Confidential

fundamental statistical survey

01

2011 Survey on time Use and Leisure Activities

Questionnaire B

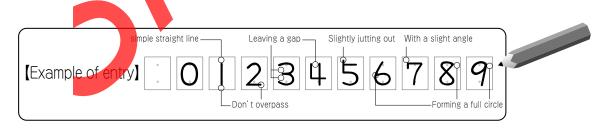
October 20th, 2011 Statistics Bureau Ministry of Internal Affairs and Communications

- ©This is a fundamental statistic survey conducted by the Japanese government in compliance with the Statistics Act. Every possible measure is taken to protect personal information from leakage. Please be reassured and fill in the questionnaire to the best of your knowledge.
- Ouse a separate book for each of the household members aged ten or older.
- The household head is requested to answer all of the questions including both the "For household" and "Persons under the age of 10" sections on the last page of his/her own questionnaire.

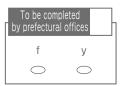
For "17 I	Diary (From page	4 to page 7)", Please re	port on two	days, namely,
Oct.	() and Oct.	()

Notes on completing the questionnaire

- •Please be sure to fill in the questionnaire with either a black lead pencil or mechanical Pencil, and neatly correct any mistakes with an eraser.
- •When the answer column contains these circles ○, please completely fill in only one like this except in columns where all appropriate answers are necessary.
- •When entering figures please use one box : per figure and fill in toward the right hand side as indicated the example below
- •Please keep these questionnaire sheets clean, since they are to be read by a reader device.



To be completed b	by the enu	merator				
			For the questio	nnaire of the hou	isehold hea	ad only
				Number of household	For one person	household
Enumeration district code	Household No.	Household member No.	members 10 years old or over	members under 10 years old	Living away from home	Other
	•	•	•	•	on business	Other



