

2011 Survey on time Use and Leisure Activities

Questionnaire B

October 20th, 2011

Statistics Bureau Ministry of Internal Affairs and Communications

- ◎ This is a fundamental statistical survey conducted by the Japanese government in compliance with the Statistics Act. Every possible measure is taken to protect personal information from leakage. Please be reassured and fill in the questionnaire 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 all of the questions including both the "For household" and "Persons under the age of 10" sections on the last page of his/her own questionnaire.

For "17 Diary (From page 4 to page 7)", Please report on two days, namely,

Oct. () and Oct. ()

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 toward the right hand side as indicated the example below
- Please keep these questionnaire sheets clean, since they are to be read by a reader device.

simple straight line — Leaving a gap — Slightly jutting out — With a slight angle

【Example of entry】 . 0 1 2 3 4 5 6 7 8 9

Don't overpass — Forming a full circle

To be completed by the enumerator

Enumeration district code			Household No.		Household member No.		For the questionnaire of the household head only		To be completed by prefectural offices	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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"/>	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="radio"/>	<input type="radio"/>
<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"/>	f	y
<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 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 Graduate school

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

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

• "use" means that either you use your own one or use owned by your family, school or workplace for your own purpose regardless of the length of time you use
 • It excludes those who use the above solely at work or school.

(Please fill in the circle all applicable answers)

Use Do not use

Personal computer Mobile phone, PHS, other mobile telecommunication terminals, personal digital assistants

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

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 page 4 on question 17.

9 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.

Employee Self-employed with no employee Self-employed with employee Director of company or organization, etc. Family worker Doing piecework at home

Regular staff Part-time worker Contract employee Temporary employee Worker dispatched from temporary labour agency Other

To right page on question 10.

To right page on question 12.

10 ~ 14 years old

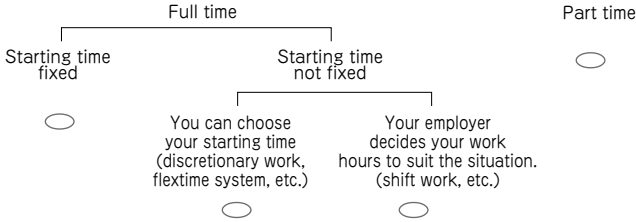
15 years old and over

To page 4 on question 17.

To right column on question 7.

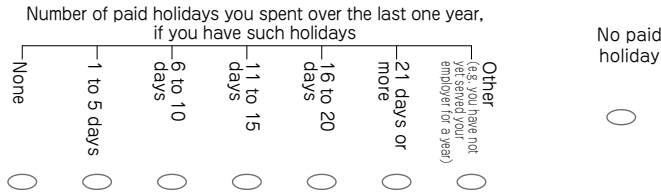
10 Working-time arrangement

- 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).



11 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."

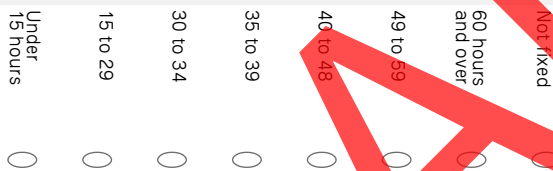


12 Kind of Work

• Please describe the kind of work you do in detail

13 Usual working hours per week

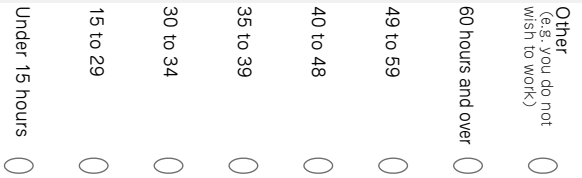
• Please indicate "working hours" include overtime and side job



To right column on question 14.

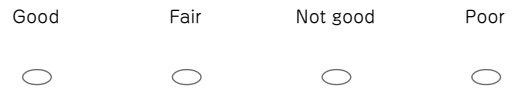
14 How many hours a week would you like to work?

• 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.



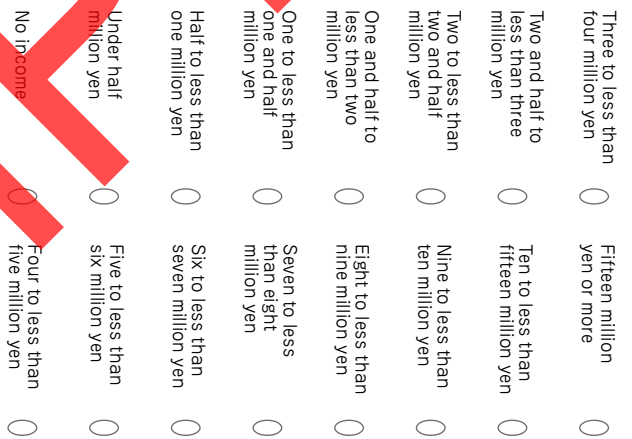
15 Usual state of health

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



16 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 17.

