

Designated Statistics No. 114  
Statistics on Time Use and  
Leisure Activities

## 2001 Survey on Time Use and Leisure Activities

# Questionnaire A

October 20th, 2001

Statistics Bureau  
Ministry of Public Management,  
Home Affairs, Posts and Telecommunications

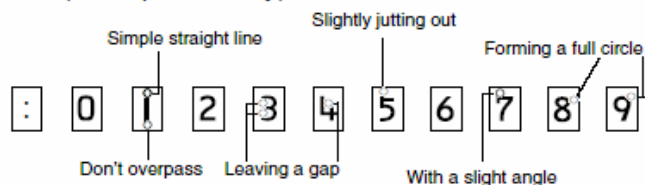
- This questionnaire will be used only for statistical purposes.  
Please answer the questions to the best of your knowledge.
- Use a separate book for each of the household members aged ten or older.
- The household head is requested to answer the questions on household members under ten years old on the last page of his/her own questionnaire.

### — Notes on completing the questionnaire —

- Please be sure to fill in the questionnaire with either a black lead pencil or mechanical pencil, and neatly correct any mistakes with an eraser.
- When the answer column contains these circles ○ please completely fill in only one like this ● except in columns where all appropriate answers are necessary.
- When entering figures please use one box  per figure and fill in towards the right hand side as indicated the example below.

Please write the figures exactly as shown in the example.

(Example of entry)



To be completed by the enumerator											
						For the questionnaire of the household head only					
Enumeration district code		Household No.		Household member No.		Number of household members 10 years old or over		Number of household members under 10 years old		For one person household	
<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"/>	Living away from home on business	Other
<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"/>	<input type="radio"/>	<input type="radio"/>

**1 Name and Sex**

(Name)  ☐ Male ☐ Female

**2 Relationship to household head**

- Grandparents and brothers or sisters of the spouse of the household head (husband or wife) are included under "Grandfather or grandmother" or "Brother or sister".
- Grandchildren's spouses are included under "Grandson or granddaughter", spouses of brothers and sisters are included under "Brother or sister".

☐ Household head  
☐ Spouse of household head  
☐ Son or daughter  
☐ Spouse of son or daughter  
☐ Grandson or granddaughter  
☐ Father or mother of household head  
☐ Father or mother of spouse of household head  
☐ Grandfather or grandmother  
☐ Brother or sister  
☐ Other

**3 Month and year of birth**

- Please use the full four boxes for the year.

Meiji ☐ Taisho ☐ Showa ☐ Heisei ☐ Christian Era (A.D.) ☐  
 Year     :   :   Month

**4 Marital status**

- Please report your actual status regardless of legal status.

☐ Never married ☐ Married ☐ Widowed or divorced

**5 Education**

- Those still at school should circle the level currently attended. Those who have graduated should circle the last level graduated from. (Those who did not complete their final school should circle the previous level they graduated from.)

Attending school ☐ Elementary school ☐ Junior high school ☐ High school ☐ Junior college or technological college ☐ College or university, including graduate school ☐  
 Graduated ☐ Elementary school or junior high school ☐ High school ☐ Junior college or technological college ☐ College or university, including graduate school ☐ Never attended school ☐

**6 Do you usually care for a member of your family?**

- "Caring" means helping in daily activities such as bathing, dressing, going to the toilet, moving around the house and taking meals etc.
- "Caring" also includes those who have not been assessed for eligibility of benefit under the Long Term Care Insurance system.
- "Caring" does not include the nursing of those confined to bed with a temporary illness.

(Please circle all applicable numbers)

Caring for family member(s) aged 65 and over ☐ Caring at home ☐ Caring outside home ☐  
 Caring for family member(s) aged under 65 ☐ Caring at home ☐ Caring outside home ☐  
 Not caring for family members ☐

10~14 years old ☐ 15~59 years old ☐ 60 years old and over ☐

To right page on question 15.

To right column on question 8.

To right column on question 7.

