



2016 Survey on time Use and Leisure Activities

Questionnaire A

October 20th, 2016

Statistics Bureau Ministry of Internal Affairs and Communications

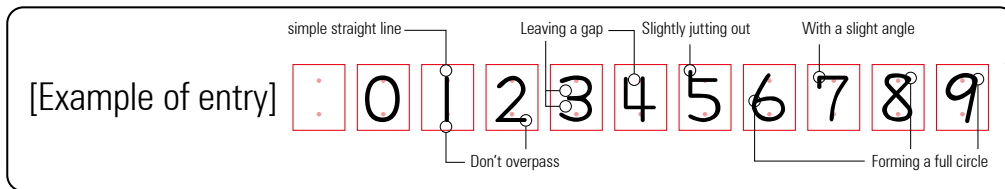
- ◎ This is a fundamental statistic survey conducted by the Japanese government in compliance with the Statistics Act. Every possible measure is taken to protect personal information from leakage. Please be reassured and fill in the questionnaire to the best of your knowledge.
- ◎ Use a separate book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

For "23 Use of smartphones and PCs (page 5)" and "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.
- 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 by the enumerator

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

1 Name and Sex

(Name) Male Female

2 Relationship to household head

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

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

3 Month and year of birth

• Please indicate applicable Japanese Era Name or Christian Era (A.D.), and then fill in the year and month in numbers.
 • Please use the full four boxes in answering by the year of A.D.

Meiji Taisho Showa Heisei Christian Era (A.D)

Year Month

4 Marital Status

• Please indicate your actual status regardless of legal status.

Never married Married Widowed or divorced

5 Education

• If you are currently enrolled in a school, please state what kind of school you are enrolled in. If not, please mark the last kind of school you graduated from. (If you left your last school without graduating, mark the last school you graduated from.)

Attending school Graduated Never attended school

Elementary school Junior high school High school Vocational school (term of study) Junior college or technological college College or university Graduate school

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

6 Usual state of health

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

Excellent Good Fair Not good Poor

7 Do you usually care for a member of your family?

• "Caring" means helping in daily activities such as bathing, dressing, going to the toilet, moving around the house or taking meal, etc.
 • "Caring" also includes those who have not been assessed for eligibility of benefit under the Long Term Care Insurance system.
 • "Caring" does not include the nursing or those confined to bed with a temporary illness.
 • In case the family member you are taking care of resides outside your house, please indicate the place of his/her residence.

(Please fill in the circle all applicable numbers)

Caring for family member(s) aged 65 and over

Caring at home Caring outside home

In the same site with the residence Other

In the neighborhood (within five minutes walking distance)

Caring for family member(s) aged under 65

Caring at home Caring outside home

In the same site with the residence Other

In the neighborhood (within five minutes walking distance)

Not caring for family members

8 Do you usually work?

• "Work" means any activity for pay or profit including helping in a family business such as a shop or farm, side job and part-time work
 • "School" includes preparatory schools, vocational schools or other miscellaneous school, etc.
 • If you are temporarily taking leave to take care of your child or another member of your family, please consider yourself as "working."

Engaged in work Not engaged in work

Mainly working Working besides mainly doing housework Working besides mainly attending school

Doing housework Attending school Other

To right page on question 11.

9 Do you wish to work?

I wish to work I do not wish to work

I am seeking a job I am not seeking a job

To page 4 on question 19.

10 How many hours a week would you like to work?

• Suppose you were allowed to work as many hours as you wanted. Please reply how many hours a week you wish to work.

Under 15 hours 15 to 29 30 to 34 35 to 39 40 to 48 49 to 59 60 hours and over

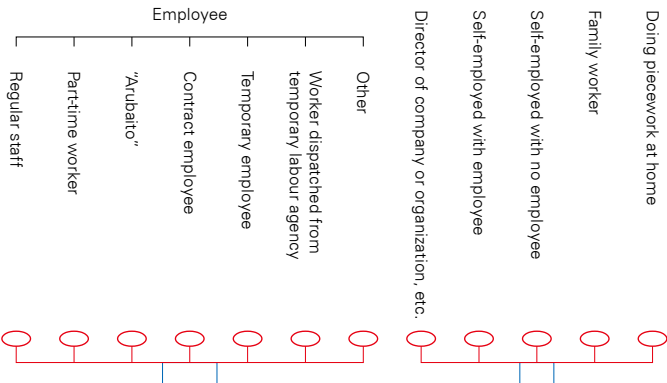
To page 4 on question 19.

