Monthly Survey on Service Industries Monthly Questionnaire (for enterprises, etc.)

General Statistical Survey

Statistics Bureau, Ministry of Internal Affairs and Communications

Monthly Survey on Service Industries Monthly Questionnaire (for enterprises, etc.)

Year:   Month:

Please fill in as it may be necessary to contact you.

Department: \_\_\_\_\_

Name of the person who filled in the questionnaire: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**1. Monthly sales (income), etc. of your company (organization, etc.)**

1.1 (1) Details of business activities

\* For business activities which you decided not to implement from this month, use double lines to strike through the name of the business activities, and enter the situation in the remarks ① column by business activity.

1.1 (2) Sales (income)

\* Round amounts to the nearest 1,000.

\* If no sales are posted temporarily, fill '0' in the value column and enter the reason thereof in the remarks ② column.

No.	Business activity	Increase/Decrease	Increase/Decrease	Increase/Decrease	Increase/Decrease	Increase/Decrease	Increase/Decrease	Increase/Decrease	Increase/Decrease	Increase/Decrease	Increase/Decrease
1											
2											
3											
4											
5	Others										
<b>Entire enterprise (total)</b>											

Remarks ①: \_\_\_\_\_

Remarks ②: If any major changes have occurred with regard to your company (organization, etc.), please provide details.

① Mixed with other companies, organizations, etc. (for comparison with other companies, organizations, etc.)

② Capital changes this month

**2. Number of persons working at the location of establishment of your company (organization, etc.) at the end of the month** Provide the figure for the business day closest to the end of the month. \* If there is no applicable data for each column, fill '0' in the right blank.

Total number of persons working at the location of establishment of your company (organization, etc.)	Total number of persons working at the location of establishment of your company (organization, etc.)	Total number of persons working at the location of establishment of your company (organization, etc.)	Total number of persons working at the location of establishment of your company (organization, etc.)	Total number of persons working at the location of establishment of your company (organization, etc.)	Total number of persons working at the location of establishment of your company (organization, etc.)	Total number of persons working at the location of establishment of your company (organization, etc.)	Total number of persons working at the location of establishment of your company (organization, etc.)	Total number of persons working at the location of establishment of your company (organization, etc.)	Total number of persons working at the location of establishment of your company (organization, etc.)	Total number of persons working at the location of establishment of your company (organization, etc.)	Total number of persons working at the location of establishment of your company (organization, etc.)
① Salaries directors	② Full-time employees	③ Other than full-time employees (part-timers and temporary workers, etc.)	④ Non-regular workers (including part-timers and temporary workers other than ③)	⑤ Persons temporarily transferred or dispatched from other enterprises, etc.	⑥ Persons temporarily transferred or dispatched from other enterprises, etc.	⑦ Persons temporarily transferred or dispatched from other enterprises, etc.	⑧ Persons temporarily transferred or dispatched from other enterprises, etc.	⑨ Persons temporarily transferred or dispatched from other enterprises, etc.	⑩ Persons temporarily transferred or dispatched from other enterprises, etc.	⑪ Persons temporarily transferred or dispatched from other enterprises, etc.	⑫ Persons temporarily transferred or dispatched from other enterprises, etc.