**7 Where do your son(s) or daughter(s) live?**

- To be answered only by those aged 60 and over.
- "Son and daughter" includes son-in-law and daughter-in-law.
- If you have two or more children, please answer on the basis of the one living nearest to you.

Have son(s) or daughter(s)

☐ Living together in the same household  
☐ Living in the same site with the residence  
☐ Living in the neighborhood (within five minutes walking distance)  
☐ Living in the same municipality (city, ward, town or village)  
☐ Living elsewhere  
☐ Do not have any son(s) or daughter(s)

**8 Do you usually work?**

- "Work" means any activity for pay or profit including helping in a family business such as a shop or farm, side jobs and part-time work.
- "School" includes preparatory schools, professional/vocational schools and other part-time educational institutions.

Engaged in work ☐ Mainly working ☐ Working besides mainly doing housework ☐ Working besides mainly attending school ☐  
 Not engaged in work ☐ Doing housework ☐ Attending school ☐ Other ☐

To right page on question 15.

**9 Employment status**

- "Self-employed" means those operating their own businesses (including agriculture) or other professionals.
- Employees should state their position in their place of work.
- "Worker dispatched from a dispatching service agency" means a worker prescribed under the Worker Dispatching Law only.

Employee

☐ Regular staff ☐ Part-time worker ☐ "Arubato" ☐ Dispatched worker from temporary labour agency ☐ Other ☐  
☐ Director of company or organization ☐ Self-employed with employee ☐ Self-employed with no employee ☐ Family worker ☐ Doing piecework at home

**10 Kind of work**

- Please describe the kind of work you do in detail.

To right page on question 11.

**11 Number of persons engaged in the enterprise as a whole**

- Please give the total number of persons employed at the enterprise including the head office, branch offices and factories etc.
- If you are employed in central or local government please circle "Government".

☐ 1 to 4 persons  
☐ 5 to 29  
☐ 30 to 99  
☐ 100 to 299  
☐ 300 to 999  
☐ 1,000 to 4,999  
☐ 5,000 and over  
☐ Government

**12 Usual working hours per week**

- "Working hours" include overtime and side jobs.

☐ Under 15 hours  
☐ 15 to 34  
☐ 35 to 39  
☐ 40 to 48  
☐ 49 to 59  
☐ 60 hours and over  
☐ Not fixed

To right column on question 13.

**13 Usual one-way commuting time**

☐ Working at home  
☐ Under 15 minutes  
☐ 15 to less than 30 minutes  
☐ 30 to less than 45 minutes  
☐ 45 minutes to less than one hour  
☐ One hour to less than one and half hours  
☐ One and half to less than two hours  
☐ Two hours and over

**14 Regular holidays per week**

- Please indicate how many days you can take off.

☐ One day a week (including one and half days)  
☐ One to three times a month  
☐ Every week  
☐ Other  
☐ Not fixed

**Question 15**

onwards should be completed by all respondents.

**15 Do you usually use a mobile phone or personal computer etc.?**

(Please circle all applicable answers)

- "Use" means that either you own one or use one at home and at school or in your workplace regardless of how much time or for what purpose.
- It excludes those who use the above solely at work or school.

Use  
 Mobile phone or PHS  
 Personal computer  
 Personal digital assistants

☐ Do not use

**In answering questions**

16 to 20:

- Please answer according to your experiences within the past year (20th October 2000 to 19th October 2001).
- If you answer "yes" in section (1) please also answer section (2) onwards.

**16****Internet use**

- Includes use at work or school.
- Includes use via a mobile phone or PHS etc.

(2) How many days over the year did you use the Internet? (Choose from one of the seven categories below)

- 1: 1 to 4 days  
 2: 5 to 9 days  
 3: 10 to 19 days (1 day a month)  
 4: 20 to 39 days (2 or 3 days a month)  
 5: 40 to 99 days (1 day a week)  
 6: 100 to 199 days (2 to 3 days a week)  
 7: 200 days or more (4 days or more a week)

(1) Did you use the Internet for any of the below?

