

1 Name and Sex

(Name) Male Female

2 Relationship to household head

· Grandparents and brothers or sister 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 indicate applicable Japanese Era Name or Christian Era (A.D.), and then fill in the year and month in numbers.
 · Please use the full four boxes in answering by the year of A.D.

Meiji Taisho Showa Heisei Christian Era (A.D)

Year Month

4 Marital Status

· Please indicate your actual status regardless of legal status.

Never married Married Widowed or divorced

5 Education

· If you are currently enrolled in a school, please state what kind of school you are enrolled in. If not, please mark the last kind of school you graduated from. (If you left your last school without graduating, mark the last school you graduated from.)

Attending school Graduated Never attended school

Elementary school Junior high school High school Junior college or technological college College or university Graduate school

Elementary school or junior high school High school Junior college or technological college College or university Graduate school

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

To page 4 on question 21. To right column on question 7.

6 Where do you son(s) or daughter(s) live?

· To be indicated only by those ages 60 and over.
 · "Son and daughter" included son-in-law daughter-in-law.
 · If you have two or more children, please indicate on the basis of the one living nearest to you.

Have son(s) or daughter(s) Do not have any 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

To right column on question 7.

Please reply to the questions below, if you are 15 years old and over.

7 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 or taking meal, 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 or those confined to bed with a temporary illness.
 · In case the family member you are taking care of resides outside your house, please indicate the place of his/her residence.

(Please fill in the circle all applicable numbers)

Caring for family member(s) aged 65 and over Caring for family member(s) aged under 65 Not caring for family members

Caring at home Caring outside home Caring at home Caring outside home

In the same site with the residence Or In the neighborhood (within five minutes walking distance) In the same site with the residence Or In the neighborhood (within five minutes walking distance)

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 job and part-time work
 · "School" includes preparatory schools, vocational schools or other miscellaneous school, etc.
 · If you are temporarily taking leave to take care of your child or another member of your family, please consider yourself as "working."

Engaged in work Not engaged in work

Mainly working Working besides mainly doing housework Working besides mainly attending school

Doing housework Attending school Other

To right page on question 11.

9 Do you wish to work?

I wish to work I do not wish to work

I am seeking a job I am not seeking a job

To page 4 on question 21.

10 How many hours a week would you like to work?

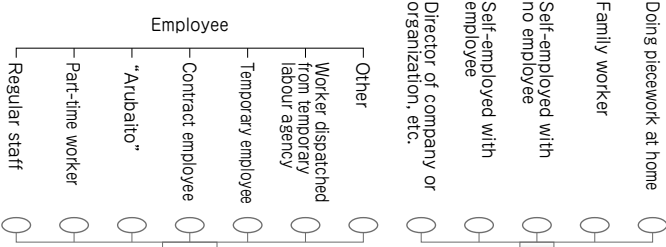
Suppose you were allowed to work as many hours as you wanted. Please reply how many hours a week you wish to work.

Under 15 hours 15 to 29 30 to 34 35 to 39 40 to 48 49 to 59 60 hours and over

To page 4 on question 21.

11 Employment status

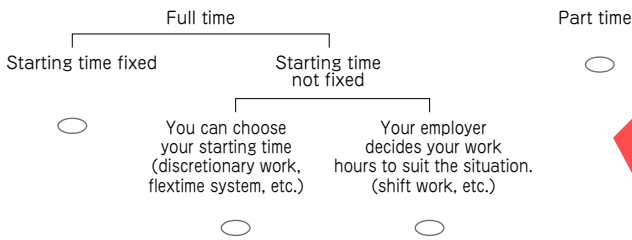
- "Self-employed" means those operating their own businesses (including agriculture) or other professionals.
- Employees should indicate their position in their place of work.
- "Work dispatched from a temporary labor agency" means a worker prescribed under the Worker Dispatching Law only.



To below column on question 14.