10 - 14 years old 15 years old and over

To page 4 on question 19. To right column on question 7.

11 Employment status

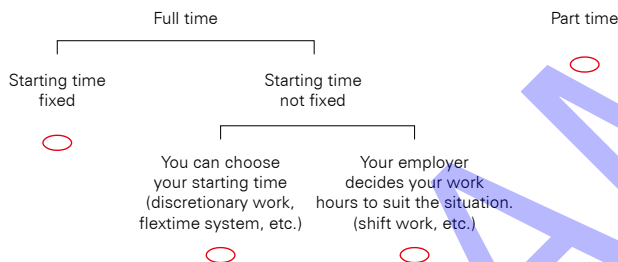
- "Self-employed" means those operating their own businesses (including agriculture) or other professionals.
- Employees should indicate their position in their place of work.
- "Work dispatched from a temporary labor agency" means a worker prescribed under the Worker Dispatching Law only.



To below column on question 14.

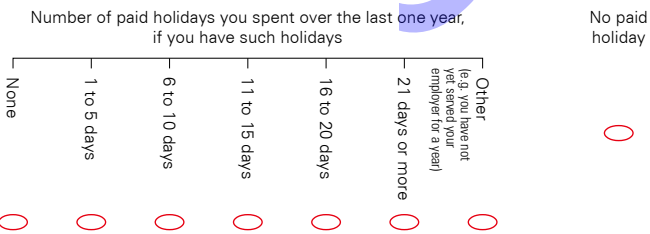
12 Working-time arrangement

- Please indicate your usual Working-time arrangement.
- "full time" means you are expected to work about 40 hours each week (for instance, 5 days a week, 8 hours a day).
- "Part time" means you are expected to work shorter than full-timers do each week (for instance, 6 hours a day, or 3 days a week, 8 hours a day).



13 Paid holidays spent each year

- If you have paid holidays each year, please indicate the number of such holidays you spent over the last one year.
- The above excludes sick leave or mourning leave, etc.
- If you have no paid holiday, please indicate "No paid holiday."



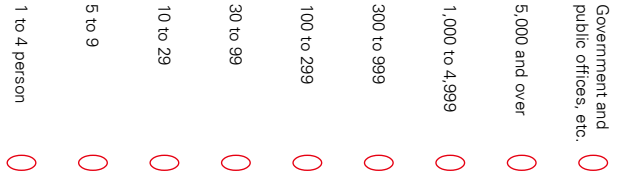
14 Kind of Work

- Please describe the kind of work you do in detail

To right column on question 15.

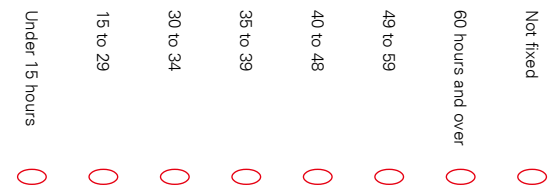
15 Number of persons engaged in the enterprise as a whole

- Please indicate the total number of persons employed at the enterprise including the head office, branch office and factories, etc.
- Employee of the government or public corporations should fill in the circle, "Government and public office, etc."



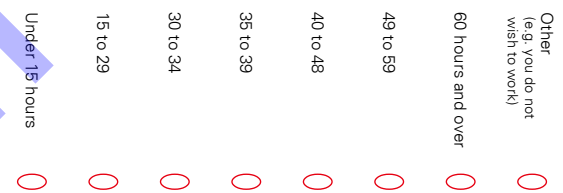
16 Usual working hours per week

- Please indicate "working hours" include overtime and side job



17 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.



18 Annual income or profit (including tax) from your work

- Please indicate income from your work over the last one year.
- If you are self-employed, please indicate your operating profit, which is your annual sales minus expenses.
- If you usually have a side business, please indicate the income from it as well in your annual income.
- If you have been engaged in your current work for less than a year, please indicate your estimated annual income.



To page 4 on question 19.

Question 19 onwards should be completed by all respondents.