Example of how to complete question 17 (Diary)
Please refer to when answering the questions on the following page.

Time	What were you mainly doing? ※Please report what you were mainly doing in 15 minute units	Were you doing something else at the same time? ※When doing several things please report just one	Using the Internet	Place				Persons being together (Please encircle all applicable categories)							Time and hour code
				1 At home	2 At school or work	3 On travel	4 Other	1 Alone	2 Father	3 Mother	4 Son(s) or daughter(s)	5 Spouse	6 Other family member(s)	7 Other person(s) from work, school, etc.	
0:00	Preparing lunch	Listening to the radio		①	2	3	4	1	②	③	④	⑤	6	7	49
0:30	Having lunch	Watching television		①	2	3	4	1	②	③	④	⑤	6	7	50
1:00	Cleaning up after lunch			①	2	3	4	1	2	3	4	⑤	6	7	52
1:30	Playing with son			1	2	3	④	1	2	3	4	5	6	7	53
2:00	Looking for a restaurant on the Internet	Chatting with neighbours		1	2	3	④	1	2	3	④	5	6	⑦	54
2:30	Going to the supermarket			①	2	3	4	①	2	3	4	5	6	7	55
3:00				①	2	3	4	①	2	3	4	5	6	7	56
3:30				1	2	③	4	1	2	3	4	⑤	6	7	57

All the respondents are asked to reply.

17 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.

(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 <input type="radio"/>	Event, wedding or funeral (lasting over half a day) <input type="radio"/>	Business trip or training, etc. <input type="radio"/>	Work at home <input type="radio"/>	Under medical treatment <input type="radio"/>	Holiday or vacation, etc. <input type="radio"/>	Leave for child care, nursing care of a sick child <input type="radio"/>	Leave to take care of a family member <input type="radio"/>	Other <input type="radio"/>	Rained all day long <input type="radio"/>	Rained occasionally <input type="radio"/>	Not rained <input type="radio"/>	

04

[First Day]

Time	What were you mainly doing? ※Please report what you were mainly doing in 15 minute units	Were you doing something else at the same time? ※When doing several things please report just one	Using the Internet	Place				Persons being together (Please encircle all applicable categories)							Time and hour code
				1 At home	2 At school	3 On travel	4 Other	1 Alone	2 Father	3 Mother	4 Son(s) or daughter(s)	5 Spouse	6 Other family member(s)	7 from work, school, etc.	
0:00				1	2	3	4	1	2	3	4	5	6	7	01
.30				1	2	3	4	1	2	3	4	5	6	7	02
.30				1	2	3	4	1	2	3	4	5	6	7	03
1:00				1	2	3	4	1	2	3	4	5	6	7	04
.30				1	2	3	4	1	2	3	4	5	6	7	05
.30				1	2	3	4	1	2	3	4	5	6	7	06
2:00				1	2	3	4	1	2	3	4	5	6	7	07
.30				1	2	3	4	1	2	3	4	5	6	7	08
.30				1	2	3	4	1	2	3	4	5	6	7	09
3:00				1	2	3	4	1	2	3	4	5	6	7	10
.30				1	2	3	4	1	2	3	4	5	6	7	11
.30				1	2	3	4	1	2	3	4	5	6	7	12
4:00				1	2	3	4	1	2	3	4	5	6	7	13
.30				1	2	3	4	1	2	3	4	5	6	7	14
.30				1	2	3	4	1	2	3	4	5	6	7	15
5:00				1	2	3	4	1	2	3	4	5	6	7	16
.30				1	2	3	4	1	2	3	4	5	6	7	17
.30				1	2	3	4	1	2	3	4	5	6	7	18
6:00				1	2	3	4	1	2	3	4	5	6	7	19
.30				1	2	3	4	1	2	3	4	5	6	7	20
.30				1	2	3	4	1	2	3	4	5	6	7	21
7:00				1	2	3	4	1	2	3	4	5	6	7	22
.30				1	2	3	4	1	2	3	4	5	6	7	23
.30				1	2	3	4	1	2	3	4	5	6	7	24
8:00				1	2	3	4	1	2	3	4	5	6	7	25
.30				1	2	3	4	1	2	3	4	5	6	7	26
.30				1	2	3	4	1	2	3	4	5	6	7	27
9:00				1	2	3	4	1	2	3	4	5	6	7	28
.30				1	2	3	4	1	2	3	4	5	6	7	29
.30				1	2	3	4	1	2	3	4	5	6	7	30
10:00				1	2	3	4	1	2	3	4	5	6	7	31
.30				1	2	3	4	1	2	3	4	5	6	7	32
.30				1	2	3	4	1	2	3	4	5	6	7	33
11:00				1	2	3	4	1	2	3	4	5	6	7	34
.30				1	2	3	4	1	2	3	4	5	6	7	35
.30				1	2	3	4	1	2	3	4	5	6	7	36
12:00				1	2	3	4	1	2	3	4	5	6	7	37
				1	2	3	4	1	2	3	4	5	6	7	38
				1	2	3	4	1	2	3	4	5	6	7	39
				1	2	3	4	1	2	3	4	5	6	7	40
				1	2	3	4	1	2	3	4	5	6	7	41
				1	2	3	4	1	2	3	4	5	6	7	42
				1	2	3	4	1	2	3	4	5	6	7	43
				1	2	3	4	1	2	3	4	5	6	7	44
				1	2	3	4	1	2	3	4	5	6	7	45
				1	2	3	4	1	2	3	4	5	6	7	46
				1	2	3	4	1	2	3	4	5	6	7	47
				1	2	3	4	1	2	3	4	5	6	7	48