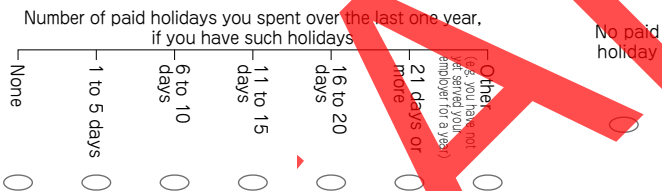
12 Working-time arrangement

- Please indicate your usual Working-time arrangement.
- "full time" means you are expected to work about 40 hours each week (for instance, 5 days a week, 8 hours a day).
- "Part time" means you are expected to work shorter than full-timers do each week (for instance, 6 hours a day, or 3 days a week, 8 hours a day).



13 Paid holidays spent each year

- If you have paid holidays each year, please indicate the number of such holidays you spent over the last one year.
- The above excludes sick leave or mourning leave, etc.
- If you have no paid holiday, please indicate "No paid holiday."

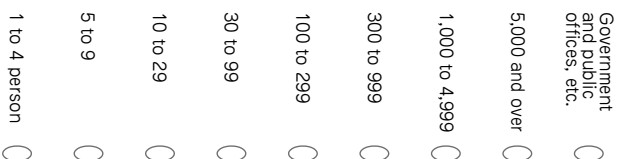


14 Kind of Work

- Please describe the kind of work you do in detail

15 Number of persons engaged in the enterprise as a whole

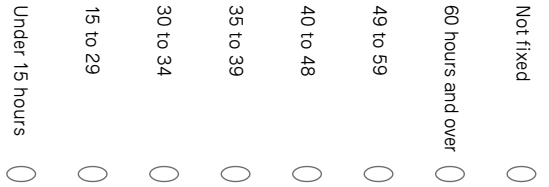
- Please indicate the total number of persons employed at the enterprise including the head office, branch office and factories, etc.
- Employee of the government or public corporations should fill in the circle, "Government and public office, etc."



To right column on question 16.

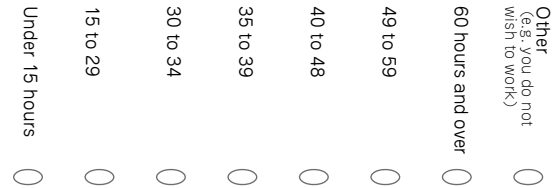
16 Usual working hours per week

- Please indicate "working hours" include overtime and side job



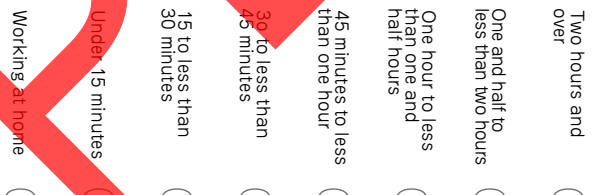
17 How many hours a week would you like to work?

- Suppose you were allowed to work just as many hours as you wanted. Please indicate how many hours a week you would like to work.



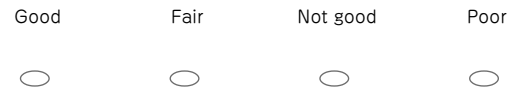
18 Usual one-way commuting time

- If you commute both for school and for work, please indicate the time from your home to your place of work.



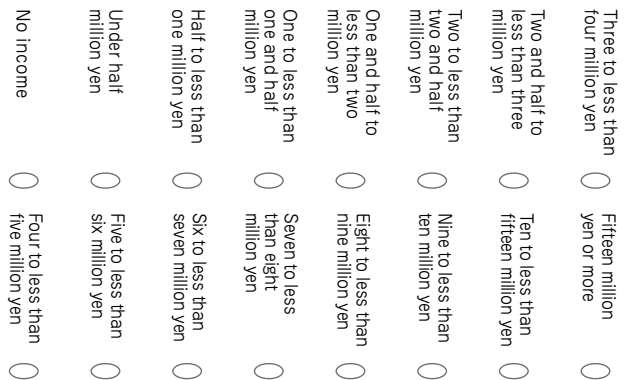
19 Usual state of health

- Please indicate that best applies to your usual state of health.