In answering questions Question 19 below to Question 22 of page 5

•Please answer according to your experiences within the past year (20th October 2015 to 19th October 2016).

19 Learning, self-education, and training	(1) How many days over the year did you pursue your learning, self-education, and training? (Please choose one from the nine categories shown in the box below)	(2) For what purpose did you pursue your learning, self-education, and training? (Please fill in the circles all applicable answers)					(3) Through which means did you pursue your learning, self-education, and training? (Please fill in the circle all applicable answers)									
	<ul style="list-style-type: none"> •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. 	0 : None at all 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 day a week) 7 : 200 days or more (4 days or more a week) 8 : Do not know how many days	Self improvement	To gain employment	To use for current work	Other	Classes, Courses or workshop, etc.	Lecture meetings, etc.	Correspondence course	Television or radio	Outside or working hours at workplace	Miscellaneous schools or vocational schools	Other	Vocational training through "Hello Work" (public employment office), etc.	Other	
English language	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	
Other foreign language	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	
Computing etc.	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	
Commerce or business	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	
Caring	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	
Home economics or housework (cooking, sewing, or home management, etc.)	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	
Humanities, social or natural science (history economics, mathematics, or biology, etc.)	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	
Art and culture	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	
Other	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →	

Please indicate either Yes or No

20 Volunteer activities	(1) How many time over the year did you spend on volunteer activities? (Please choose one from the nine categories shown in the box below)	(2) How many minutes a day did you work as a volunteer? (Please indicate the average time length per day.)	(3) Did you do volunteer activities as a member of organization? (Please fill in the circle all appropriate categories)				
	0 : None at all 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 day a week) 7 : 200 days or more (4 days or more a week) 8 : Do not know how many days	•Please indicate the average time length per day.	Yes	I work as a volunteer without belonging to any organization.			
Health or medical related activities (blood donation, visiting people in hospital, or promoting safe foodstuffs, etc.)	→ [] →	→ [] min →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →
Activities for the elderly (assisting in daily life, or recreation, etc.)	→ [] →	→ [] min →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →
Activities for handicapped (sign language, Braille, reading, or helping the handicapped to take go out, etc.)	→ [] →	→ [] min →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →
Activities for children (taking care of children's group, child-raising support, or helping with school events, etc.)	→ [] →	→ [] min →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →
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.)	→ [] →	→ [] min →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →
Local improvement activities (cleaning up parks and roads, planting flowers, or promoting the local community, etc.)	→ [] →	→ [] min →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →
Safety promotion activities (disaster and crime prevention, or road safety, etc.)	→ [] →	→ [] min →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →
Conservation or environmental activities (bird watching, protection of woods and forests, promoting recycling or waste reduction, etc.)	→ [] →	→ [] min →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →
Disaster related activities (providing clothes and food, or hot meals for disaster victims, etc)	→ [] →	→ [] min →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →
Activities related to international cooperation (cooperation in foreign aid, assistance for displaced persons, or activities supporting foreigners living in Japan, etc.)	→ [] →	→ [] min →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →
Other (promoting human rights, or pacifism, etc.)	→ [] →	→ [] min →	→ [] →	→ [] →	→ [] →	→ [] →	→ [] →

Please indicate either Yes or No

21 Sports, hobbies and amusements

How many days over the year did you play these sports or engage in these hobbies or amusements? (Please choose one from the nine categories shown in the box on the right, even if you did not spend any time on these activities.)

0 : None at all
 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 day a week)
 7 : 200 days or more (4 days or more a week)
 8 : Do not know how many days

05

Sports

• Excludes activities involving only watching, or practiced as lessons or class work.
 • Includes club activities within or outside school.

• Please answer all items, even if you did not spend a single day on these activities.

Baseball (including playing catch)

Tennis

Bowling

Jogging, marathon

Softball

Badminton

Fishing

Walking or light physical exercise

Volleyball

Golf (including golf practice range)

Swimming

Training with gym equipment

Basketball

Judo

Skiing, snowboarding

Soccer (including futsal)

Japanese fencing (Kendo)

Mountain climbing or hiking

Other sports (if Yes)
 (Please describe sports you mainly play.)

