

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

## 2006 Survey on Time Use and Leisure Activities

# Questionnaire A

October 20th, 2006

Statistics Bureau  
Ministry of Internal Affairs and Communications

- This questionnaire will be used only for statistical purposes.  
Please answer the questions to the best of your knowledge.
- Use a separate book for each of the household members aged ten or older.
- The household head is requested to answer 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 "24 Diary (from page 6 to page 9) ",

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.
- Please take extreme care when handling this questionnaire and don't foul it up so that it will be easy to read.
- When entering figures please use one box  per figure and fill in towards the right hand side as indicated the example below.

(Example of entry)  :  0  2  8  4  5  6  7  8  9

Simple straight line — Leaving a gap — Slightly jutting out — Forming a full circle

Don't overpass — With a slight angle

|  |  |  |  |  |                      |  |                      |  |  |  |  |  |  |   |  |  |  |  |  |                           |  |  |  |  |               |  |                      |  |  |  |  |  |  |                          |  |                      |  |  |  |  |                      |  |                      |  |  |                      |  |                      |  |   |  |   |  |
|--|--|--|--|--|----------------------|--|----------------------|--|--|--|--|--|--|---|--|--|--|--|--|---------------------------|--|--|--|--|---------------|--|----------------------|--|--|--|--|--|--|--------------------------|--|----------------------|--|--|--|--|----------------------|--|----------------------|--|--|----------------------|--|----------------------|--|---|--|---|--|
| To be completed by the enumerator  |  |  |  |  |                      |  |                      |  |  | To be completed by prefectural offices           |  |  |  |   |  |  |  |  |  |                           |  |  |  |  |               |  |                      |  |  |  |  |  |  |                          |  |                      |  |  |  |  |                      |  |                      |  |  |                      |  |                      |  |   |  |   |  |
| <table border="1"> <tr> <td colspan="10">For the questionnaire of the household head only</td> </tr> <tr> <td colspan="5">Enumeration district code</td> <td colspan="2">Household No.</td> <td colspan="3">Household member No.</td> <td colspan="2">Number of household members 10 years old or over</td> <td colspan="2">Number of household members under 10 years old</td> <td colspan="2">For one person household</td> </tr> <tr> <td colspan="5"><input type="text"/></td> <td colspan="2"><input type="text"/></td> <td colspan="3"><input type="text"/></td> <td colspan="2"><input type="text"/></td> <td colspan="2"><input type="text"/></td> <td colspan="2"> Living away from home on business <input type="radio"/> Other <input type="radio"/> </td> </tr> </table> |  |  |  |  |                      |  |                      |  |  | 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="radio"/> Other <input type="radio"/> |  | f <input type="radio"/> y <input type="radio"/> |  |
| 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="radio"/> Other <input type="radio"/> |  |  |  |  |  |                           |  |  |  |  |               |  |                      |  |  |  |  |  |  |                          |  |                      |  |  |  |  |                      |  |                      |  |  |                      |  |                      |  |   |  |   |  |

**1 Name and Sex**

(Name)  Male ☐ Female ☐

**2 Relationship to household head**

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

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

**3 Month and year of birth**

Please 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**

After indicating whether you are currently attending school or not, please fill in the circle according to the arrows.

Please indicate the level you have graduated from. (If you have not completed your final school, please fill in the circle the last level you have graduated from.)

Attending school ☐ Graduated ☐ Never attended school ☐

Elementary school ☐ Junior high school ☐ High school ☐ Junior college or technological college ☐ College or university, including 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 ☐ Mobile phone or PHS ☐ Personal computer ☐ Personal digital assistants ☐ Do not use ☐

**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 meals, etc.

"Caring" also includes those who have not been assessed for eligibility of benefit under the Long Term Care Insurance system.

"Caring" does not include the nursing of those confined to bed with a temporary illness.

(Please 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 ☐

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

To right page on question 18. To right column on question 9. To right column on question 8.

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

To be indicated only by those aged 60 and over.

"Son and daughter" includes son-in-law and daughter-in-law.

If you have two or more children, please indicate on the basis of the one living nearest to you.