[An example of how to answering the questions is provided on page 3 of the questionnaire]

Date () week ()
 October () ()

05

[First Day]

Afternoon

Time	What were you mainly doing? ※Please report what you were mainly doing in 15 minute units	Were you doing something else at the same time? ※When doing several things please report just one	Using the Internet	Place				Persons being together (Please encircle all applicable categories)							Time and hour code
				1 At home	2 At school or work	3 On travel	4 Other	1 Alone	2 Father	3 Mother	4 Son(s) or daughter(s)	5 Spouse	6 Other family member(s)	7 Other person(s) from work, school, etc.	
0:00				1	2	3	4	1	2	3	4	5	6	7	49
0:30				1	2	3	4	1	2	3	4	5	6	7	50
1:00				1	2	3	4	1	2	3	4	5	6	7	51
1:30				1	2	3	4	1	2	3	4	5	6	7	52
2:00				1	2	3	4	1	2	3	4	5	6	7	53
2:30				1	2	3	4	1	2	3	4	5	6	7	54
3:00				1	2	3	4	1	2	3	4	5	6	7	55
3:30				1	2	3	4	1	2	3	4	5	6	7	56
4:00				1	2	3	4	1	2	3	4	5	6	7	57
4:30				1	2	3	4	1	2	3	4	5	6	7	58
5:00				1	2	3	4	1	2	3	4	5	6	7	59
5:30				1	2	3	4	1	2	3	4	5	6	7	60
6:00				1	2	3	4	1	2	3	4	5	6	7	61
6:30				1	2	3	4	1	2	3	4	5	6	7	62
7:00				1	2	3	4	1	2	3	4	5	6	7	63
7:30				1	2	3	4	1	2	3	4	5	6	7	64
8:00				1	2	3	4	1	2	3	4	5	6	7	65
8:30				1	2	3	4	1	2	3	4	5	6	7	66
9:00				1	2	3	4	1	2	3	4	5	6	7	67
9:30				1	2	3	4	1	2	3	4	5	6	7	68
10:00				1	2	3	4	1	2	3	4	5	6	7	69
10:30				1	2	3	4	1	2	3	4	5	6	7	70
11:00				1	2	3	4	1	2	3	4	5	6	7	71
11:30				1	2	3	4	1	2	3	4	5	6	7	72
12:00				1	2	3	4	1	2	3	4	5	6	7	73
				1	2	3	4	1	2	3	4	5	6	7	74
				1	2	3	4	1	2	3	4	5	6	7	75
				1	2	3	4	1	2	3	4	5	6	7	76
				1	2	3	4	1	2	3	4	5	6	7	77
				1	2	3	4	1	2	3	4	5	6	7	78
				1	2	3	4	1	2	3	4	5	6	7	79
				1	2	3	4	1	2	3	4	5	6	7	80
				1	2	3	4	1	2	3	4	5	6	7	81
				1	2	3	4	1	2	3	4	5	6	7	82
				1	2	3	4	1	2	3	4	5	6	7	83
				1	2	3	4	1	2	3	4	5	6	7	84
				1	2	3	4	1	2	3	4	5	6	7	85
				1	2	3	4	1	2	3	4	5	6	7	86
				1	2	3	4	1	2	3	4	5	6	7	87
				1	2	3	4	1	2	3	4	5	6	7	88
				1	2	3	4	1	2	3	4	5	6	7	89
				1	2	3	4	1	2	3	4	5	6	7	90
				1	2	3	4	1	2	3	4	5	6	7	91
				1	2	3	4	1	2	3	4	5	6	7	92
				1	2	3	4	1	2	3	4	5	6	7	93
				1	2	3	4	1	2	3	4	5	6	7	94
				1	2	3	4	1	2	3	4	5	6	7	95
				1	2	3	4	1	2	3	4	5	6	7	96