20 Annual income or profit (including tax) from your work

- Please indicate income from your work over the last one year.
- If you are self-employed, please indicate your operating profit, which is your annual sales minus expenses.
- If you usually have a side business, please indicate the income from it as well in your annual income.
- If you have been engaged in your current work for less than a year, please indicate your estimated annual income.



To page 4 on question 21.

Question 21 onwards should be completed by all respondents.

In answering questions Question 21 below to Question 25 of page 5

- Please answer according to your experiences within the past year (20th October 2010 to 19th October 2011).
- If you answer "yes" in section (1) please also answer section (2) onwards.

21 Learning, self-education, and training

- Please indicate the item you aimed to enhance your Knowledge or level of culture, or to use for your current work (including acquisition of know-how or qualifications) by pursuing the following activities, excluding those activities at work or school.
- Excludes those activities directly related to regular courses in school, or employee training courses.
- Includes club activities within or outside school.

(2) How many days over the year did you pursue your learning, self-education, and training?
(Please choose one from the seven categories shown in the box 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 day 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 fill in the circles all applicable answers)

- Self improvement
- To gain employment
- To use for current work
- Other

(4) Through which means did you pursue your studies or researches?
(Please fill in the circle all applicable answers)

- Other
- Vocational training through "Hello Work" (public employment office), etc.
- Miscellaneous schools or vocational schools
- Outside or working hours at workplace
- Television or radio
- Correspondence course
- Lecture meetings, etc.
- Classes, Courses or workshop, etc.
 - Sponsored by universities, etc.
 - Sponsored by private institutions
 - Sponsored by municipalities, etc.

(1) What kinds of learning, self-education, or training did you have?

	No	Yes																	
English language	<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"/>	<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"/>
Other foreign language	<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"/>	<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"/>
Computing etc.	<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"/>	<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"/>
Commerce or 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"/>	<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"/>
Caring	<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"/>	<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"/>
Home economics or housework (cooking, sewing, or home management, etc.)	<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"/>	<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"/>
Humanities, social or natural science (history economics, mathematics, or biology, etc.)	<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"/>	<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"/>
Art and culture	<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"/>	<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"/>
Other	<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"/>	<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"/>

22 Volunteer activities

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

(2) How many time over the year did you spend on volunteer activities?
(Please choose one from the seven categories shown in the box on the 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 day a week)
- 7: 200 days or more (4 days or more a week)

(3) How many minutes a day did you work as a volunteer?
Please indicate the average time length per day.

(4) Did you do volunteer activities as a member of organization?
(Please fill in the circle all appropriate categories)

- Yes
 - A group, citizen organization, etc. of volunteers
 - An NPO (non-profit organization)
 - A neighborhood association or similar, which is rooted in the local community
 - Other organization
- I work as a volunteer without belonging to any organization.

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

	No	Yes																	
Health or medical related activities (blood donation, visiting people in hospital, or promoting safe foodstuffs, etc.)	<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"/>	<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"/>
Activities for the elderly (assisting in daily life, or recreation, etc.)	<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"/>	<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"/>
Activities for handicapped (sign language, Braille, reading, or helping the handicapped to take go out, etc.)	<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"/>	<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"/>
Activities for children (taking care of children's group, child-raising support, or helping with school events, etc.)	<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"/>	<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"/>
Activities related to sports, culture, art and science (teaching sport, disseminating traditional Japanese culture, guiding at art museum, or running lecture meeting or symposium, etc.)	<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"/>	<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"/>
Local improvement activities (cleaning up parks and roads, planting flowers, or promoting the local community, etc.)	<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"/>	<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"/>
Safety promotion activities (disaster and crime prevention, or road safety, etc.)	<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"/>	<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"/>
Conservation or environmental activities (bird watching, protection of woods and forests, promoting recycling or waste reduction, etc.)	<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"/>	<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"/>
Disaster related activities (providing clothes and food, or hot meals for disaster victims, etc)	<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"/>	<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"/>
Activities related to international cooperation (cooperation in foreign aid, assistance for displaced persons, or activities supporting foreigners living in Japan, etc.)	<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"/>	<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"/>
Other (promoting human rights, or pacifism, etc.)	<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"/>	<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"/>

23 Sports

• Excludes activities involving only watching, or practiced as lessons or class work.
• Includes club activities within or outside school.