Have son(s) or daughter(s)

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

**9 Do you usually work?**

"Work" means any activity for pay or profit including helping in a family business such as a shop or farm, side jobs and part-time work.

"School" includes preparatory schools, vocational schools or other miscellaneous schools, etc.

Engaged in work ☐ Not engaged in work ☐

Mainly working ☐ Working besides mainly doing housework ☐ Working besides mainly attending school ☐ Doing housework ☐ Attending school ☐ Other ☐

**10 Do you wish to work?**

I wish to work, and I am seeking a job ☐ I wish to work, but I am not seeking a job ☐ I do not wish to work ☐

To right page on question 18.

**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.

"Worker dispatched from a temporary labour agency" means a worker prescribed under the Worker Dispatching Law only.

Employee ☐ Regular staff ☐ Part-time worker ☐ "Arubaito" ☐ Worker dispatched from a temporary labour agency ☐ Other ☐ Director of company or organization, etc. ☐ Self-employed with employee ☐ Self-employed with no employee ☐ Family worker ☐ Doing piecework at home ☐

**12 Kind of work**

Please describe the kind of work you do in detail.

To right page on question 13.

### 13 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 offices and factories, etc.
- Employees of the government or public corporations should fill in the circle, "Government and public offices, etc."

☐ 1 to 4 persons  
☐ 5 to 9  
☐ 10 to 29  
☐ 30 to 99  
☐ 100 to 299  
☐ 300 to 999  
☐ 1,000 to 4,999  
☐ 5,000 and over  
☐ Government and public offices, etc.

### 14 Usual working hours per week

- Please indicate working hours. "Working hours" include overtime and side jobs.

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

To right column  
on question 15.

### 15 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.

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

### 16 Regular holidays per week

- Please indicate how many days you can take off.
- If the system is not established, please fill in the circle "not fixed".

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

### 17 Have or have not taken consecutive holidays, and the timing, if you have taken them

- Please indicate the holidays you have taken consecutively for more than a week (including Sundays and public holidays) in the past year.
- The above excludes sick leave or mourning leave, etc.

(Please fill in the circle all applicable answers)  
Have taken consecutive holidays

☐ At the year-end and beginning of the year  
☐ So-called "Golden Week" (Japanese holiday)  
☐ Summer time  
☐ Other period  
☐ Have not taken consecutive holidays

#### Question 18

onwards should be completed by all respondents.

#### In answering questions

Question 18 below to Question 23 of page 5

- Please answer according to your experiences within the past year (20th October 2005 to 19th October 2006).
- If you answer "yes" in section (1) please also answer section (2) onwards.

### 18 Internet use

- Excludes use at work or school.
- "Studies or researches" means activities for the purpose of enhancing one's knowledge or level of culture, or for preparing for a change of job or for a new job (including to acquire new technologies or qualifications), and excludes such activities of a member of a business or the public for work, or of students for their studies.
- Please indicate your use over the past year.
- Includes use via a mobile phone or PHS etc.

#### (2) How many days over the year did you use the Internet?

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

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

E-mail..... ☐ No ☐ Yes  
 Bulletin board/Chat service..... ☐ No ☐ Yes  
 Building or updating Website or blog..... ☐ No ☐ Yes  
 Information retrieval and acquisition of information such as news..... ☐ No ☐ Yes  
 Acquisition of images, moving images, music data or software..... ☐ No ☐ Yes  
 Reservations, purchases, payments for goods or services..... ☐ No ☐ Yes  
 (shopping, banking, ticket reservation, or stock dealing, etc.)  
 Other..... ☐ No ☐ Yes  
 (entering quiz or prize contest, answering questionnaires, reading books, or participating in on-line gaming, etc.)

#### (3) What did you use? (Please fill in the circle all applicable answers)

Personal Computer  
 At home ☐ Elsewhere ☐  
 Mobile phone or PHS ☐ Other ☐

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

Studies or researches ☐  
 Housework, child care or other care ☐  
 Hobby or amusement ☐  
 Volunteer activities or social participation activities ☐  
 Social life ☐  
 Other ☐

## 19 Studies and researches

- 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 studies or researches?  
(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 days a week)  
7: 200 days or more (4 days or more a week)

(3) For what purpose did you pursue your studies or researches?  
(Please fill in the circle 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)

- Classes, courses or workshops, etc.  
Sponsored by municipalities, etc.  
Sponsored by private institutions  
Sponsored by universities, etc.  
Lecture meetings, etc.  
Correspondence course  
Television or radio  
Outside of working hours at workplace  
Miscellaneous schools or vocational schools  
Vocational Ability Development School, etc.  
Other

(1) Did you do any studies or researches?

