



# 2016 Survey on time Use and Leisure Activities

## Questionnaire B

October 20th, 2016



Statistics Bureau Ministry of Internal Affairs and Communications

- ◎ This is a fundamental statistic 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 "16 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.

[Example of entry]

<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"/>
0	1	2	3	4	5	6	7	8	9

Labels: simple straight line, Leaving a gap, Slightly jutting out, With a slight angle, Don't overpass, Forming a full circle

To be completed by the enumerator

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"/>	Living away from home on business
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other <input type="text"/>

To be completed by prefectural offices

f  y

### 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  Vocational school (term of study)  Junior college or technological college  College or university  Graduate school

1 to less than 2 years  2 to less than 4 years  4 or more years

### 6 Usual state of health

•Please indicate the best choice that applies to your health, based on whether it affects your daily life.

Excellent  Good  Fair  Not good  Poor

10 - 14 years old

15 years old and over

To page 4 on question 16.

To right column on question 7.

### 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 at home  Caring outside home

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

Caring for family member(s) aged under 65

Caring at home  Caring outside home

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

Not caring for family members

### 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  Working besides mainly attending school

Doing housework  Attending school  Other

To page 4 on question 16.

### 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  Doing piecework at home

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

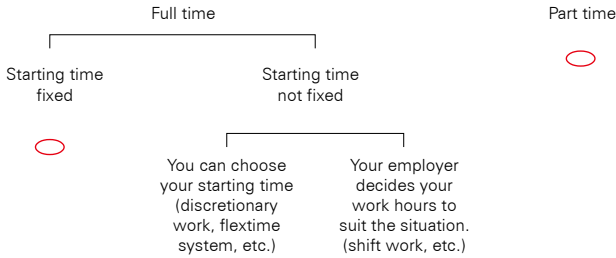
Family worker  Self-employed with no employee  Self-employed with employee  Director of company or organization, etc.

To right column on question 10.

To right column on question 12.

### 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."

Number of paid holidays you spent over the last one year, if you have such holidays

None  1 to 5 days  6 to 10 days  11 to 15 days  16 to 20 days  21 days or more  Other (e.g. you have not yet started your employer for a year)  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

Under 15 hours  15 to 29  30 to 34  35 to 39  40 to 48  49 to 59  60 hours and over  Not fixed

### 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.

Under 15 hours  15 to 29  30 to 34  35 to 39  40 to 48  49 to 59  60 hours and over  Other (e.g. you do not wish to work)

### 15 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.

No income  Under half million yen  Half to less than one million yen  One to less than one and half million yen  One and half to less than two million yen  Two to less than two and half million yen  Two and half 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  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

To right column on question 13.

To page 4 on question 16.

### Afternoon

### Example of how to complete question 16 (Diary)

Please refer to when answering the questions on the following page.

Time	What were you mainly doing? ※ Please report what you were <u>mainly doing</u> in 15 minute units	Using smartphone/PC	Were you doing something else at the same time? ※ When doing several things please report <u>just one</u>	Using smartphone/PC	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
.30	↓		↓		1	2	3	4	1	2	3	4	5	6	7	50
	Having lunch		Watching television		1	2	3	4	1	2	3	4	5	6	7	51
1:00	Cleaning up after lunch				1	2	3	4	1	2	3	4	5	6	7	52
	Playing with son				1	2	3	4	1	2	3	4	5	6	7	53
.30	↓		Chatting with neighbours		1	2	3	4	1	2	3	4	5	6	7	54
	Reading magazines		Listening to music		1	2	3	4	1	2	3	4	5	6	7	55
2:00	Searching restaurants				1	2	3	4	1	2	3	4	5	6	7	56
	Going to the supermarket				1	2	3	4	1	2	3	4	5	6	7	57

All the respondents are asked to reply.

