

# Appendix 5 Form of Questionnaire

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

Federal Statistical Survey

Statistics Bureau, Ministry of Internal Affairs and Communications

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

Year:   Month:

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

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

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

The names of the person who filled in the questionnaire: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ (Extension: ) \_\_\_\_\_

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

Tax 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.

Persons	Months	Previous	This month	This month

**2. Type of the major business activity of your establishment**

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

Major business activity of your establishment	Circle the figure of the number	Yes	No
	1		
	2		

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)

Regular employees		Total number (total of ① to ④)	3. (2) Persons temporarily transferred or dispatched from other enterprises, etc.	
① Salaried directors Individual proprietors Unpaid family workers	② Full-time employees		④ Non-regular workers (including part-timers and temporary workers other than ③)	
Persons	Persons	Persons	Persons	Persons
Months	Months	Months	Months	Months

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

1. Major sales other than principal (organizations, etc.) this month.  
2. Several times other than principal (part of an establishment) this month.  
3. Capital changed this month.

## 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 for the period: month and the previous month.

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

Department

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

The name of the person who filled in the questionnaire

Name

**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 enter (through the name of the business activities) and enter the situation in the remarks ② column of business activity.

1. (2) Sales (income)  
 \* Round amounts to be entered to 1,000 yen.  
 \* For full-time employees and temporary staff, fill "Y" in the sales column and enter the remarks ② column.  
 \* Make entries excluding tax and enter a check mark in the box.

Business Activity	Present Month		Previous Month		Remarks ②
	Person	Thousand yen	Person	Thousand yen	
1	<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"/>	
3	<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"/>	
5 Others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Entire enterprise (total)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

1 Provide the figure of business activities other than 1 to 4, and describe their business activities in the remarks ② column.  
 \* Provide the total sales of the entire enterprise into the total column, not leaving it blank.

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

Department

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

The name of the person who filled in the questionnaire

Name

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 ①)

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

1 Merged with other companies (organizations, etc.) this month.

2 Business activity shifted to a corporation this month.

3 Capital changed 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 in "0", not leaving it blank.**

Category	Present Month		Previous Month		Total number (total of ① to ④)
	Person	Thousand yen	Person	Thousand yen	
① Salaried directors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
② Full-time employees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
③ Other than full-time employees (part-timers and temporary workers, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
④ Nonregular workers (including part-timers and temporary workers other than ③)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. (1) Number of persons engaged in your company (organization, etc.) (excluding dispatched or temporarily transferred employees to other enterprises, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. (2) Persons temporarily transferred or dispatched from other enterprises, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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

General Statistical Survey

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

Statistiques Bureau, Ministry of Internal Affairs and Communications

Year:  / Month:

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

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

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

The name of the person who filled in the questionnaire: \_\_\_\_\_

Telephone ( ) - ( ) - ( )

**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 ② 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)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	Sales (income)	
1																			
2																			
3																			
4																			
5	Others																		
<p><b>Entire enterprises (total)</b></p> <p>* Provide the total sales of the entire enterprise into the total column, not leaving it blank.</p>																			

(Remarks ①) 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 ②) If any major changes have occurred with regard to your company (organization, etc.), please provide details

1 Moved with other companies, organizations, etc. this month

2 Split off into a separate entity (split of a corporation) this month

3 Capital changed 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 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;"> <tr> <th style="width: 5%;">① Salaried directors</th> <th style="width: 5%;">Regular employees</th> <th style="width: 5%;">② Full-time employees</th> <th style="width: 5%;">③ Other than full-time employees (part-timers and temporary workers, etc.)</th> <th style="width: 5%;">④ Non-regular workers (including part-timers and temporary workers other than ③)</th> <th style="width: 10%;">Total number (total of ① to ④)</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)														
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