Confidential

01

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

## 2006 Survey on Time Use and Leisure Activities

# Questionnaire B

October 20th, 2006

Statistics Bureau
Ministry of Internal Affairs and Communications

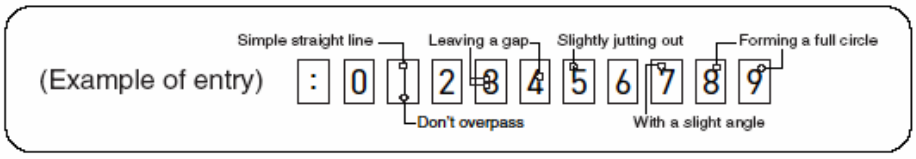
◎ This questionnaire will be used only for statistical purposes.
Please answer the questions to the best of your knowledge.
◎ Use a separate book for each of the household members aged ten or older.
◎ The household head is requested to answer all of the questions including both the "For household" and "Persons under the age of 10" sections on the last page of his/her own questionnaire.

For "12 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.
- 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.




**To be completed by the enumerator**

| Enumeration district code | Household No. | Household member No. | For the questionnaire of the household head only: Number of household members 10 years old or over | Number of household members under 10 years old | For one person household: Living away from home on business | For one person household: Other |
|---|---|---|---|---|---|---|
| : : : : : | : : | : : | : : | : : | ⬭ | ⬭ |

**To be completed by prefectural offices**

| f | y |
|---|---|
| ⬭ | ⬭ |

## 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 to 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.)

Never attended school ○

| Attending school | Graduated |
|---|---|
| ○ Elementary school | ○ Elementary school or junior high school |
| ○ Junior high school | ○ High school |
| ○ High school | ○ Junior college or technological college |
| ○ Junior college or technological college | ○ College or university, including graduate school |
| ○ 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 | ○ Caring at home | ○ Caring outside home | ○ |

10 to 14 years old → To page 4 on question 12.

15 years old and over → To right page on question 8.

## 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 jobs and part-time work.
- **"School"** includes preparatory schools, vocational schools or other miscellaneous schools, etc.

Engaged in work: ○ Mainly working ○ Working besides mainly doing housework ○ Working besides mainly attending school

Not engaged in work: ○ Doing housework ○ Attending school ○ Other

To page 4 on question 12.

## 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.
- **"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 ○ Self-employed with employee ○ Self-employed with no employee ○ Family worker ○ Doing piecework at home

## 10 Kind of work

- Please describe the kind of work you do in detail.

## 11 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



**Example of how to complete question 12 (Diary).**

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

## Afternoon

| Time | What were you mainly doing? * Please report what you were mainly doing in 15 minute units | Using the Internet | Place: 1 At home, 2 At school or work, 3 On travel, 4 Other | Persons being together (Please encircle all applicable categories): 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. | Were you doing something else at the same time? * When doing several things please report just one. | Time and hour code |
|---|---|---|---|---|---|---|
| 0:00 | Preparing lunch | | (1) 2 3 4 | 1 (2) (3) (4) (5) 6 7 | Listening to the radio | 49 |
| . | ↓ | | 1 2 3 4 | 1 2 3 4 5 6 7 | ↓ | 50 |
| 30 | Having lunch | | 1 2 3 4 | 1 2 3 4 5 6 7 | Watching television | 51 |
| . | ↓ | | 1 2 3 4 | 1 (2) (3) 4 5 6 7 | ↓ | 52 |
| 1:00 | Clearing up after lunch | | (1) 2 3 4 | 1 2 3 4 (5) 6 7 | | 53 |
| . | Playing with son | | 1 2 3 (4) | 1 2 3 4 5 6 7 | | 54 |
| 30 | ↓ | | 1 2 3 4 | 1 2 3 4 5 6 (7) | Chatting with neighbours | 55 |
| . | ↓ | | 1 2 3 (4) | 1 2 3 (4) 5 6 7 | | 56 |
| 2:00 | Looking for a restaurant on the Internet | (○) | (1) 2 3 4 | (1) 2 3 4 5 6 7 | | 57 |
| . | ↓ | (○) | (1) 2 3 4 | (1) 2 3 4 5 6 7 | | 58 |
| 30 | Going to the supermarket | | 1 2 (3) 4 | 1 2 3 4 (5) 6 7 | | 59 |
| . | Shopping for dinner | | 1 2 3 (4) | 1 2 3 4 5 6 7 | | 60 |
| 3:00 | ↓ | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 61 |
| . | | | | | | |

## 12 Diary

- Please report on your activities during the designated two days in 15 minute units.

| (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? | | | 04 |
|---|---|---|---|---|---|---|---|---|---|---|
| Travel (at least one overnight stay) | Day excursion (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 | |
| ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |

### Morning (First Day)

| Time | What were you mainly doing? * Please report what you were mainly doing in 15 minute units | Using the Internet | Place: 1 At home, 2 At school or work, 3 On travel, 4 Other | Persons being together (Please encircle all applicable categories): 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 | Were you doing something else at the same time? *When doing several things please report just one. | Time and hour code |
|---|---|---|---|---|---|---|
| 0:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 01 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 02 |
| 30 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 03 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 04 |
| 1:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 05 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 08 |
| 2:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 09 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 12 |
| 3:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 13 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 16 |
| 4:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 17 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 20 |
| 5:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 21 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 24 |
| 6:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 25 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 26 |
| 30 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 27 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 28 |
| 7:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 29 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 32 |
| 8:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 33 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 36 |
| 9:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 37 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 38 |
| 30 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 39 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 40 |
| 10:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 41 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 44 |
| 11:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 45 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 48 |
| 12:00 | | | | | | |

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

05

| First Day | | |
|---|---|---|
| | Date | week |
| October | : : | ( ) |

## Afternoon

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

• Please report on your activities during the designated two days in 15 minute units.