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

## 20 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 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 days a week)  
7: 200 days or more (4 days or more a week)

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

- Yes  
As a member of a volunteer organization  
As a member of a neighborhood association, senior citizen association, or youth club, etc.  
As a member of other groups  
No  
With family  
With classmate(s) or colleague(s)  
With neighbour(s)  
With friend(s) or acquaintance(s), etc.  
Alone

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

|   | No                    | Yes                   |
|---|-----------------------|-----------------------|
| Health or medical related activities (blood donations, visiting people in hospital, or promoting safe foodstuffs, etc.)   | <input type="radio"/> | <input type="radio"/> |
| Activities for the elderly (assisting in daily life, or recreation, etc.)   | <input type="radio"/> | <input type="radio"/> |
| Activities for the handicapped (sign language, braille, reading, or helping the handicapped to take go out, etc.)   | <input type="radio"/> | <input type="radio"/> |
| Activities for children (taking care of children's group, child-raising support, or manning bullying hot lines, etc.)   | <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"/> |
| Local improvement activities (cleaning up parks and roads, planting flowers, or promoting the local community, etc.)  | <input type="radio"/> | <input type="radio"/> |
| Safety promotion activities (disaster and crime prevention, or road safety, etc.)   | <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"/> |
| Disaster related activities (providing clothes and food, or hot meals for disaster victims, etc.)   | <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"/> |
| Other (promoting human rights, or pacifism, etc.)   | <input type="radio"/> | <input type="radio"/> |



## 21 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 days 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"/> |
| Softball                           | <input type="radio"/> | <input type="radio"/> |
| Volleyball                         | <input type="radio"/> | <input type="radio"/> |
| Basketball                         | <input type="radio"/> | <input type="radio"/> |
| Soccer                             | <input type="radio"/> | <input type="radio"/> |

(continued)

| (1)                                  | No                    | Yes                   |
|--------------------------------------|-----------------------|-----------------------|
| Table tennis                         | <input type="radio"/> | <input type="radio"/> |
| Tennis                               | <input type="radio"/> | <input type="radio"/> |
| Badminton                            | <input type="radio"/> | <input type="radio"/> |
| Golf (including golf practice range) | <input type="radio"/> | <input type="radio"/> |
| Judo                                 | <input type="radio"/> | <input type="radio"/> |
| Japanese fencing (kendo)             | <input type="radio"/> | <input type="radio"/> |

(continued)

| (1)                         | No                    | Yes                   |
|-----------------------------|-----------------------|-----------------------|
| "Gate ball"                 | <input type="radio"/> | <input type="radio"/> |
| Bowling                     | <input type="radio"/> | <input type="radio"/> |
| Fishing                     | <input type="radio"/> | <input type="radio"/> |
| Swimming                    | <input type="radio"/> | <input type="radio"/> |
| Skiing, snowboarding        | <input type="radio"/> | <input type="radio"/> |
| Mountain climbing or hiking | <input type="radio"/> | <input type="radio"/> |

(continued)

| (1)                                | No                    | Yes                   |
|------------------------------------|-----------------------|-----------------------|
| Cycling                            | <input type="radio"/> | <input type="radio"/> |
| Jogging, marathon                  | <input type="radio"/> | <input type="radio"/> |
| Walking or light physical exercise | <input type="radio"/> | <input type="radio"/> |
| Training with gym equipment        | <input type="radio"/> | <input type="radio"/> |
| Other sports                       | <input type="radio"/> | <input type="radio"/> |

(Please describe sports you engaged in the past year.)