	No	Yes
Exchanging information..... (e-mail, chat, internet telephony etc.)	<input type="radio"/>	<input type="radio"/>
Sending information..... (creating or updating a home page etc.)	<input type="radio"/>	<input type="radio"/>
Collecting information..... (net-surfing, obtaining data etc.)	<input type="radio"/>	<input type="radio"/>
Other..... (entry for quiz or prize, filling in questionnaires, horoscopes etc.)	<input type="radio"/>	<input type="radio"/>
Reserving or buying goods or services, making payments (on-line shopping, banking, ticket reservations or trading stocks etc.)	<input type="radio"/>	<input type="radio"/>

(3) From where did you access the Internet?  
(Please circle all applicable answers)

At home  
 At school or work  
 Elsewhere

(4) For what purpose did you use the Internet?  
(Please circle all applicable answers)

Work  
 Schoolwork, studies or researches  
 Housework, child care or other care  
 Hobby or amusement  
 Social life  
 Other

17 Studies and researches		(2) How many days over the year did you pursue your studies or researches? (Choose from one of the seven categories below)		(3) For what purpose did you pursue your studies or researches? (Please circle all applicable answers)			
• Excludes those activities directly related to regular courses in school, or employee training courses, but includes club activities within or outside school.	(1) Did you do any studies or researches?	1: 1 to 4 days	To gain employment Essential for current employment Self-improvement Other	(continued) (2) How many days over the year did you pursue your studies or researches? (Choose from one of the seven categories below) 1: 1 to 4 days 2: 5 to 9 days 3: 10 to 19 days (1 day a month) 4: 20 to 39 days (2 or 3 days a month) 5: 40 to 99 days (1 day a week) 6: 100 to 199 days (2 to 3 days a week) 7: 200 days or more (4 days or more a week)	(3) For what purpose did you pursue your studies or researches? (Please circle all applicable answers) To gain employment Essential for current employment Self-improvement Other		
	English language	2: 5 to 9 days				No / Yes	
	Other foreign language	3: 10 to 19 days (1 day a month)				No / Yes	
	Computing etc.	4: 20 to 39 days (2 or 3 days a month)				No / Yes	
	Commerce or business	5: 40 to 99 days (1 day a week)				No / Yes	
	Caring	6: 100 to 199 days (2 to 3 days a week)				No / Yes	
	7: 200 days or more (4 days or more a week)	No / Yes					

18 Sports, hobbies and amusements		(2) How many days over the year did you play these sports or spend time on these hobbies or amusements? (Choose from one of the seven categories below)		(1) Have you played any of these sports?			
• Excludes those activities directly related to regular courses in school, or employee training courses, but includes club activities within or outside school. • "Sports" does not include watching.	(1) Have you played any of these sports?	1: 1 to 4 days	(continued) (1) Fishing Swimming Skiing, snowboarding Jogging, marathon Taking a walk as a sport, light gymnastics Other sports	(2) Traditional Japanese music Japanese flower arrangement Japanese tea ceremony Dress making, sewing Knitting or embroidering Cooking or making cakes, cookies as hobbies Gardening Do-it-yourself carpentry Reading books as hobbies Playing "Pachinko" Playing home use video games (including use of portable game machines) "Karaoke" Other hobbies or amusements	(2) No / Yes No / Yes No / Yes No / Yes No / Yes No / Yes No / Yes No / Yes No / Yes No / Yes No / Yes No / Yes No / Yes		
	Baseball (including playing catch)	2: 5 to 9 days				No / Yes	
	Softball	3: 10 to 19 days (1 day a month)				No / Yes	
	Volleyball	4: 20 to 39 days (2 or 3 days a month)				No / Yes	
	Soccer	5: 40 to 99 days (1 day a week)				No / Yes	
	Table tennis	6: 100 to 199 days (2 to 3 days a week)				No / Yes	
	Tennis	7: 200 days or more (4 days or more a week)				No / Yes	
	Sports		Hobbies and amusements				
	Badminton		Watching sports games (excluding TV PGM)				
	Golf (including golf practice range)		Watching works of art (・)				
	"Gate ball"		Watching plays, vaudeville and dances (・)				
	Bowling		Watching movies (excluding TV PGM and video)				
			Going to classical music concerts				
			Going to popular music concerts				
		Playing musical instruments					



19

**Volunteer activities**

- Excludes activities undertaken as work.
- If type of voluntary work fits more than one answer in section (1) please circle all appropriate responses.