**(1) Select the feature of this day from the categories listed below.**
**(Please fill in the circle all applicable categories)**

| Travel (at least one overnight stay) | Day excursion (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 |
|---|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | ○ | ○ |

**(2) How was the weather on this day?**

| Rained all day long | Rained occasionally | Not rained |
|---|---|---|
| ○ | ○ | ○ |

06

## Morning (Second Day)

| Time | What were you mainly doing? * Please report what you were mainly doing in 15 minute units | Using the Internet | Place: 1 At home, 2 At school or work, 3 On travel, 4 Other | Persons being together (Please encircle all applicable categories): 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 | Were you doing something else at the same time? *When doing several things please report just one. | Time and hour code |
|---|---|---|---|---|---|---|
| 0:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 01 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 02 |
| 30 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 03 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 04 |
| 1:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 05 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 08 |
| 2:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 09 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 12 |
| 3:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 13 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 16 |
| 4:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 17 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 20 |
| 5:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 21 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 24 |
| 6:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 25 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 26 |
| 30 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 27 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 28 |
| 7:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 29 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 32 |
| 8:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 33 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 36 |
| 9:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 37 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 38 |
| 30 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 39 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 40 |
| 10:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 41 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 44 |
| 11:00 | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 45 |
| . | | | 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 |
| . | | | 1 2 3 4 | 1 2 3 4 5 6 7 | | 48 |
| 12:00 | | | | | | |

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

07

**Second Day**

Date week

October [ : ] [ : ] ( )

## Afternoon

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





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

**13 Type of residence**

Owner-occupied house ○ | Privately-owned rented house (apartment) ○ | Rented house publicly-owned by an organization such as the Urban Renaissance Agency (formerly a governmental corporation), or other public institution, etc. ○ | Company's house (company-owned or public servant issued house) ○ | Rented room(s) or dormitory etc. ○

**14 Number of rooms**

- Excluding entrance, kitchen, lavatory, bathroom, corridors, shop or office space used for commercial purposes, or ones used by members of other families.
- Please including "dining-kitchen" rooms.

One room ○ | Two rooms ○ | Three rooms ○ | Four rooms ○ | Five rooms ○ | Six rooms ○ | Seven rooms ○ | Eight rooms or more ○

**15 Do you own a car?**

- Excluding vehicles used solely for business purposes.

Yes ○ | No ○

**16 Annual income of the household (before tax deduction)**

- Please indicate the aggregate income of all family members.
- If you are self-employed, please indicate the operating profit (sales minus business expenses).

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 ○

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 ○

**17 Do you useally receive caring assistance from anyone outside the household?**

- **Receiving caring assistance** from outside the **household** includes from relations living elsewhere and from care services, or care visitors, etc.
- **Caring** also includes those who have not been assessed for eligibility of benefit under the Long Term Care Insurance system.

No ○ | Yes ○

Yes: No more than one day per month ○ | Two or three days per month ○ | One day a week ○ | Two or three days a week ○ | Four or more days a week ○



**18 Are there any absentees from your household?**

- Please report on all absentees who have been or plan to be living away from your household for more than three months on business, and those in hospital on the date of the survey (October 20th).

No ○ | Yes ○

(Please indicate relationship to household head)

| | Spouse | Father or mother, or father or mother of spouse | Son(s) or daughter(s), or spouse of son(s) or daughter(s) | Other |
|---|---|---|---|---|
| Household members absent on business → | ○ | ○ | ○ | ○ |
| Household members absent in hospital → | ○ | ○ | ○ | ○ |

## Persons under the age of 10

| No. | 19 Relationship to the household head: Son or daughter | Grandson or granddaughter | Younger brother(s) or sister(s) | Other | 20 Age: Please write age as of the last birthday. | 21 School or kindergarten attendance: Attends nursery school – Using after-school hours care | Attends nursery school – Not using after-school hours care | Attends kindergarten – Using after-school hours care | Attends kindergarten – Not using after-school hours care | Attends elementary school – Using after-school hours care | Attends elementary school – Not using after-school hours care | Not attending school or kindergarten |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | ○ | ○ | ○ | ○ | : Year(s) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 2 | ○ | ○ | ○ | ○ | : Year(s) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 3 | ○ | ○ | ○ | ○ | : Year(s) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 4 | ○ | ○ | ○ | ○ | : Year(s) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 5 | ○ | ○ | ○ | ○ | : Year(s) | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

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.