## 22 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 days 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"/> |
| Watching works of art (Excluding TV programs or DVDs, etc.)                   | <input type="radio"/> | <input type="radio"/> |
| Watching vaude-villes, plays and dances (Excluding TV programs or DVDs, etc.) | <input type="radio"/> | <input type="radio"/> |
| Watching movies (Excluding TV programs, videos or DVDs, etc.)                 | <input type="radio"/> | <input type="radio"/> |
| Going to classical music concerts   | <input type="radio"/> | <input type="radio"/> |
| Going to popular music concerts   | <input type="radio"/> | <input type="radio"/> |
| Listening to music by CD, tape, or records, etc.                              | <input type="radio"/> | <input type="radio"/> |
| Watching movies by DVD, video, etc. (Excluding recordings from TV)            | <input type="radio"/> | <input type="radio"/> |

(continued)

| (1)   | No                    | Yes                   |
|---|-----------------------|-----------------------|
| Playing musical instruments   | <input type="radio"/> | <input type="radio"/> |
| Traditional Japanese music (including folk songs, and traditional Japanese music) | <input type="radio"/> | <input type="radio"/> |
| Chorus or vocal music   | <input type="radio"/> | <input type="radio"/> |
| Japanese dancing  | <input type="radio"/> | <input type="radio"/> |
| Western dancing or social dancing   | <input type="radio"/> | <input type="radio"/> |
| Calligraphy   | <input type="radio"/> | <input type="radio"/> |
| Japanese flower arrangement   | <input type="radio"/> | <input type="radio"/> |
| Japanese tea ceremony   | <input type="radio"/> | <input type="radio"/> |
| Dress making, sewing  | <input type="radio"/> | <input type="radio"/> |

(continued)

| (1)   | No                    | Yes                   |
|---|-----------------------|-----------------------|
| Knitting or embroidering                                | <input type="radio"/> | <input type="radio"/> |
| Cooking or making cakes, cookies as hobbies             | <input type="radio"/> | <input type="radio"/> |
| Gardening   | <input type="radio"/> | <input type="radio"/> |
| Do-it-yourself carpentry                                | <input type="radio"/> | <input type="radio"/> |
| Painting or carving                                     | <input type="radio"/> | <input type="radio"/> |
| Ceramic art or industrial arts                          | <input type="radio"/> | <input type="radio"/> |
| Photographing and printing                              | <input type="radio"/> | <input type="radio"/> |
| Writing poems, Japanese poems, "haiku", or novels, etc. | <input type="radio"/> | <input type="radio"/> |
| Reading books as hobbies                                | <input type="radio"/> | <input type="radio"/> |

(continued)

| (1)   | No                    | Yes                   |
|---|-----------------------|-----------------------|
| The game of "go"  | <input type="radio"/> | <input type="radio"/> |
| The game of Japanese chess, "shogi"   | <input type="radio"/> | <input type="radio"/> |
| Playing "Pachinko"  | <input type="radio"/> | <input type="radio"/> |
| "Karaoke"   | <input type="radio"/> | <input type="radio"/> |
| Playing TV games or PC games (including use of portable game machines)                            | <input type="radio"/> | <input type="radio"/> |
| Visiting recreation ground, zoo, arboretum, or aquarium, etc.                                     | <input type="radio"/> | <input type="radio"/> |
| Camping   | <input type="radio"/> | <input type="radio"/> |
| Other hobbies or amusements (Please describe hobbies and amusements you enjoyed in the past year) | <input type="radio"/> | <input type="radio"/> |

## 23 Travel and excursion

- Activities completed in questions 19 to 22 should be indicated again if they occurred during travel or excursion.

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

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

[Example]  
 If the number is 1 to 9 times,    if the number is ten times or over.  
 : 3    10

#### (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"/> |                       |
|  | Within Japan   | Sightseeing (including travel for recreation or sport, etc.) | <input type="radio"/> | <input type="radio"/> |
|  |  | Return to the home town, visiting someone                    | <input type="radio"/> | <input type="radio"/> |
|  |  | Business trip or training, etc.                              | <input type="radio"/> | <input type="radio"/> |
|  | Outside Japan  | Sightseeing (including travel for recreation or sport, etc.) | <input type="radio"/> | <input type="radio"/> |
|  |  | Business trip or training, etc.                              | <input type="radio"/> | <input type="radio"/> |