(2) How many days over the year did you play these sports?
(Please choose one from the seven categories shown in the box on the right)

- 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 day a week)
- 7 : 200 days or more (4 days or more a week)

(1) Have you engaged in any of these sports?

	No	Yes	
Baseball (including playing catch)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Softball	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Volleyball	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Basketball	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Soccer (including futsal)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

(continued)

	No	Yes	
Table tennis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Tennis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Badminton	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Golf (including golf practice range)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Judo	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Japanese fencing (Kendo)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

(continued)

	No	Yes	
Gate ball	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Bowling	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fishing	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Swimming	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Skiing, snowboarding	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Mountain climbing or hiking	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

(continued)

	No	Yes	
Cycling	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Jogging, marathon	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Walking or light physical exercise	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Training with gym equipment	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Other sports	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

(Please describe sports you mainly play.)

24 Hobbies and amusements

• Excludes activities done as a lesson, work or household work.
• Includes club activities within or outside school.

(2) How many days over the year did you spend time on these hobbies or amusements?
(Please choose one from the seven categories shown in the box on the right)

- 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 day a week)
- 7 : 200 days or more (4 days or more a week)

(1) Have you engaged in any of these hobbies or amusement activities?

	No	Yes	
Watching sports games (Excluding TV programs or DVDs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Watching works of art (Excluding TV programs or DVDs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Watching vaudevilles, plays and dances (Excluding TV programs or DVDs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Watching movies (Excluding TV programs or DVDs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Going to classical music concerts	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Going popular music concerts	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Listening to music by CD, tape, or records, etc.	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Watching movies by DVD, video, etc. (Excluding recordings from TV)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

(continued)

	No	Yes	
Playing musical instruments	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Traditional Japanese music (including folk songs, and traditional Japanese music)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Chorus or vocal music	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Japanese dancing	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Western dancing or social dancing	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Calligraphy	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Japanese flower arrangement	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Japanese tea ceremony	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Dress making sewing	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

(continued)

	No	Yes	
knitting or embroidering	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
cooking or making cakes, cookies as hobbies	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Gardening	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Do-it-yourself carpentry	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Painting carving	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Ceramic art or industrial arts	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Photographing and printing	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Writing poems, Japanese poems, "haiku", or novels, etc.	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Reading books as hobbies	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

(continued)

	No	Yes	
The game of "go"	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
The game of Japanese chess, "shogi"	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Playing "pachinko"	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
"Karaoke"	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Playing TV game or PC game (include use of portable game machines)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Visiting recreation ground, zoo, arboretum, or aquarium, etc.	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Camping	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Other hobbies or amusements	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

(Please describe hobbies and amusement you mainly play.)

25 Travel and excursion

• Activities completed in questions 21 to 24 should be indicated again if they occurred during travel or excursion.

(2) How many times did you travel in 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" [Example]

(3) Who did you travel with?

(Please fill in the circle all appropriate categories)

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

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

	With family	With classmate(s) or colleague(s)	With neighbour(s)	With friend(s) or acquaintance(s), etc.	Alone
Day excursion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sightseeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within Japan					
Return to the home town, visiting someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business trip or training, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside Japan					
Sightseeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business trip or training, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26 Diary

Please report on you did on each of the two days specified and how much time you spent on each activity, in units of 15 minutes.
Please draw a horizontal line to specify the activity and persons with you for each 15 minute unite.

