Confidential
General Statistical Survey

Statistics Bureau of the Ministry of Internal Affairs and Communications

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•	•	•	•		







Questionnaire number

National Income and Expenditure Survey for one-person households

Household Questionnaire

By the Statistics Act, the government conducts this general statistical survey. Great care is taken to ensure complete confidentiality of information, so please fill in this schedule without concealment.

\bigcirc	Fill	in	the	matching	circle	as	illustrated
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- O Enter arabic figures in the applicable box as illustrated.
- O Please use a black pencil only. Erase completely if entered in mistake.
- As this questionnaire is read by machine, please do not make stains on, or fold or roll it up.
- O Please do not fill in the column.
- Answer the questions as of 1st October.

- , ,	
-elephone number:	

Illustration





I. Items concerning respondent

	(2)	(3)	(4) Whether working	or not	Place of wor	rk, whether employed by another or s	self-employed
	Sex		Working	Not			
] [Employee	working			
Name	Male/ Female	Age (at last birthday)	Regular staff Part-time workers, albeit temporary labour agency Dispatched worker from Other Executive of company, etc. Self-employed Family worker	Pieceworker at home	(5) Name of employer	(6) Kind of business	(7) Kind of work
	0 0		0000000	0 0 0			

I. Items concerning respondent

Place of work, whether employed by another or self-employed $\dot{\mbox{\ }}$											
To	Total number of employees (Excluding government)									(9 ndu co	etry de
क	Self-employed	Governments	ess	53	499	$500 \sim 999$	1,000 or more		•		•
Private	Self-en	Goverr	4 or less	$5 \sim 29$	$30 \sim 499$	500,	1,000		Oc	(1) cup co	ation
0	0	0	0	0	0	0	0				•
Type	of so mer	hool nber	l which s are	ch the atte	e hou endin	useho g	old	<u>0</u>		U	<u>0</u>
National/public		Private	Senior high school		University or college	-000	oraduate scriooi	Special training school		aloodos supedelleosiM	Private lessons
0		0	0		0	()	0			0

II. Items concerning family members not living with this household

(15)Main householder							
Name	Relationship to the household head						
Reasons for being away							
Living away from home for busine	m Working seasonally						
n hospital	Other reasons						
(16) Others							
n the hospital							
Studying away home							
Other reasons							

III. Concerning the family member in need of nursing care

(17) Concerning the raining members, (persons filled in (1)(15) and (16)), are there any persons certified as a person in need of nursing care.
No
0
Yes (including persons in need of a support)
Living in a nursing-care facility
Receiving in-house service (including persons who are in a nursing-care facility for a short-term)

IV. Place of residence of the household head and children

(18) Child(ren)'s place of residence

0	Living in the same building (separate finances)
0	Living in the same site
0	Living at a place within 5 minutes on foot
0	Living at a place less than 1 hour one way
0	Living at a place 1 hour or over one way
0	No son / daughter

V. Items concerning the present dwelling

(19) Structure of dwelling	(21) Type of building
Wooden	Detached houses
Wooden with fire proof	∩ Tenement
Ferroconcrete	(including terrace houses)
Others (block, brick, etc.)	Apartments (one or two stories)
	Apartments (three to five stories)
(20) Total floor spaces	
Total floor spaces	Apartments (six to ten stories)
• • • • • • m	Apartments (eleven or more stories)
Area used for business	Others
m ²	

8 V. Items concerning the present dwelling (23) Whether you have flush toilet or not (owned houses only) (22) Type of tenure of dwelling (28) Type of household (25) Land area of dwelling (owned houses only) Owned houses (owned under your name or the If the toilets are co-used and flush ones, please · Enter the area of any leased land as well. name of your family, including joint ownership) answer "yes". · In the case of condominiums or other such joint houses and tenement, enter Living away from home the area not of the entire building lot but of the block in which you are living. for business Owned houses (owned under the name of a relative who \longrightarrow Skip to End of No is not living in the household or has separate finances) _ questionnaire Working seasonally Rented houses, privately owned (with facilities use exclusively) U away home Rented houses, privately owned (24) Do you pay land rent? (owned houses only) (with facilities shared) Other → Skip to (29) Rented houses, owned by (27) Time of move into(excluding owned houses) (26) Time of construction(owned houses only) municipalities Land is owned under your name or the name Rented houses, Urban Renaissance → Skip to of your family (including joint ownership) Before 1960 U Agency and public corporations owned Before 1988 Land is owned under the name of a relative who is Skip to U houses, rent paid by company) not living in the household or has separate finances ∩ Showa (28)Rented rooms You are paying land rent

VI. Concerning dwelling houses and housing lots other than the present ones

Dormitories

If co-owned, enter the portion owned by your family. In the case of apartments or tenement, enter the portion owned by your family. If you do not know the total floor spaces and/or lot area of the housing of your ownership, divide the total floor/lot area of the entire apartments by the number of housing units.