1 Name and Sex	if you are 15 years old and over.
Male Female	7 Do you usually care for a member of your family?
	"Caring" means helping in daily activities such as bathing, dressing, going to the toilet, moving around the house or taking meal, etc.
2 Relationship to household head Grandparents and brothers or sister of the spouse of the household head (husband or wife) are	"Caring" also includes those who have not been assessed for eligibility of benefit under the Long Term Care Insurance system.
included under "Grandfather or grandmother" or "Brother or sister" Grandchildren's spouses are included under "Grandson or granddaughter", spouses of brothers	 "Caring" does not include the nursing or those confined to bed with a temporary illness. In case the family member you are taking care of resides outside your house, please indicate the
and sisters are included under "Brother or sister".	place of his/her residence.
Other Brother or sister Grandfather or grandmother or mother of spouse of household head Grandson or granddaughter Spouse of son or daughter Spouse of son or daughter Spouse of son or daughter Household head Household head	(Please fill in the circle all applicable numbers) Caring for family member(s) Caring for family member(s) Not caring for
Other Grandfather or grandmother of grandmother of grandmother of spouse of household head household head Granddaughter granddaughter of daughter Son or daughter Son or daughter Son or daughter spouse of son or household head Household head	aged 65 and over aged under 65 family members Caring at home Caring outside home Caring at home Caring outside home
Other (sister (sister (her of lase of (head (son or (senter	In the same site with Other In the same site with Other
	the residence Outlet the residence Or Or Or In the neighborhood (within five minutes (within five minutes
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.	walking distance) walking distance)
Please use the full four boxes in answering by the year of A.D.	
Meiji Taisho Showa Heisei Christian Era (A.D)	8 Do you usually work?
	- "Work" means any activity for pay or profit including helping in a family business such as a shop or farm, side job and part-time work - "School" includes preparatory schools, vocational schools or other miscellaneous school, etc.
Year Month Month	If you are temporatily taking leave to take care of your child or another member of your family, please consider yourself as "working."
	Engaged in work Not engaged in work
4 Marital Status Please indicate your actual status regardless of legal status.	Ma Schala
Never married Married Widowed or divorced	Other Attending: Doing houseworking be mainly doir houseworking be mainly were
	Other Attending school Attending besides mainly attending school Working besides mainly doing housework Mainly working
5 Education	ool ork
If you are currently enrolled in a school, please state what kind of school you are enrolled in. If not, please mark the last kind of school you graduated from. (If you left your last school	
without graduating, mark the last school you graduated from.)	
Attending school Graduated attended school	
Graduate school College of university United college or technological or Transchool High school Graduate school College or university United college or technological college or university United college or technological college or	
Graduate school College of university Univer	To page 4 on question 17.
0000000000	Q Employment status
6 Do you usually use a mobile phone	9 Employment status "Self-employed" means those operating their own businesses (including agriculture) or other
6 Do you usually use a mobile phone or personal computer etc.?	professionals. • Employees should indicate their position in their place of work.
 "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 	 "Work dispatched from a temporary labor agency" means a worker prescribed under the Worker Dispatching Law only.
· It excludes those who use the above solely at work or school.	
(Please fill in the circle all applicable answers)	Doing piecework at home Family worker Self-employee with no employee Self-employee with employee Officetor of company or organization, etc. Other Worker dispatche from temporary labour agency - Temporary employee Employee Part-time worker Regular staff
Use Do not use	Doing piecewor Family worker Self-employee Self-employee Self-employee Cother Worker From ten labour a Part-tim Regular
Personal computer Mobile phor relecommuniterminals, personal digassistants	worker worker nployed with bloyee nployed with ree ref company of company of company of company rof company of company rof company rof company rof company ration, etc. Other Other Contract employ labour agency Temporary employ Temporary employ Regular staff Regular staff
Personal computer Mobile phone, telecommunication teminals, personal digital assistants	piecework at home / worker mployed with ployee mployed with yee or of company or ization, etc. Other Worker dispatched from temporary labour agency Temporary employee Contract employee Contract mployee Part-time worker Part-time worker
ital	
10 ~ 14 years old 15 years old and over	
	(To right page on question 10.) (To right page on question 12.)
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11.7

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14 How many hours a week would you like to work? Suppose you were allowed to work just as many hours as you wanted. Please indicate how many hours a week you would like to work.

). eans you are expected to work shorter than full-ti or 3 days a week, 8 hours a day).	mers do each week (for instance, 6	Unde	15 to	30 to	35 to	40 to	49 to	60 ho	Other (e.g.) wish t	
	Full time	Part time	Under 15 hours	29	39		48	59	60 hours and over	Other (e.g. you do not wish to work)	
Starting tim fixed	e Starting time not fixed		urs						over (ot	
	your starting time decides y (discretionary work, hours to suit	mployer your work the situation. ork, etc.)	15 Usua Please indicate				tate of heal	th.			
	holidays spent each yeard holidays each year, please indicate the num one year.		Good	d	Fai	r	Not go	od	Poor	r	
· If you have n	xcludes sick leave or mourning leave, etc. no paid holiday, please indicate "No paid holida "						0		0		_
None	r of paid holidays you spent over the last of if you have such holidays 1 days or days or days or or or or paid holidays 1 to 5 days 1 to 5 days 1 to 5 days	No paid holiday Other (i.g. you have not yet seved your or a year)	• Please indicate • If you are self- expenses. If you usually tincome. If you have bee estimated annual	e income for employed, nave a sid	rom your w please inc e business d in your c	ork over the dicate your please inc	ne last one poperating p	year. profit, which ncome from	is your a	nnual sales in your annu	
	of Work ibe the kind of work you do in detail		No income	Under half m⊪ljon yen	Half to less than one million yen	One to less than one and half million yen	One and half to less than two million yen	Two to less than two and half million yen	less than three million yen	Three to less than four million yen	
13 Usua	al working hours per we	eek			\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc	
· Please indica 15 hours	ate "working hours" include overtime and sid	e iob Not fixed 60 hours and over	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	
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After	To right column on que	Example of how to co		estion s on th	17 (Di e follo	ary)		• • •	• • •	• • • •	• •
Fime *P	That were you mainly doing the lease report what you were mainly doing in 15 minute united to the least the least terms of the	eise at the same time: *When doing several t	? Interne	1	Place on on travel	4 Other		ns bein rcle all ap daughter(s) Mother	plicable 5	ther categories 7 from work, school, etc.	Time and hour code
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30	laying with son	Chatting with neighb	pours	1 1 - 1		<u>Ф</u> 	1 2 1 2	3 4		6 7 6 Ø	52