(1) Select the feature of this day from the categories listed below. (Please fill in the circle all applicable categories)										(2) How was the weather on this day?			
Travel and excursion	Event, wedding or funeral (lasting over half a day)	Business trip or training, etc.	Work at home	Under medical treatment	Holiday or vacation, etc.	Leave for child rearing or taking care of a sick child	Leave for a family member	Leave to take care of a family member	Other	Other	Rained all day long	Rained occasionally	Not rained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

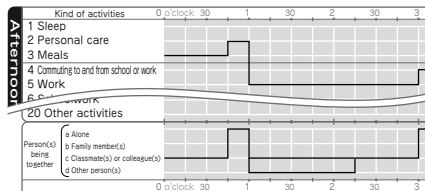
06

【First Day】

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

Morning	Kind of activities	0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock
	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 Learning, self-education, and training (except for school work)													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

Afternoon	Kind of activities	0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock
	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 Learning, self-education, and training (except for school work)													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



(How to draw line)

Draw straight though the white line using a ruler

October Date week

()

07

[First Day]

6 o'clock	30	7	30	8	30	9	30	10	30	11	30	12 o'clock	Kind of activities	
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 Learning, self-education, and training (except for school work)	
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)	

Morning

6 o'clock	30	7	30	8	30	9	30	10	30	11	30	12 o'clock	Kind of activities	
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 Learning, self-education, and training (except for school work)	
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)	

Afternoon

With regard to "Kind of activities" and "Person(s) being together", please draw a horizontal line on applicable timeframe.

(1) Select the feature of this day from the categories listed below. (Please fill in the circle all applicable categories)										(2) How was the weather on this day?				
Travel and excursion	Funeral or funeral (half day)	Funeral or funeral (half day)	Business trip or training, etc.	Work at home	Under medical treatment	Holiday or vacation, etc.	Holiday or vacation, etc.	Leave for child rearing or taking care of a sick child	Leave for child rearing or taking care of a sick child	Leave to take care of a family member	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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

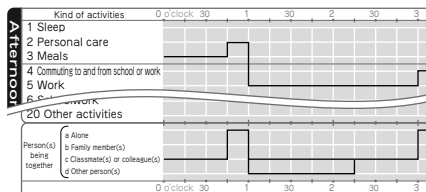
08

[Second Day]

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

Morning	Kind of activities	0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock	
	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 Learning, self-education, and training (except for school work)														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

Afternoon	Kind of activities	0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock	
	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 Learning, self-education, and training (except for school work)														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



Date () week ()

October () ()

09

[Second Day]

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 Learning, self-education, and training (except for school work)	
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	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 Learning, self-education, and training (except for school work)	
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)	

The household head is requested to complete the questions on the last page of his/her own questionnaire