(2) How many days over the year did you spend on volunteer activities?  
(Choose from one of the seven categories below)

- 1: 1 to 4 days  
2: 5 to 9 days  
3: 10 to 19 days (1 day a month)  
4: 20 to 39 days (2 or 3 days a month)  
5: 40 to 99 days (1 day a week)  
6: 100 to 199 days (2 to 3 days a week)  
7: 200 days or more (4 days or more a week)

(1) Have you been involved in any of the following volunteer activities?

	No / Yes		Yes				No				
	No / Yes		As a member of a volunteer organization	As a member of a neighbourhood association, youth club or senior citizen association etc.	As a member of other groups	With family	With colleague(s) or classmate(s)	With neighbour(s)	With friend(s) or acquaintance(s) etc.	Alone	
Health or medical related activities..... (blood donations, visiting people in hospital, promoting safe foodstuffs etc.)	No / Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Activities for the elderly ..... (assisting in daily life, recreation etc.)	No / Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Activities for the handicapped ..... (sign language, braille, reading, helping the handicapped to take go out etc.)	No / Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Activities for children ..... (child-raising support, manning bullying hot lines etc.)	No / Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Activities related to sports, culture or arts..... (sports instruction, promoting traditional Japanese culture, guiding at museums etc.)	No / Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Local improvement activities ..... (cleaning up parks and roads, planting flowers, promoting the local community etc.)	No / Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Safety promotion activities ..... (disaster and crime prevention, road safety etc.)	No / Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Conservation or environmental activities..... (bird watching, protection of woods and forests, promoting recycling and waste reduction etc.)	No / Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Disaster related activities ..... (providing clothes and food, hot meals for disaster victims etc.)	No / Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other ..... (promoting human rights, pacifism etc.)	No / Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

20

**Travel and excursion**

- Activities reported in questions 17 to 19 should be entered again if they occurred during travel or excursion.

(2) How many times did you travel in the past year?

- Write the number of times for each question you answered "yes" to.
- If the number is ten times and over please write "10".

(1) Did you make any of the following types of travel or excursion?

	No / Yes		With family	With colleague(s) or classmate(s)	With neighbour(s)	With friend(s) or acquaintance(s) etc.	Alone
Day excursion ..... (a day trip lasting more than half a day and including departure at night without over night stay)	No / Yes		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel involving at least one overnight stay	No / Yes	Within Japan					
		Sightseeing ..... (including travel for recreation and sport)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Return to the home town, visiting someone .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside Japan	No / Yes	Business or training trip etc. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Sightseeing ..... (including travel for recreation and sport)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Business or training trip etc. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

## 21 Diary

- Please report on your activities during the designated two days in 15 minute units.
- Please draw a horizontal line to specify the activity and persons with you for each 15 minute unit.

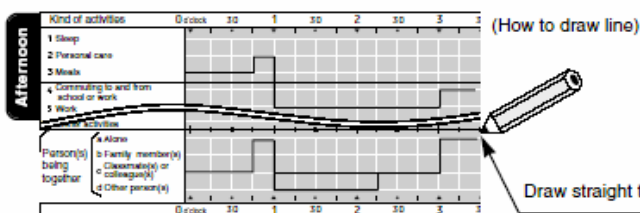
(1) Select the feature of this day from the categories listed below. (Please encircle all applicable categories)								(2) How was the weather on this day?		
Travel (at least one overnight stay)	Day excursion (more than half a day)	Event, wedding or funeral lasting over half a day	Business or training trip	Under medical treatment	Holiday or vacation	Other		Rained all day long	Rained occasionally	Not rained
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

06

Those who were engaged in more than one activity at the same time should report the main activity.