10 Working-time arrangement

· "full time" means you are expected to work about 40 hours each week (for instance, 5 days a week,

Looking for a restaurant on the Internet

Going to the supermarket

2:00

· Please indicate your usual Working-time arrangement.

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① 2 3 4

All the res	spondents are asked to reply.	(1) Select the feature of	this day from the categories listed below. (Please fill in the circle all applicable categories)					ole categories	gories) (2) How was the weather on this day				?				
17 D	Diary	Jare care care care care care care care c				Leave to take care of a family member	Other	Rained all day long	OCCASIO	Rained	Not rained	_	04				
	ort on you did on each of the two days and how much time you spent on each units of 15 minutes.	vedding al over ay)	_		or n, etc.	or child or are	take a ember				-		1 C	irct	Da	1	
M_{0}	orning)			<u> </u>												У	
			Moro	you doing	r com	athing	5 €	1	Place 2 3	4			is being de all app	g togeth olicable c	ner ategories)		
Time	What were you main what y		else a	t the same of doing se	e time	?	Using the Internet	At home		Other	1 Alone	∾ Father	4 Son(s) or daughter(s)	member(s) 5 Spouse	Office of the control	and ho	
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[An example of how to answering the questions is provided on page 3 of the questionnaire]

	Da	te		week	
October	•	۰	()

[First	Day]
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(1) Se	elect th	e feature of t	this day fro	m the categ	ories listed l	oelow. (Plea	ase fill in the circ	cle all applica	ble categories)	(2) How was	s the weather	on this day?	00
2	Trave	Event, or func (lastin half a	Business to or training etc.	Work at	Under medic: treatment	Holiday vacation	Leave rearing taking of a sig	Leave care of family i	Other	Rained all day	Rained	Not rair	06
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Please report on you did on each of the two days specified and how much time you spent on each activity, in <u>units of 15 minutes.</u>

	units of 15 minutes.		ber ée	0 0 0	Second Day
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[An example of how to answering the questions is provided on	
page 3 of the questionnaire]	

	Date	week	
October	. (•)

07	

[Second Day]

Aft	ernoon				(Second Day)
7 (10				Place	Persons being together
Time	What were you mainly doing? **Please report what you were mainly doing in 15 minute units	Were you doing something else at the same time? *When doing several things please report just one	ng Inte	4 Other 3 On travel 2 At school or work 1 At home	Persons being together Time and hour code (Please encircle all applicable categories) 1 2 7 from work. 2 Father A Son(s) or 4 Son(s) or 4 Son(s) or 5 Spouse 4 Son(s) or 7 hother pagson(s) 8 daughter(s)
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5:00				1 2 3 4	1 2 3 4 5 6 7 68 1 2 3 4 5 6 7 69
30				1 2 3 4	1 2 3 4 5 6 7 70 1 2 3 4 5 6 7 71
6:00				1 2 3 4	1 2 3 4 5 6 7 72 1 2 3 4 5 6 7 73
30			 	1 2 3 4	1 2 3 4 5 6 7 74 1 2 3 4 5 6 7 75
7:00				1 2 3 4	1 2 3 4 5 6 7 76 1 2 3 4 5 6 7 77
30	,		 	1 2 3 4	1 2 3 4 5 6 7 78
8:00				1 2 3 4	1 2 3 4 5 6 7 79 1 2 3 4 5 6 7 80
30				1 2 3 4	1 2 3 4 5 6 7 81 1 2 3 4 5 6 7 82
9:00				1 2 3 4	1 2 3 4 5 6 7 83 1 2 3 4 5 6 7 84
30				1 2 3 4	1 2 3 4 5 6 7 85 1 2 3 4 5 6 7 86
10:00				1 2 3 4	1 2 3 4 5 6 7 87 1 2 3 4 5 6 7 88
30				1 2 3 4 1 2 3 4	1 2 3 4 5 6 7 89 1 2 3 4 5 6 7 90
11:00				1 2 3 4	1 2 3 4 5 6 7 91 1 2 3 4 5 6 7 92
				1 2 3 4	1 2 3 4 5 6 7 93 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 5 6 7 96
L12:00		7	The		is requested to complete the questions