Table tennis

Gate ball

Cycling

Hobbies and amusements

• Excludes activities done as a lesson, work or household work.
 • Includes club activities within or outside school.

• Please answer all items, even if you did not spend a single day on these activities.

Watching sports games (Excluding TV/smartphone/PC, etc.)

Traditional Japanese music (including folk song, and traditional Japanese music)

knitting or embroidering

The game of "go"

Watching works of art (Excluding TV/smartphone/PC, etc.)

Chorus or vocal music

cooking or making cakes, cookies as hobbies

The game of Japanese chess, "shogi"

Watching vaudevilles, plays and dances (Excluding TV/smartphone/PC, etc.)

"Karaoke"

Gardening

Playing "pachinko"

Watching movies at a movie theater

Japanese dancing

Do-it-yourself carpentry

Playing TV game or PC game (include use of portable game machines)

Watching movies other than at a movie theater (TV, DVD, PC, etc.)

Western dancing or social dancing

Painting carving

Visiting recreation ground, zoo, arboretum, or aquarium, etc.

Going to classical music concerts

Calligraphy

Ceramic art or industrial arts

Camping

Going popular music concerts

Japanese flower arrangement

Photographing and printing

Other hobbies or a musements (if Yes)
 (Please describe hobbies and amusement you mainly play.)

Listening to music on CD or smartphone, etc.

Japanese tea ceremony

Writing poems, Japanese poems, "haiku", or novels, etc.

Playing musical instruments

Dress making sewing

Reading books as hobbies

22 Travel and excursion

• Activities completed in questions 19 to 21 should be indicated again if they occurred during travel or excursion.

(1) What kinds of travel and excursions did you do this year, and how many times?

• Write the number or times for each question.
 • If you did not travel or go on an excursion, indicate "0"
 • If the number is ten times and over please write "10"

(Example) Zero times 0 Three times 3 10 times and over 10

(2) Who did you travel with?

(Please fill in the circle all appropriate categories)

Day excursion
 (a day trip lasting more than half a day and including departure at night without over night stay)

Travel involving at least one overnight stay

Within Japan
 Outside Japan

Sightseeing (including travel for recreation or sport, etc.)
 Return to the home town, visiting someone
 Sightseeing (including travel for recreation or sport, etc.)

time(s)
 time(s)
 time(s)
 time(s)

If you answered once or more, please fill out (2) as well

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

23 Use of smartphones and PCs

Please answer regarding usage other than for school and work on First day and Second day as specified

If you did not use smartphones or PCs, go to page 6

(1) When did you use smartphones and PCs, and for what purpose?

• Please indicate all of the time periods during which you used a smartphone or PC, even if just for a little bit, in relation to the purposes listed below.
 • Exclude times during which you used a smartphone or PC for school or work

Internet shopping (including time spent on selecting products and services)

Hobbies and amusement (Watching movies, listening to music, reading literature using electronic books, playing games, etc.)

Friendships, acquaintances, communication

• Conversations based on telephone, e-mail, chat apps, etc.
 • Information exchange and messaging through social media such as SNS and blogs, etc. (Excludes usage for the purpose of simply obtaining information)
 • "Friends and acquaintances" used here do not include persons that you have never met in person

With family
 With friends and acquaintances
 Persons other than family, friends, and acquaintances

Other usage (Viewing the news, other kinds of information gathering, etc.)

(2) In total, how long did you use smartphones and PCs?

• Excluding time spent for school and work

Please use the numbers from 0 to 5 below to answer the questions

0 : Did not use at all
 1 : Less than 1 hour
 2 : 1 to less than 3 hours
 3 : 3 to less than 6 hours
 4 : 6 to less than 12 hours
 5 : 12 or more hours

[First day] October <input type="checkbox"/> <input type="checkbox"/> (Day)				[Second day] October <input type="checkbox"/> <input type="checkbox"/> (Day)													
Morning		Afternoon		Morning		Afternoon											
0:00	3:00	6:00	9:00	0:00	3:00	6:00	9:00	0:00	3:00	6:00	9:00	0:00	3:00	6:00	9:00	12:00	12:00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please also answer for Second day

24 Diary

• Please report on you did on each of the two days specified and how much time you spent on each activity, in units of 15 minutes.
 • Please draw a horizontal line to specify the activity and persons with you for each 15 minute unite.