Kind of activities		0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock
<b>Morning</b>	1 Sleep													1
	2 Personal care													2
	3 Meals													3
	4 Commuting to and from school or work													4
	5 Work													5
	6 Schoolwork													6
	7 Housework													7
	8 Caring or nursing													8
	9 Child care													9
	10 Shopping													10
	11 Moving (excluding commuting)													11
	12 Watching TV, listening to the radio, reading newspapers or magazines													12
	13 Rest and relaxation													13
	14 Studies and researches (excluding schoolwork)													14
	15 Hobbies and amusements													15
	16 Sports													16
	17 Volunteer and social activities													17
	18 Social life													18
	19 Medical examination or treatment													19
	20 Other activities													20
Person(s) being together	a Alone													a
	b Family member(s)													b
	c Classmate(s) or colleague(s)													c
	d Other person(s)													d
		0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock

Kind of activities		0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock
<b>Afternoon</b>	1 Sleep													1
	2 Personal care													2
	3 Meals													3
	4 Commuting to and from school or work													4
	5 Work													5
	6 Schoolwork													6
	7 Housework													7
	8 Caring or nursing													8
	9 Child care													9
	10 Shopping													10
	11 Moving (excluding commuting)													11
	12 Watching TV, listening to the radio, reading newspapers or magazines													12
	13 Rest and relaxation													13
	14 Studies and researches (excluding schoolwork)													14
	15 Hobbies and amusements													15
	16 Sports													16
	17 Volunteer and social activities													17
	18 Social life													18
	19 Medical examination or treatment													19
	20 Other activities													20
Person(s) being together	a Alone													a
	b Family member(s)													b
	c Classmate(s) or colleague(s)													c
	d Other person(s)													d
		0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock



**First Day**

Date      week

October    :    :    (    )

6 o'clock 30 7 30 8 30 9 30 10 30 11 30 12 o'clock												Kind of activities	Morning
1												1 Sleep	
2												2 Personal care	
3												3 Meals	
4												4 Commuting to and from school or work	
5												5 Work	
6												6 Schoolwork	
7												7 Housework	
8												8 Caring or nursing	
9												9 Child care	
10												10 Shopping	
11												11 Moving (excluding commuting)	
12												12 Watching TV, listening to the radio, reading newspapers or magazines	
13												13 Rest and relaxation	
14												14 Studies and researches (excluding schoolwork)	
15												15 Hobbies and amusements	
16												16 Sports	
17												17 Volunteer and social activities	
18												18 Social life	
19												19 Medical examination or treatment	
20												20 Other activities	
a												a Alone	Person(s) being together
b												b Family member(s)	
c												c Classmate(s) or colleague(s)	
d												d Other person(s)	
6 o'clock 30 7 30 8 30 9 30 10 30 11 30 12 o'clock													
6 o'clock 30 7 30 8 30 9 30 10 30 11 30 12 o'clock												Kind of activities	Afternoon
1												1 Sleep	
2												2 Personal care	
3												3 Meals	
4												4 Commuting to and from school or work	
5												5 Work	
6												6 Schoolwork	
7												7 Housework	
8												8 Caring or nursing	
9												9 Child care	
10												10 Shopping	
11												11 Moving (excluding commuting)	
12												12 Watching TV, listening to the radio, reading newspapers or magazines	
13												13 Rest and relaxation	
14												14 Studies and researches (excluding schoolwork)	
15												15 Hobbies and amusements	
16												16 Sports	
17												17 Volunteer and social activities	
18												18 Social life	
19												19 Medical examination or treatment	
20												20 Other activities	
a												a Alone	Person(s) being together
b												b Family member(s)	
c												c Classmate(s) or colleague(s)	
d												d Other person(s)	

- Please draw a horizontal line to specify the activity and persons with you for each 15 minute unit.