This onwards to be completed by the household head only

For household

27 Type of residence	<table border="0"> <tr> <td>owner-occupied house</td> <td>Privately- owned rented house (apartment)</td> <td>Rented house publicly-owned by an organization such as the Urban Renaissance Agency, or other public institution, etc</td> <td>Company' s house (company- owned or public servant issued house)</td> <td>Rented room(s) or dormitory etc.</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	owner-occupied house	Privately- owned rented house (apartment)	Rented house publicly-owned by an organization such as the Urban Renaissance Agency, or other public institution, etc	Company' s house (company- owned or public servant issued house)	Rented room(s) or dormitory etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														
owner-occupied house	Privately- owned rented house (apartment)	Rented house publicly-owned by an organization such as the Urban Renaissance Agency, or other public institution, etc	Company' s house (company- owned or public servant issued house)	Rented room(s) or dormitory etc.																					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																					
28 Do you own a car? ·Excluding vehicles used solely for business purposes	<table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>	Yes	No	<input type="radio"/>	<input type="radio"/>																				
Yes	No																								
<input type="radio"/>	<input type="radio"/>																								
29 Annual income of the household (before tax deduction) ·Please indicate the aggregate income of all family members. ·The income should include the pension and other benefits, dividends, and allowances you receive, in addition to the income from your work. ·The income, however, should not include <u>temporary income</u> , such as sale of your real estate, securities, and other assets, property you have inherited, gifts you received, retirement allowance, etc.	<table border="0"> <tr> <td>Under one million yen</td> <td>One to less than two million yen</td> <td>Two to less than three million yen</td> <td>Three to less than four million yen</td> <td>Four to less than five million yen</td> <td>Five to less than six million yen</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Six to less than seven million yen</td> <td>Seven to less than eight million yen</td> <td>Eight to less than nine million yen</td> <td>Nine to less than ten million yen</td> <td>Ten to less than fifteen million yen</td> <td>Fifteen million yen or more</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Under one million yen	One to less than two million yen	Two to less than three million yen	Three to less than four million yen	Four to less than five million yen	Five to less than six million yen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Six to less than seven million yen	Seven to less than eight million yen	Eight to less than nine million yen	Nine to less than ten million yen	Ten to less than fifteen million yen	Fifteen million yen or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under one million yen	One to less than two million yen	Two to less than three million yen	Three to less than four million yen	Four to less than five million yen	Five to less than six million yen																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
Six to less than seven million yen	Seven to less than eight million yen	Eight to less than nine million yen	Nine to less than ten million yen	Ten to less than fifteen million yen	Fifteen million yen or more																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
30 Does anyone other than your household members usually give your family nursing care? ·“nursing care by someone other than your household members” means such care provided by your relative who is not living with you or a care service provider (for instance, a visiting attendant or day service). ·Caring also includes those who have not been assessed for eligibility of benefit under the Long Term Care Insurance system	<table border="0"> <tr> <td style="text-align: center;">NO</td> <td colspan="5" style="text-align: center;">Yes</td> </tr> <tr> <td></td> <td style="text-align: center;">No more than one day per month</td> <td style="text-align: center;">Two or three days per month</td> <td style="text-align: center;">One day a week</td> <td style="text-align: center;">Two or three days a week</td> <td style="text-align: center;">Four or more days a week</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	NO	Yes						No more than one day per month	Two or three days per month	One day a week	Two or three days a week	Four or more days a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
NO	Yes																								
	No more than one day per month	Two or three days per month	One day a week	Two or three days a week	Four or more days a week																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
31 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). Household members absent on business → <input type="radio"/> Household members absent in hospital → <input type="radio"/>	<table border="0"> <tr> <td style="text-align: center;">NO</td> <td colspan="4" style="text-align: center;">Yes</td> </tr> <tr> <td></td> <td colspan="4" style="text-align: center;">(Please indicate relationship to household head)</td> </tr> <tr> <td></td> <td style="text-align: center;">Spouse</td> <td style="text-align: center;">Father or mother, or father or mother of spouse</td> <td style="text-align: center;">Son(s) or daughter(s), or spouse of son(s) or daughter(s)</td> <td style="text-align: center;">Other</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	NO	Yes					(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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
NO	Yes																								
	(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																					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																					

Your household member(s) under the age of 10

No	32 Relationship to the household head				33 Age Please write age as of the last birthday	34 School or kindergarten attendance								35 Does anyone other than your household members usually help you in child care?			
	Son or daughter	Grandson or granddaughter	Younger brother(s) or sister(s)	Other		Enrolled in a nursing school	Enrolled in a kindergarten	Enrolled in an elementary school	Not attending school or kindergarten	Using after-school hours care	Not using after-school hours care	Using after-school hours care or similar	Not using after-school hours care or similar	From a relative (such as a grandparent)	From a friend or acquaintance in the neighborhood	From someone not listed on the left (such as a baby sitter, a nursing mother, etc.)	No
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Year(s)	<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"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Year(s)	<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"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Year(s)	<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"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Year(s)	<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"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Year(s)	<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"/>	<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.