(1) Select the feature of this day from the categories listed below. (Please fill in the circle all applicable categories)										(2) How was the weather on this day?			
Travel and excursion	Event, wedding or funeral (lasting over half a day)	Business trip or training, etc.	Work at home	Under medical treatment	Holiday or vacation, etc.	Leave for child rearing or taking care of a sick child	Leave to take care of a family member	Other			Rained all day long	Rained occasionally	Not rained
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

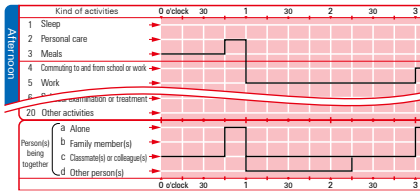
06

[First Day]

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
	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 Learning, self-education, and training (except for school work)													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

Afternoon	Kind of activities	0 o'clock	30	1	30	2	30	3	30	4	30	5	30	6 o'clock
	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 Learning, self-education, and training (except for school work)													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



07

October (Day)

[First Day]

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)
12													12 Watching TV, listening to the radio, reading newspapers or magazines
13													13 Rest and relaxation
14													14 Learning, self-education, and training (except for school work)
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)

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)
12													12 Watching TV, listening to the radio, reading newspapers or magazines
13													13 Rest and relaxation
14													14 Learning, self-education, and training (except for school work)
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)