(1) Select the feature of this day from the categories listed below. (Please encircle all applicable categories)								(2) How was the weather on this day?		
Travel (at least one overnight stay)	Day excursion (more than half a day)	Event, wedding or funeral lasting over half a day	Business or training trip	Under medical treatment	Holiday or vacation	Other		Rained all day long	Rained occasionally	Not rained
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

08

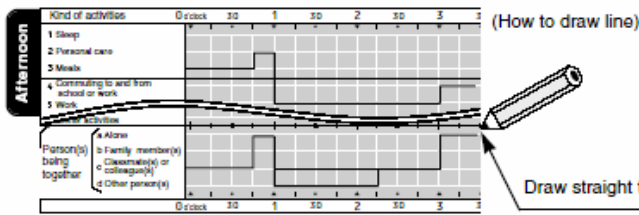
Those who were engaged in more than one activity at the same time should report the main activity.

Kind of activities		0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock
<b>Morning</b>	1 Sleep													1
	2 Personal care													2
	3 Meals													3
	4 Commuting to and from school or work													4
	5 Work													5
	6 Schoolwork													6
	7 Housework													7
	8 Caring or nursing													8
	9 Child care													9
	10 Shopping													10
	11 Moving (excluding commuting)													11
	12 Watching TV, listening to the radio, reading newspapers or magazines													12
	13 Rest and relaxation													13
	14 Studies and researches (excluding schoolwork)													14
	15 Hobbies and amusements													15
	16 Sports													16
	17 Volunteer and social activities													17
	18 Social life													18
	19 Medical examination or treatment													19
	20 Other activities													20
Person(s) being together	a Alone b Family member(s) c Classmate(s) or colleague(s) d Other person(s)													a b c d

Kind of activities		0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock
<b>Afternoon</b>	1 Sleep													1
	2 Personal care													2
	3 Meals													3
	4 Commuting to and from school or work													4
	5 Work													5
	6 Schoolwork													6
	7 Housework													7
	8 Caring or nursing													8
	9 Child care													9
	10 Shopping													10
	11 Moving (excluding commuting)													11
	12 Watching TV, listening to the radio, reading newspapers or magazines													12
	13 Rest and relaxation													13
	14 Studies and researches (excluding schoolwork)													14
	15 Hobbies and amusements													15
	16 Sports													16
	17 Volunteer and social activities													17
	18 Social life													18
	19 Medical examination or treatment													19
	20 Other activities													20
Person(s) being together	a Alone b Family member(s) c Classmate(s) or colleague(s) d Other person(s)													a b c d





**Second Day**

Date      week

October    :    :    (    )

**Morning**

6 o'clock 30 7 30 8 30 9 30 10 30 11 30 12 o'clock

Kind of activities

1 Sleep  
2 Personal care  
3 Meals  
4 Commuting to and from school or work  
5 Work  
6 Schoolwork  
7 Housework  
8 Caring or nursing  
9 Child care  
10 Shopping  
11 Moving (excluding commuting)  
12 Watching TV, listening to the radio, reading newspapers or magazines  
13 Rest and relaxation  
14 Studies and researches (excluding schoolwork)  
15 Hobbies and amusements  
16 Sports  
17 Volunteer and social activities  
18 Social life  
19 Medical examination or treatment  
20 Other activities

a Alone  
b Family member(s)  
c Classmate(s) or colleague(s)  
d Other person(s)

Person(s) being together

6 o'clock 30 7 30 8 30 9 30 10 30 11 30 12 o'clock

**Afternoon**

6 o'clock 30 7 30 8 30 9 30 10 30 11 30 12 o'clock

Kind of activities

1 Sleep  
2 Personal care  
3 Meals  
4 Commuting to and from school or work  
5 Work  
6 Schoolwork  
7 Housework  
8 Caring or nursing  
9 Child care  
10 Shopping  
11 Moving (excluding commuting)  
12 Watching TV, listening to the radio, reading newspapers or magazines  
13 Rest and relaxation  
14 Studies and researches (excluding schoolwork)  
15 Hobbies and amusements  
16 Sports  
17 Volunteer and social activities  
18 Social life  
19 Medical examination or treatment  
20 Other activities

a Alone  
b Family member(s)  
c Classmate(s) or colleague(s)  
d Other person(s)