### (3) Who did you travel with? (Please fill in the circle all appropriate categories)

| With family           | With classmate(s) or colleague(s) | With neighbour(s)     | With friend(s) or acquaintance(s), etc. | Alone                 |
|-----------------------|-----------------------------------|-----------------------|---|-----------------------|
| <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/>             | <input type="radio"/> | <input type="radio"/>                   | <input type="radio"/> |

## 24 Diary

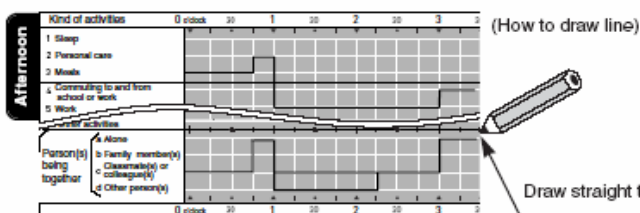
- \* Please report on your activities during the designated two days in 15 minute units.
- \* Please draw a horizontal line to specify the activity and persons with you for each 15 minute unit.

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

06

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



**First Day**

Date      week

October    :    :    (    )

6 o'clock    30    7    30    8    30    9    30    10    30    11    30    12 o'clock    Kind of activities

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

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

Person(s) being together

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

6 o'clock    30    7    30    8    30    9    30    10    30    11    30    12 o'clock    Kind of activities

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

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

Person(s) being together

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

\* 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.<br>(Please fill in the circle all applicable categories) |   |   |                                 |                         |                           |                       |  | (2) How was the weather on this day? |                       |                       |
|---|---|---|---------------------------------|-------------------------|---------------------------|-----------------------|--|--------------------------------------|-----------------------|-----------------------|
| Travel<br>(at least one overnight stay)   | Day excursion<br>(more than half a day) | Event, wedding or funeral (lasting over half a day) | Business trip or training, etc. | Under medical treatment | Holiday or vacation, etc. | Other                 |  | Rained all day long                  | Rained occasionally   | Not rained            |
| <input type="radio"/>   | <input type="radio"/>                   | <input type="radio"/>                               | <input type="radio"/>           | <input type="radio"/>   | <input type="radio"/>     | <input type="radio"/> |  | <input type="radio"/>                | <input type="radio"/> | <input type="radio"/> |

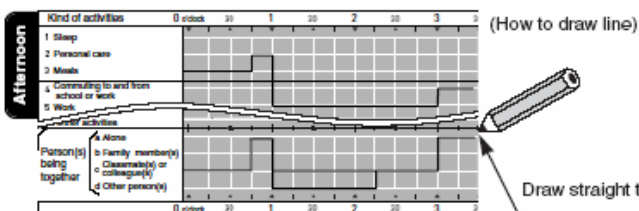
08

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

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

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





**Second Day**

Date      week

October : : ( )

**Morning**

| 6 o'clock | 30 | 7 | 30 | 8 | 30 | 9 | 30 | 10 | 30 | 11 | 30 | 12 o'clock | Kind of activities   |
|-----------|----|---|----|---|----|---|----|----|----|----|----|------------|--|
| 1         |    |   |    |   |    |   |    |    |    |    |    |            | 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)<br>Watching TV, listening to the radio,<br>reading newspapers or magazines |
| 12        |    |   |    |   |    |   |    |    |    |    |    |            | 12 Watching TV, listening to the radio,<br>reading newspapers or magazines                                 |
| 13        |    |   |    |   |    |   |    |    |    |    |    |            | 13 Rest and relaxation   |
| 14        |    |   |    |   |    |   |    |    |    |    |    |            | 14 Studies and researches<br>(excluding schoolwork)  |
| 15        |    |   |    |   |    |   |    |    |    |    |    |            | 15 Hobbies and amusements  |
| 16        |    |   |    |   |    |   |    |    |    |    |    |            | 16 Sports  |
| 17        |    |   |    |   |    |   |    |    |    |    |    |            | 17 Volunteer and social activities   |
| 18        |    |   |    |   |    |   |    |    |    |    |    |            | 18 Social life   |
| 19        |    |   |    |   |    |   |    |    |    |    |    |            | 19 Medical examination or treatment  |
| 20        |    |   |    |   |    |   |    |    |    |    |    |            | 20 Other activities  |
| a         |    |   |    |   |    |   |    |    |    |    |    |            | a Alone  |
| b         |    |   |    |   |    |   |    |    |    |    |    |            | b Family member(s)   |
| c         |    |   |    |   |    |   |    |    |    |    |    |            | c Classmate(s) or colleague(s)   |
| d         |    |   |    |   |    |   |    |    |    |    |    |            | d Other person(s)  |