Afternoon

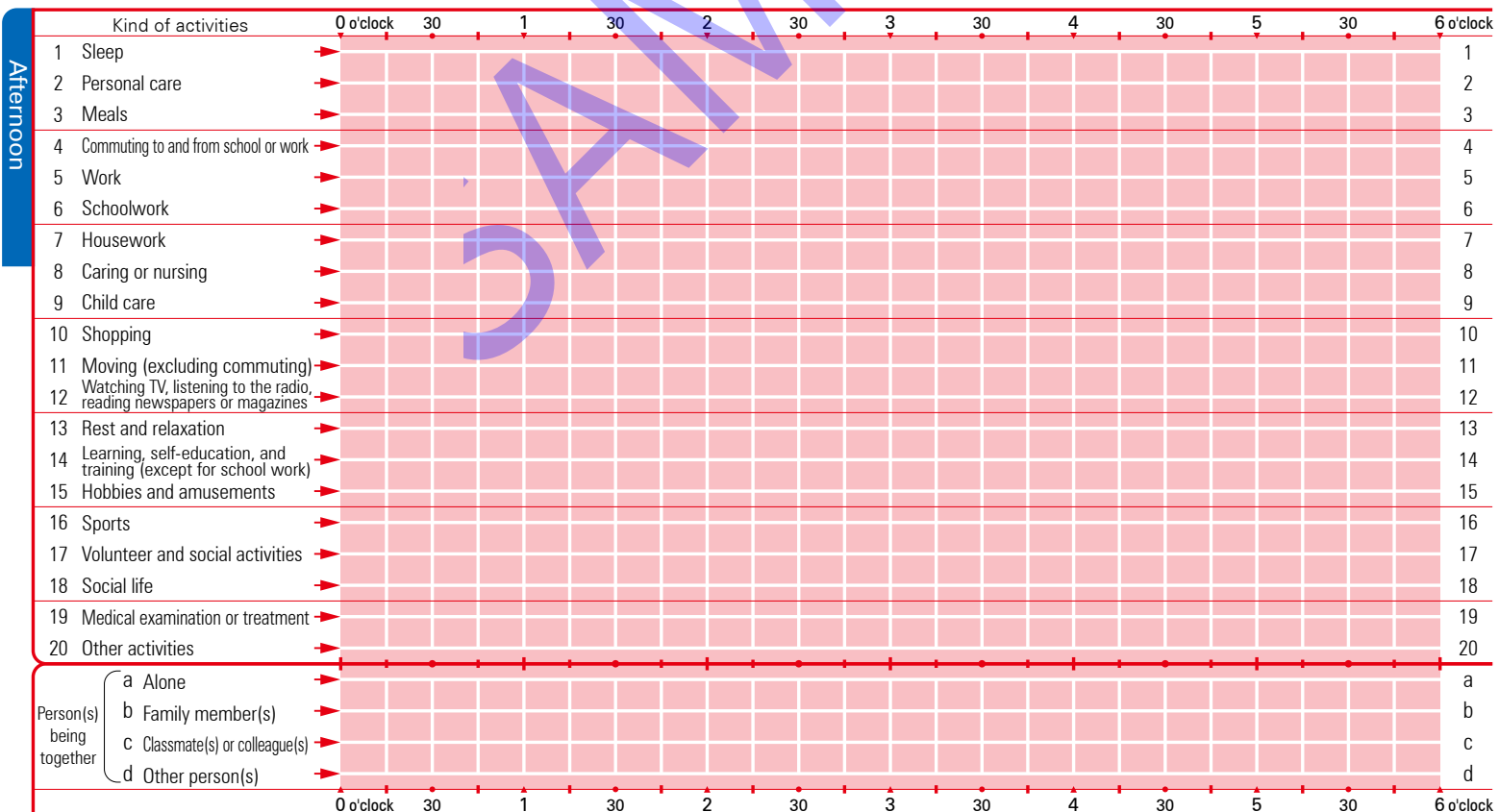
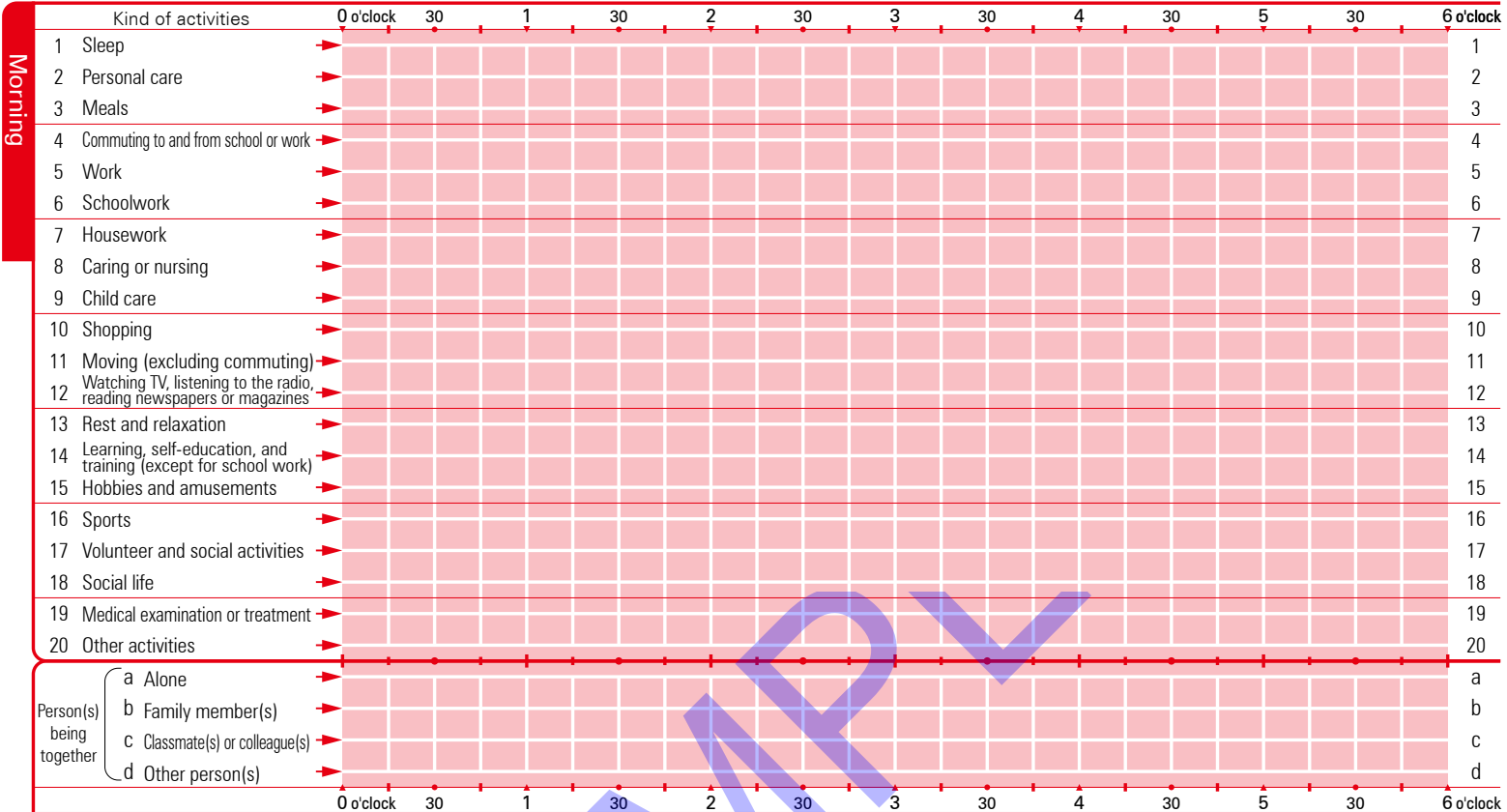
•With regard to " Kind of activities" and "Person(s) being together", please draw a horizontal line on applicable timeframe.