# 16 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	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 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"/>	

04

## [First Day]

### Morning

Time	What were you mainly doing? ※ Please report what you were mainly doing in 15 minute units	Using smartphone/PC	Were you doing something else at the same time? ※ When doing several things please report just one	Using smartphone/PC	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
.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	04
.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	08
.30					1	2	3	4	1	2	3	4	5	6	7	10
3:00					1	2	3	4	1	2	3	4	5	6	7	12
.30					1	2	3	4	1	2	3	4	5	6	7	14
4:00					1	2	3	4	1	2	3	4	5	6	7	16
.30					1	2	3	4	1	2	3	4	5	6	7	18
5:00					1	2	3	4	1	2	3	4	5	6	7	20
.30					1	2	3	4	1	2	3	4	5	6	7	22
6:00					1	2	3	4	1	2	3	4	5	6	7	24
.30					1	2	3	4	1	2	3	4	5	6	7	26
7:00					1	2	3	4	1	2	3	4	5	6	7	28
.30					1	2	3	4	1	2	3	4	5	6	7	30
8:00					1	2	3	4	1	2	3	4	5	6	7	32
.30					1	2	3	4	1	2	3	4	5	6	7	34
9:00					1	2	3	4	1	2	3	4	5	6	7	36
.30					1	2	3	4	1	2	3	4	5	6	7	38
10:00					1	2	3	4	1	2	3	4	5	6	7	40
.30					1	2	3	4	1	2	3	4	5	6	7	42
11:00					1	2	3	4	1	2	3	4	5	6	7	44
.30					1	2	3	4	1	2	3	4	5	6	7	46
12:00					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]

October  ( Day )

05

Afternoon

[First Day]

Time	What were you mainly doing? ※ Please report what you were mainly doing in 15 minute units	Using smartphone/PC	Were you doing something else at the same time? ※ When doing several things please report just one	Using smartphone/PC	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 members(s)	7 Other persons (from work, school, etc.)	
0:00					1	2	3	4	1	2	3	4	5	6	7	49
.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
.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
.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
.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
.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
.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
.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
.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
.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
.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
.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
.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
.30					1	2	3	4	1	2	3	4	5	6	7	74
1:00					1	2	3	4	1	2	3	4	5	6	7	75
.30					1	2	3	4	1	2	3	4	5	6	7	76
2:00					1	2	3	4	1	2	3	4	5	6	7	77
.30					1	2	3	4	1	2	3	4	5	6	7	78
3:00					1	2	3	4	1	2	3	4	5	6	7	79
.30					1	2	3	4	1	2	3	4	5	6	7	80
4:00					1	2	3	4	1	2	3	4	5	6	7	81
.30					1	2	3	4	1	2	3	4	5	6	7	82
5:00					1	2	3	4	1	2	3	4	5	6	7	83
.30					1	2	3	4	1	2	3	4	5	6	7	84
6:00					1	2	3	4	1	2	3	4	5	6	7	85
.30					1	2	3	4	1	2	3	4	5	6	7	86
7:00					1	2	3	4	1	2	3	4	5	6	7	87
.30					1	2	3	4	1	2	3	4	5	6	7	88
8:00					1	2	3	4	1	2	3	4	5	6	7	89
.30					1	2	3	4	1	2	3	4	5	6	7	90
9:00					1	2	3	4	1	2	3	4	5	6	7	91
.30					1	2	3	4	1	2	3	4	5	6	7	92
10:00					1	2	3	4	1	2	3	4	5	6	7	93
.30					1	2	3	4	1	2	3	4	5	6	7	94
11:00					1	2	3	4	1	2	3	4	5	6	7	95
.30					1	2	3	4	1	2	3	4	5	6	7	96

•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	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 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"/>	

06

[Second Day]

