

Appendix 5 Form of Questionnaire

1 Monthly Survey on Service Industries Questionnaire for the first month (for establishments)

General Statistical Survey

Monthly Survey on Service Industries Questionnaire for the first month (for establishments)

Statistics Bureau, Ministry of Internal Affairs and Communications

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

Department: _____ Telephone: (_____) _____ - _____ (Extension: _____)

The name of the person who fills in the questionnaire: _____

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

Year: 20__ Month: ____

Please fill in for the period from month and day to month and day.

1. Monthly sales (income), etc. of your establishment

The exclusion Make entries including tax in principle. If it is difficult to do so for accounting purpose, make entries excluding tax and enter a check mark in the box.

(Remarks ①)
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 (1) Sales (income)	2 (2) Sales (income)	3 (3) Sales (income)	4 (4) Sales (income)	5 (5) Sales (income)	6 (6) Sales (income)	7 (7) Sales (income)	8 (8) Sales (income)	9 (9) Sales (income)	10 (10) Sales (income)
Round amounts to the nearest 1,000. * If no sales are posted temporarily due to a seasonal factor, fill "0" in the sales column and enter the reason thereof in the remarks ② column.									
Monthly									
Quarterly									

2. Type of the major business activity of your establishment

* If the business activity printed is the same as your current major activity, circle "1" Yes" at right. If that is different, circle "2" No".

Circle the appropriate number.	Yes	No
Major business activity of your establishment	<input type="checkbox"/>	<input type="checkbox"/>

Describe your current major business activity. (Only required if you circled "2" No" at left.)

3. Number of persons working at the location of establishment 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 in "0", not leaving it blank.

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

(Remarks ②) If any major changes have occurred with regard to your establishment, please provide details.

1. Merge with other companies (corporations, etc.); file with...
2. Same as a corporate entity (part of a corporation) for the month...
3. Other (specify in remarks).

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

General Statistical Survey

Statistics Bureau, Ministry of Internal Affairs and Communications

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

Year:

Month:

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

Enterprise: _____

Telephone: () - - - - - Extension: ()

The name of the person in charge of the questionnaire: _____

In exchange Make entries including tax and other accounting purposes, make entries excluding tax and other accounting purposes, make

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
 * If you are engaged in multiple business activities, please indicate them by number from 1 to 5 in the remarks column, and enter the amount in the remarks ② column by business activity.
 * If you are engaged in multiple business activities, please indicate them by number from 1 to 5 in the remarks column, and enter the amount in the remarks ② column.

No.	1		2		3		4		5		Remarks ①
	Previous Month	Present Month	Previous Month	Present Month	Previous Month	Present Month	Previous Month	Present Month	Previous Month	Present Month	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Remarks ①) 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.
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Enterprise (total)											

* Provide the total sales of the enterprise in the total column, not leaving it blank.

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 in "0", not leaving it blank.

No.	1. Salaried 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)		Total number (total of ① to ④)
	Previous Month	Present Month	Previous Month	Present Month	Previous Month	Present Month	Previous Month	Present Month	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enterprise (total)									

(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. Start of business separate entity (start of incorporation) this month
 3. Capital changed this month

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

General Statistical Survey

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

Statistics Bureau, Ministry of Internal Affairs and Communications

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: () _____ - _____

Please fill in for the representative month and the previous month.

The estimated Make entries including tax in principle. If it is difficult to do so for accounting purposes, make entries excluding tax and enter a check mark in the box.

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

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. (2) Sales (income)

* Round amounts to the nearest 1,000.

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

	Sales (income)	Increased	Decreased	Increased	Decreased	Increased	Decreased	Increased	Decreased
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Others

* Provide the figure of business activities other than 1 to 4, and provide appropriate accounts of the remarks ② column.

Entire enterprise (total)

* Provide the total value of the entire enterprise in the total column, not leaving it blank.

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 in "0", 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.)	2. (2) Persons temporarily transferred or dispatched from other enterprises, etc.																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Regular employees</th> <th style="width: 10%;">Total number (total of ① to ④)</th> </tr> </thead> <tbody> <tr> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>① Salaried directors</td><td><input type="text"/></td></tr> <tr><td>② Full-time employees</td><td><input type="text"/></td></tr> <tr><td>③ Other than full-time employees (part-timers and temporary workers, etc.)</td><td><input type="text"/></td></tr> <tr><td>④ Non-regular workers (including part-timers and temporary workers other than ③)</td><td><input type="text"/></td></tr> </table></td></tr></tbody> </table>	Regular employees	Total number (total of ① to ④)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>① Salaried directors</td><td><input type="text"/></td></tr> <tr><td>② Full-time employees</td><td><input type="text"/></td></tr> <tr><td>③ Other than full-time employees (part-timers and temporary workers, etc.)</td><td><input type="text"/></td></tr> <tr><td>④ Non-regular workers (including part-timers and temporary workers other than ③)</td><td><input type="text"/></td></tr> </table>	① Salaried directors	<input type="text"/>	② Full-time employees	<input type="text"/>	③ Other than full-time employees (part-timers and temporary workers, etc.)	<input type="text"/>	④ Non-regular workers (including part-timers and temporary workers other than ③)	<input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>①</td><td><input type="text"/></td></tr> <tr><td>②</td><td><input type="text"/></td></tr> <tr><td>③</td><td><input type="text"/></td></tr> <tr><td>④</td><td><input type="text"/></td></tr> <tr><td>Total</td><td><input type="text"/></td></tr> </table>	①	<input type="text"/>	②	<input type="text"/>	③	<input type="text"/>	④	<input type="text"/>	Total	<input type="text"/>
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③	<input type="text"/>																					
④	<input type="text"/>																					
Total	<input type="text"/>																					

 | | | |-------|----------------------| | ① | <input type="text"/> | | ② | <input type="text"/> | | ③ | <input type="text"/> | | ④ | <input type="text"/> | | Total | <input type="text"/> | |

Remarks ①: 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.

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

1. Marked with asterisk (*) are optional items.

2. For the number of persons working at the location of establishment of your company (organization, etc.), please provide details.

3. Do not leave blank.