(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 caring 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"/>

[Second Day]

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.

Time	Morning	What were you mainly doing? *Please report what you were mainly doing in 15 minute units	Were you doing something else at the same time? *When doing several things please report just one	Using the Internet	Place				Persons being together (Please encircle all applicable categories)							Time and hour code
					1 At home	2 At school or work	3 On travel	4 Other	1 Alone	2 Father	3 Mother	4 Son(s) or daughter(s)	5 Spouse	6 Other family member(s)	7 Other person(s) from work, school, etc.	
0:00					1	2	3	4	1	2	3	4	5	6	7	01
0:30					1	2	3	4	1	2	3	4	5	6	7	02
1:00					1	2	3	4	1	2	3	4	5	6	7	03
1:30					1	2	3	4	1	2	3	4	5	6	7	04
2:00					1	2	3	4	1	2	3	4	5	6	7	05
2:30					1	2	3	4	1	2	3	4	5	6	7	06
3:00					1	2	3	4	1	2	3	4	5	6	7	07
3:30					1	2	3	4	1	2	3	4	5	6	7	08
4:00					1	2	3	4	1	2	3	4	5	6	7	09
4:30					1	2	3	4	1	2	3	4	5	6	7	10
5:00					1	2	3	4	1	2	3	4	5	6	7	11
5:30					1	2	3	4	1	2	3	4	5	6	7	12
6:00					1	2	3	4	1	2	3	4	5	6	7	13
6:30					1	2	3	4	1	2	3	4	5	6	7	14
7:00					1	2	3	4	1	2	3	4	5	6	7	15
7:30					1	2	3	4	1	2	3	4	5	6	7	16
8:00					1	2	3	4	1	2	3	4	5	6	7	17
8:30					1	2	3	4	1	2	3	4	5	6	7	18
9:00					1	2	3	4	1	2	3	4	5	6	7	19
9:30					1	2	3	4	1	2	3	4	5	6	7	20
10:00					1	2	3	4	1	2	3	4	5	6	7	21
10:30					1	2	3	4	1	2	3	4	5	6	7	22
11:00					1	2	3	4	1	2	3	4	5	6	7	23
11:30					1	2	3	4	1	2	3	4	5	6	7	24
12:00					1	2	3	4	1	2	3	4	5	6	7	25
					1	2	3	4	1	2	3	4	5	6	7	26
					1	2	3	4	1	2	3	4	5	6	7	27
					1	2	3	4	1	2	3	4	5	6	7	28
					1	2	3	4	1	2	3	4	5	6	7	29
					1	2	3	4	1	2	3	4	5	6	7	30
					1	2	3	4	1	2	3	4	5	6	7	31
					1	2	3	4	1	2	3	4	5	6	7	32
					1	2	3	4	1	2	3	4	5	6	7	33
					1	2	3	4	1	2	3	4	5	6	7	34
					1	2	3	4	1	2	3	4	5	6	7	35
					1	2	3	4	1	2	3	4	5	6	7	36
					1	2	3	4	1	2	3	4	5	6	7	37
					1	2	3	4	1	2	3	4	5	6	7	38
					1	2	3	4	1	2	3	4	5	6	7	39
					1	2	3	4	1	2	3	4	5	6	7	40
					1	2	3	4	1	2	3	4	5	6	7	41
					1	2	3	4	1	2	3	4	5	6	7	42
					1	2	3	4	1	2	3	4	5	6	7	43
					1	2	3	4	1	2	3	4	5	6	7	44
					1	2	3	4	1	2	3	4	5	6	7	45
					1	2	3	4	1	2	3	4	5	6	7	46
					1	2	3	4	1	2	3	4	5	6	7	47
					1	2	3	4	1	2	3	4	5	6	7	48