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This onwards to be completed by the household head only

For household						
18 Type of residence	owner-occupied house	1	Rented house publicly-owned by an organization such a: Urban Renaissance Ago or other public institutio	(compar s the or public ency, issued		Rented room(s) or dormitory etc.
		\bigcirc				
19 Do you own a car?		Yes			No	
·Excluding vehicles used solely for business purposes		0			<u> </u>	
20 Annual income of the household (before tax deduction)	Under	One to less than	Two to less than Thre			Five to less than
 Please indicate the aggregate income of all family members. The income should include the pension and other benefits, dividends, and allowances you receive, in addition to the income 	one million yen	two million yen	three million yen fo	our million yen	five million yen	six million yen
from your work. The income, however, should not include temporary income, such			Eight to less than Nin nine million yen te		Ten to less than fifteen million yen	Fifteen million yen or more
as sale of your real estate, securities, and other assets, property you have inherited, gifts you received, retirement allowance, etc.		\bigcirc	\bigcirc			
21 Does anyone other than your household members usually give your family nursing care?	, NO			Yes	•	
· "nursing care by someone other than your household members" means such care provided by your relative who is		No more than	Two or three	One day	Two or three	Four or more
not living with you or a care service provider (for instance, a visiting attendant or day service).		one day per mont	h days per month	a week	days a week	days a week
•Caring also includes those who have not been assessed for eligibility of benefit under the Long Term Care Insurance system				\bigcirc	\circ	
22 Are there any absentees from your household?		(Plea:	se indicate relation	onship to h	ousehold hea	ad)
·Please report on all absentees who have been or plan to be living away from your household for more than three months on	NO			Yes		
business, and those in hospital on the date of the survey (October 20th).		Spouse	Father or mother, or father or mother of spous	or spo	use of	Other
Household members absent on business	→ ○	\bigcirc				\bigcirc
Household members absent in hospital		\circ				
Your househ	old memb	er(s) ur	nder the			
House fold flead	dergarten atte		the constant has false	members	s usually help y	n your household ou in child care?
goes to a nursing school,	that apply to each child kindergarten, school, o Enrolled in				e one(s) stated i	vice the child receives n question 25.
or and discontinuous service age as of the last after-scho	a kindergarten Using Not using ter-scho after-scho	an elementary sch Using Note after-school after-	nool school r or using kindergarten school s care	relative or	acquaintance n	n someone No iot listed in the left
birthday of hours of hours of hours of hours care care	ol hours ol hours care		imilar	grandparent) no	eighborhood (such a nurs	as a baby sitter, ing mother, etc.)
1 0 0 0 Hear(s)	*	*		Š	*	Š
2	0 0	0			\bigcirc	0 0
3	0 0	0	O O	0	0	0 0
4	0 0	0 () 0	0	\circ	0 0
5 O O O Vear(s) O	0 0	\circ			\circ	0 0

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.