Person(s) being together

**Afternoon**

| 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)<br>Watching TV, listening to the radio,<br>reading newspapers or magazines |
| 12        |    |   |    |   |    |   |    |    |    |    |    |            | 12 Watching TV, listening to the radio,<br>reading newspapers or magazines                                 |
| 13        |    |   |    |   |    |   |    |    |    |    |    |            | 13 Rest and relaxation   |
| 14        |    |   |    |   |    |   |    |    |    |    |    |            | 14 Studies and researches<br>(excluding schoolwork)  |
| 15        |    |   |    |   |    |   |    |    |    |    |    |            | 15 Hobbies and amusements  |
| 16        |    |   |    |   |    |   |    |    |    |    |    |            | 16 Sports  |
| 17        |    |   |    |   |    |   |    |    |    |    |    |            | 17 Volunteer and social activities   |
| 18        |    |   |    |   |    |   |    |    |    |    |    |            | 18 Social life   |
| 19        |    |   |    |   |    |   |    |    |    |    |    |            | 19 Medical examination or treatment  |
| 20        |    |   |    |   |    |   |    |    |    |    |    |            | 20 Other activities  |
| a         |    |   |    |   |    |   |    |    |    |    |    |            | a Alone  |
| b         |    |   |    |   |    |   |    |    |    |    |    |            | b Family member(s)   |
| c         |    |   |    |   |    |   |    |    |    |    |    |            | c Classmate(s) or colleague(s)   |
| d         |    |   |    |   |    |   |    |    |    |    |    |            | d Other person(s)  |