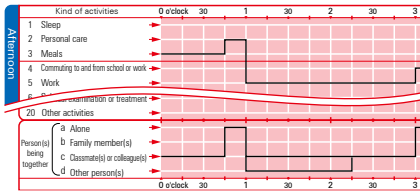
(1) Select the feature of this day from the categories listed below. (Please fill in the circle all applicable categories)										(2) How was the weather on this day?			
Travel and excursion	Event, wedding or funeral (lasting over half a day)	Business trip or training, etc.	Work at home	Under medical treatment	Holiday or vacation, etc.	Leave for child rearing or taking care of a sick child	Leave to take care of a family member	Other			Rained all day long	Rained occasionally	Not rained
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

08

[Second Day]

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





(How to draw line)
Draw straight through the
white line using a ruler

October (Day)

09

[Second Day]

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)
12														12 Watching TV, listening to the radio, reading newspapers or magazines
13														13 Rest and relaxation
14														14 Learning, self-education, and training (except for school work)
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)

Morning

Person(s) being together

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)
12														12 Watching TV, listening to the radio, reading newspapers or magazines
13														13 Rest and relaxation
14														14 Learning, self-education, and training (except for school work)
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)

Afternoon

Person(s) being together

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

25 Type of residence	owner-occupied house Privately-owned rented house (apartment) Rented house publicly-owned by an organization such as the Urban Renaissance Agency, or other public institution, etc Company's house (company-owned or public servant issued house) Rented room(s) or dormitory etc.
26 Do you own a car? •Excluding vehicles used solely for business purposes	Yes No
27 Annual income of the household (before tax deduction) •Please indicate the aggregate income of all family members. •The income should include the pension and other benefits, dividends, and allowances you receive, in addition to the income from your work. •The income, however, should not include <u>temporary income</u> , such as sale of your real estate, securities, and other assets, property you have inherited, gifts you received, retirement allowance, etc.	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
28 Does anyone other than your household members usually give your family nursing care? •“nursing care by someone other than your household members” means such care provided by your relative who is not living with you or a care service provider (for instance, a visiting attendant or day service). •Caring also includes those who have not been assessed for eligibility of benefit under the Long Term Care Insurance system	No Yes Three days or less per month One day a week Two days a week Three days a week Four or five days a week Six or more days a week
29 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

Your household member(s) under the age of 10

No.	30 Relationship to the household head Son or daughter Grandson or granddaughter Younger brother(s) or sister(s) Other	31 Age Please write age as of the last birthday	32 School or kindergarten attendance •If you are using extended-hours childcare or daycare, please indicate the total number of hours per day that includes such childcare						33 Does anyone other than your household members usually help you in child care? •Please indicate all the care service the child receives other than the one(s) stated in question 32.					
			Enrolled in a nursery, kindergarten, or centers for early childhood education and care Time normally spent at such places				Enrolled in an elementary school		Not attending school or kindergarten	Yes			No	
			Less than 4 hours	5 to 7 hours	8 to 10 hours	11 hours or more	Using after-school hours care or similar	Not using after-school hours care or similar		From a relative (such as a grandparent)	From a friend or acquaintance in the neighborhood	From someone not listed on the left (such as a baby sitter, a nursing mother, etc.)		
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your telephone number () -
 We may use it to contact you if we need to check anything regarding the questionnaire.

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