[An example of how to answering the questions is provided on page 3 of the questionnaire]

Date () week ()
 October () ()

07

[Second Day]

Afternoon

Time	What were you mainly doing? ※Please report what you were mainly doing in 15 minute units	Were you doing something else at the same time? ※When doing several things please report just one	Using the Internet	Place				Persons being together (Please encircle all applicable categories)							Time and hour code
				1 At home	2 At school or work	3 On travel	4 Other	1 Alone	2 Father	3 Mother	4 Son(s) or daughter(s)	5 Spouse	6 Other family member(s)	7 From work, school, etc.	
0:00				1	2	3	4	1	2	3	4	5	6	7	49
0:30				1	2	3	4	1	2	3	4	5	6	7	50
1:00				1	2	3	4	1	2	3	4	5	6	7	51
1:30				1	2	3	4	1	2	3	4	5	6	7	52
2:00				1	2	3	4	1	2	3	4	5	6	7	53
2:30				1	2	3	4	1	2	3	4	5	6	7	54
3:00				1	2	3	4	1	2	3	4	5	6	7	55
3:30				1	2	3	4	1	2	3	4	5	6	7	56
4:00				1	2	3	4	1	2	3	4	5	6	7	57
4:30				1	2	3	4	1	2	3	4	5	6	7	58
5:00				1	2	3	4	1	2	3	4	5	6	7	59
5:30				1	2	3	4	1	2	3	4	5	6	7	60
6:00				1	2	3	4	1	2	3	4	5	6	7	61
6:30				1	2	3	4	1	2	3	4	5	6	7	62
7:00				1	2	3	4	1	2	3	4	5	6	7	63
7:30				1	2	3	4	1	2	3	4	5	6	7	64
8:00				1	2	3	4	1	2	3	4	5	6	7	65
8:30				1	2	3	4	1	2	3	4	5	6	7	66
9:00				1	2	3	4	1	2	3	4	5	6	7	67
9:30				1	2	3	4	1	2	3	4	5	6	7	68
10:00				1	2	3	4	1	2	3	4	5	6	7	69
10:30				1	2	3	4	1	2	3	4	5	6	7	70
11:00				1	2	3	4	1	2	3	4	5	6	7	71
11:30				1	2	3	4	1	2	3	4	5	6	7	72
12:00				1	2	3	4	1	2	3	4	5	6	7	73
				1	2	3	4	1	2	3	4	5	6	7	74
				1	2	3	4	1	2	3	4	5	6	7	75
				1	2	3	4	1	2	3	4	5	6	7	76
				1	2	3	4	1	2	3	4	5	6	7	77
				1	2	3	4	1	2	3	4	5	6	7	78
				1	2	3	4	1	2	3	4	5	6	7	79
				1	2	3	4	1	2	3	4	5	6	7	80
				1	2	3	4	1	2	3	4	5	6	7	81
				1	2	3	4	1	2	3	4	5	6	7	82
				1	2	3	4	1	2	3	4	5	6	7	83
				1	2	3	4	1	2	3	4	5	6	7	84
				1	2	3	4	1	2	3	4	5	6	7	85
				1	2	3	4	1	2	3	4	5	6	7	86
				1	2	3	4	1	2	3	4	5	6	7	87
				1	2	3	4	1	2	3	4	5	6	7	88
				1	2	3	4	1	2	3	4	5	6	7	89
				1	2	3	4	1	2	3	4	5	6	7	90
				1	2	3	4	1	2	3	4	5	6	7	91
				1	2	3	4	1	2	3	4	5	6	7	92
				1	2	3	4	1	2	3	4	5	6	7	93
				1	2	3	4	1	2	3	4	5	6	7	94
				1	2	3	4	1	2	3	4	5	6	7	95
				1	2	3	4	1	2	3	4	5	6	7	96



This onwards to be completed by the household head only

For household

18 Type of residence	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.	
19 Do you own a car? ·Excluding vehicles used solely for business purposes	Yes			No		
20 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.	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
21 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	NO		Yes			
22 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 → Household members absent in hospital →	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

Your household member(s) under the age of 10

No	23 Relationship to the household head					24* Age Please write age as of the last birthday	25 School or kindergarten attendance						26 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	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			
					Using after-school hours care	Not using after-school hours care	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						
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	

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.