Person(s) being together

6 o'clock 30 7 30 8 30 9 30 10 30 11 30 12 o'clock

This onwards to be completed by the household head only

### For household

<b>22</b> Type of residence	Owner-occupied house <input type="radio"/>	Privately-owned rented house (apartment) <input type="radio"/>	Publicly-owned rented house (apartment) <input type="radio"/>	Company-owned or public servant issued house (apartment) <input type="radio"/>	Rented room(s) or dormitory etc. <input type="radio"/>							
<b>23</b> Number of rooms • Excluding entrance, kitchen, washroom, bathroom, corridors, shop or office space used for commercial purposes, or ones used by members of other families. • Please including "dining-kitchen" rooms.	One room <input type="radio"/>	Two rooms <input type="radio"/>	Three rooms <input type="radio"/>	Four rooms <input type="radio"/>	Five rooms <input type="radio"/>	Six rooms <input type="radio"/>	Seven rooms <input type="radio"/>	Eight rooms or more <input type="radio"/>				
<b>24</b> Do you own a car? • Excluding vehicles used solely for business purposes.	Yes <input type="radio"/>			No <input type="radio"/>								
<b>25</b> Annual income of the household (before tax deduction) • Please report the aggregate income of all family members. • If you are self-employed please report the operating profit (sales minus business expenses).	Under one million yen <input type="radio"/>	One to less than two million yen <input type="radio"/>	Two to less than three million yen <input type="radio"/>	Three to less than four million yen <input type="radio"/>	Four to less than five million yen <input type="radio"/>	Five to less than six million yen <input type="radio"/>	Six to less than seven million yen <input type="radio"/>	Seven to less than eight million yen <input type="radio"/>	Eight to less than nine million yen <input type="radio"/>	Nine to less than ten million yen <input type="radio"/>	Ten to less than fifteen million yen <input type="radio"/>	Fifteen million yen or more <input type="radio"/>
<b>26</b> Do you usually receive caring assistance from anyone outside the household? • Receiving caring assistance from outside the household includes from relations living elsewhere and from care services, care visitors, etc. • Caring also includes those who have not been assessed for eligibility of benefit under the Long Term Care Insurance system.	No <input type="radio"/>			Yes <input type="radio"/>								
				No more than one day per month <input type="radio"/>	Two or three days per month <input type="radio"/>	One day a week <input type="radio"/>	Two or three days a week <input type="radio"/>	Four or more days a week <input type="radio"/>				
<b>27</b> Are there any absentees from your household? • Please report on all absentees who have been or plan to be living away from your household for more than three months on business, and those in hospital on the date of the survey (October 20th).	No <input type="radio"/>			Yes <input type="radio"/>								
				Please indicate relationship to household head.								
				Spouse Father or mother, or father or mother of spouse Son(s) or daughter(s), or spouse of son(s) or daughter(s) Other								
Household members absent on business →	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household members absent in hospital →	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Persons under the age of 10

	<b>28</b> Relationship to the household head	<b>29</b> Age	<b>30</b> School or kindergarten attendance							
	Son or daughter Grandson or granddaughter Other	Please indicate age as of the last birthday.	Attends nursery school Using after-school hours care Not using after-school hours care		Attends kindergarten Using after-school hours care Not using after-school hours care		Attends elementary school Using after-school hours care Not using after-school hours care		Not attending school or kindergarten	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Your telephone number ( ) -

We may use it to contact you if we need to check anything regarding the questionnaire.

Thank you very much for your cooperation in responding to the questionnaire.