Person(s) being together

This onwards to be completed  
by the household head only

### For household

|           |   |  |   |  |   |  |  |   |   |  |  |   |  |
|-----------|---|--|---|--|---|--|--|---|---|--|--|---|--|
| <b>25</b> | <b>Type of residence</b>  | Owner-occupied house<br><input type="radio"/>  | Privately-owned rented house (apartment)<br><input type="radio"/> | Rented house publicly-owned by organization such as the Urban Renaissance Agency (formerly a governmental corporation), or other public institution, etc.<br><input type="radio"/> | Company's house (company-owned or public servant issued house)<br><input type="radio"/> | Rented room(s) or dormitory, etc.<br><input type="radio"/>                         |  |   |   |  |  |   |  |
| <b>26</b> | <b>Number of rooms</b><br>• Excluding entrance, kitchen, lavatory, bathroom, corridors, shop or office space used for commercial purposes, or ones used by members of other families.<br>• Please including "dining-kitchen" rooms.   | One room<br><input type="radio"/>              | Two rooms<br><input type="radio"/>                                | Three rooms<br><input type="radio"/>   | Four rooms<br><input type="radio"/>   | Five rooms<br><input type="radio"/>  | Six rooms<br><input type="radio"/>                         | Seven rooms<br><input type="radio"/>                        | Eight rooms or more<br><input type="radio"/>                  |  |  |   |  |
| <b>27</b> | <b>Do you own a car?</b><br>• Excluding vehicles used solely for business purposes.   | Yes<br><input type="radio"/>                   |   |  | No<br><input type="radio"/>   |  |  |   |   |  |  |   |  |
| <b>28</b> | <b>Annual income of the household (before tax deduction)</b><br>• Please indicate the aggregate income of all family members.<br>• If you are self-employed, please indicate the operating profit (sales minus business expenses).  | Under one million yen<br><input type="radio"/> | One to less than two million yen<br><input type="radio"/>         | Two to less than three million yen<br><input type="radio"/>  | Three to less than four million yen<br><input type="radio"/>                            | Four to less than five million yen<br><input type="radio"/>                        | Five to less than six million yen<br><input type="radio"/> | Six to less than seven million yen<br><input type="radio"/> | Seven to less than eight million yen<br><input type="radio"/> | Eight to less than nine million yen<br><input type="radio"/> | Nine to less than ten million yen<br><input type="radio"/> | Ten to less than fifteen million yen<br><input type="radio"/> | Fifteen million yen or more<br><input type="radio"/> |
| <b>29</b> | <b>Do you usually receive caring assistance from anyone outside the household?</b><br>• Receiving caring assistance from outside the household includes from relations living elsewhere and from care services, or care visitors, etc.<br>• Caring also includes those who have not been assessed for eligibility of benefit under the Long Term Care Insurance system. | No<br><input type="radio"/>                    |   | Yes<br><input type="radio"/>   |   |  |  |   |   |  |  |   |  |
|           |   |  |   | No more than one day per month<br><input type="radio"/>  | Two or three days per month<br><input type="radio"/>                                    | One day a week<br><input type="radio"/>  | Two or three days a week<br><input type="radio"/>          | Four or more days a week<br><input type="radio"/>           |   |  |  |   |  |
| <b>30</b> | <b>Are there any absentees from your household?</b><br>• Please report on all absentees who have been or plan to be living away from your household for more than three months on business, and those in hospital on the date of the survey (October 20th).   | No<br><input type="radio"/>                    |   | (Please indicate relationship to household head)<br>Yes<br><input type="radio"/>   |   |  |  |   |   |  |  |   |  |
|           |   |  |   | Spouse<br><input type="radio"/>  | Father or mother, or father or mother of spouse<br><input type="radio"/>                | Son(s) or daughter(s), or spouse of son(s) or daughter(s)<br><input type="radio"/> | Other<br><input type="radio"/>                             |   |   |  |  |   |  |
|           | Household members absent on business →  | <input type="radio"/>                          | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>                                      | <input type="radio"/>                                       |   |  |  |   |  |
|           | Household members absent in hospital →  | <input type="radio"/>                          | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>                                      | <input type="radio"/>                                       |   |  |  |   |  |

### Persons under the age of 10

| No. | 31 Relationship to the household head  | 32 Age   | 33 School or kindergarten attendance |                                   |                               |                                   |                               |                                   |                                      |  |
|-----|--|--|--------------------------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------------|-----------------------------------|--------------------------------------|--|
|     | Son or daughter<br>Grandson or granddaughter<br>Younger brother(s) or sister(s)<br>Other | Please write age as of the last birthday.<br>□ : Year(s) | Attends nursery school               |                                   | Attends kindergarten          |                                   | Attends elementary school     |                                   | Not attending school or kindergarten |  |
|     |  |  | 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 | Not using after-school hours care |                                      |  |
| 1   | <input type="radio"/>  | <input type="radio"/>                                    | <input type="radio"/>                | <input type="radio"/>             | <input type="radio"/>         | <input type="radio"/>             | <input type="radio"/>         | <input type="radio"/>             | <input type="radio"/>                |  |
| 2   | <input type="radio"/>  | <input type="radio"/>                                    | <input type="radio"/>                | <input type="radio"/>             | <input type="radio"/>         | <input type="radio"/>             | <input type="radio"/>         | <input type="radio"/>             | <input type="radio"/>                |  |
| 3   | <input type="radio"/>  | <input type="radio"/>                                    | <input type="radio"/>                | <input type="radio"/>             | <input type="radio"/>         | <input type="radio"/>             | <input type="radio"/>         | <input type="radio"/>             | <input type="radio"/>                |  |
| 4   | <input type="radio"/>  | <input type="radio"/>                                    | <input type="radio"/>                | <input type="radio"/>             | <input type="radio"/>         | <input type="radio"/>             | <input type="radio"/>         | <input type="radio"/>             | <input type="radio"/>                |  |
| 5   | <input type="radio"/>  | <input type="radio"/>                                    | <input type="radio"/>                | <input type="radio"/>             | <input type="radio"/>         | <input type="radio"/>             | <input type="radio"/>         | <input type="radio"/>             | <input type="radio"/>                |  |

Your telephone number ( ) —

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

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