Morning

Time	What were you mainly doing? ※ Please report what you were mainly doing in 15 minute units	Using smartphone/PC	Were you doing something else at the same time? ※ When doing several things please report just one	Using smartphone/PC	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 persons 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
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
2:00					1	2	3	4	1	2	3	4	5	6	7	06
.30					1	2	3	4	1	2	3	4	5	6	7	07
3:00					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
4:00					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
5:00					1	2	3	4	1	2	3	4	5	6	7	12
.30					1	2	3	4	1	2	3	4	5	6	7	13
6:00					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
7:00					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
8:00					1	2	3	4	1	2	3	4	5	6	7	18
.30					1	2	3	4	1	2	3	4	5	6	7	19
9:00					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
10:00					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
11:00					1	2	3	4	1	2	3	4	5	6	7	24
.30					1	2	3	4	1	2	3	4	5	6	7	25
12:00					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
1:00					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
2:00					1	2	3	4	1	2	3	4	5	6	7	30
.30					1	2	3	4	1	2	3	4	5	6	7	31
3:00					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
4:00					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
5:00					1	2	3	4	1	2	3	4	5	6	7	36
.30					1	2	3	4	1	2	3	4	5	6	7	37
6:00					1	2	3	4	1	2	3	4	5	6	7	38
.30					1	2	3	4	1	2	3	4	5	6	7	39
7:00					1	2	3	4	1	2	3	4	5	6	7	40
.30					1	2	3	4	1	2	3	4	5	6	7	41
8:00					1	2	3	4	1	2	3	4	5	6	7	42
.30					1	2	3	4	1	2	3	4	5	6	7	43
9:00					1	2	3	4	1	2	3	4	5	6	7	44
.30					1	2	3	4	1	2	3	4	5	6	7	45
10:00					1	2	3	4	1	2	3	4	5	6	7	46
.30					1	2	3	4	1	2	3	4	5	6	7	47
11:00					1	2	3	4	1	2	3	4	5	6	7	48
.30					1	2	3	4	1	2	3	4	5	6	7	49

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

October  ( Day )

[Second Day]

Afternoon

Time	What were you mainly doing? ※ Please report what you were <u>mainly doing</u> in 15 minute units	Using smartphone/PC	Were you doing something else at the same time? ※ When doing several things please report <u>just one</u>	Using smartphone/PC	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 persons from work, school, etc.	
0:00					1	2	3	4	1	2	3	4	5	6	7	49
.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
.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
.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
.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
.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
.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
.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
.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
.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
.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
.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
.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
.30					1	2	3	4	1	2	3	4	5	6	7	74
1:00					1	2	3	4	1	2	3	4	5	6	7	75
.30					1	2	3	4	1	2	3	4	5	6	7	76
2:00					1	2	3	4	1	2	3	4	5	6	7	77
.30					1	2	3	4	1	2	3	4	5	6	7	78
3:00					1	2	3	4	1	2	3	4	5	6	7	79
.30					1	2	3	4	1	2	3	4	5	6	7	80
4:00					1	2	3	4	1	2	3	4	5	6	7	81
.30					1	2	3	4	1	2	3	4	5	6	7	82
5:00					1	2	3	4	1	2	3	4	5	6	7	83
.30					1	2	3	4	1	2	3	4	5	6	7	84
6:00					1	2	3	4	1	2	3	4	5	6	7	85
.30					1	2	3	4	1	2	3	4	5	6	7	86
7:00					1	2	3	4	1	2	3	4	5	6	7	87
.30					1	2	3	4	1	2	3	4	5	6	7	88
8:00					1	2	3	4	1	2	3	4	5	6	7	89
.30					1	2	3	4	1	2	3	4	5	6	7	90
9:00					1	2	3	4	1	2	3	4	5	6	7	91
.30					1	2	3	4	1	2	3	4	5	6	7	92
10:00					1	2	3	4	1	2	3	4	5	6	7	93
.30					1	2	3	4	1	2	3	4	5	6	7	94
11:00					1	2	3	4	1	2	3	4	5	6	7	95
.30					1	2	3	4	1	2	3	4	5	6	7	96

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

<b>17 Type of residence</b>	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"/>		
<b>18 Do you own a car?</b>	Yes			No			
•Excluding vehicles used solely for business purposes	<input type="radio"/>			<input type="radio"/>			
<b>19 Annual income of the household (before tax deduction)</b>	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	
•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.	<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"/>	
<b>20 Does anyone other than your household members usually give your family nursing care?</b>	No	Yes					
•“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	<input type="radio"/>	Three days or less per month	One day a week	Two days a week	Three days a week	Four or five days a week	Six or more days a week
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21 Are there any absentees from your household?</b>	No	(Please indicate relationship to household head)					
•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).	<input type="radio"/>	Yes					
	<input type="radio"/>	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"/>	
Household members absent in hospital	<input type="radio"/>	<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.	22 Relationship to the household head					23 Age	24 School or kindergarten attendance						25 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	Please write age as of the last birthday	Enrolled in a nursery, kindergarten, or centers for early childhood education and care Time normally spent at such places				Enrolled in an elementary school		Not attending school or kindergarten	Yes			No	
						Less than 4 hours	5 to 7 hours	8 to 10 hours	11 hours or more	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.)		
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.