



2021 Survey on time Use and Leisure Activities

Questionnaire A

October 20th, 2021



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 “25 Diary (from page 5 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.

[Example of entry]

simple straight line — Leaving a gap — Slightly jutting out — With a slight angle

Don't overpass — Forming a full circle

To be completed by the enumerator

Enumeration district code		Household No.		For the questionnaire of the household head only			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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"/>	<input type="text"/>	Living away from home on business	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by prefectural offices

f y

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
<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 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)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Elementary school	Junior high school	High school	Vocational school (term of study)	Junior college or technological college	College or university	Graduate school
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 to less than 2 years	2 to less than 4 years	4 or more years	<input type="radio"/>

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 ☐

10 - 14 years old

To page 4 on question 21.

15 years old and over

To right column on question 7.

7 Chronic illnesses and longstanding health problems

- "Chronic" and "longstanding" mean that illnesses or health problems have lasted, or are expected to last, for 6 months or more.

Do you have any chronic illness or longstanding health problem?

Yes ☐ No ☐

(Regardless of "Yes" or "No," please fill out column 8)

8 Degree of limitations in activities people usually do

- Please only fill in limitations caused by physical or mental conditions.
- Please fill in the one that applies the most.

I have been severely limited in activities people usually do	I have been limited but not severely in activities people usually do	I am not limited at all in activities people usually do
for at least 6 months	for less than 6 months	for the past 6 months or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9 Do you usually receive care?

- "Care" means help with daily activities such as bathing, dressing, going to the toilet, moving, or having meals, or with housekeeping such as laundry or cleaning.
- "Care" also includes those who have not been assessed for eligibility of benefit under the Long-Term Care Insurance Act and those who are not recognized under the disability support classification of the Services and Support for Persons with Disabilities Act.
- "Care" does not include nursing due to a temporary disease.

(Please fill in the circle for all applicable items)

I receive care from people at home	I receive care from people outside home (relatives, home nursing, day service, etc.)	I do not receive care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 days or less per month	1 day a week	2 days a week	3 days a week	4-5 days a week	6 days a week or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- 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 for all applicable items)

Caring for family member(s) aged 65 and over	Caring for family member(s) aged under 65	Not caring for family members
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Caring at home	Caring outside home	Caring at home	Caring outside home
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the same site with the residence	Other	In the same site with the residence	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the neighborhood (within five minutes walking distance)	In the neighborhood (within five minutes walking distance)
<input type="radio"/>	<input type="radio"/>

11 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
<input type="radio"/>	<input type="radio"/>

Mainly working	Working besides mainly doing housework	Working besides mainly attending school	Doing housework	Attending school	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To page 3 on question 13.

12 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 3 on question 20.

To page 4 on question 21.

13 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.

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

To below column on question 16.

14 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).

Full time	Part time
Starting time fixed	
Starting time not fixed	
You can choose your starting time (discretionary work, flextime system, etc.)	Your employer decides your work hours to suit the situation. (shift work, etc.)

15 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."

Number of paid holidays you spent over the last one year, if you have such holidays	No paid holiday
None	
1 to 5 days	
6 to 10 days	
11 to 15 days	
16 to 20 days	
21 days or more	
Other (e.g. you have not resided in your employer for a year)	

16 Detailed of work

- Please describe the kind of work you do in detail

To right column on question 17.

17 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."**

1 to 4 person	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.
<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"/>

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.

No income	Under half million 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	Two and half to less than three million yen	Three to less than four million yen	Fifteen million yen or more
<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"/>
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		
<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"/>

19 Usual working hours per week

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

Under 15 hours	15 to 29	30 to 34	35 to 39	40 to 48	49 to 59	60 hours and over	Not fixed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20 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.

Under 15 hours	15 to 29	30 to 34	35 to 39	40 to 48	49 to 59	60 hours and over	Other (e.g. you do not wish to work)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To page 4 on question 21.

In answering Question 21 below to Question 24 on page 5

- Please answer according to your experiences within the past year (20th October 2020 to 19th October 2021).

21 Learning, self-education, and training		(1) How many days over the year did you pursue your learning, self-education, and training? (Please choose one of 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. 	1: None at all 2: 1 to 4 days 3: 5 to 9 days 4: 10 to 19 days (1 day a month) 5: 20 to 39 days (2 or 3 days a month) 6: 40 to 99 days (1 day a week) 7: 100 to 199 days (2 to 3 days a week) 8: 200 days or more (4 days or more a week) 9: Do not know how many days	Self improvement To gain employment To use for current work Other	Classes, Courses or workshop, etc. Sponsored by municipalities, etc. Sponsored by private institutions Sponsored by universities, etc. Lecture meetings, etc. Correspondence course Self-studying/ Self-learning Study groups, etc. Miscellaneous schools or vocational schools Other	
English language	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other foreign language	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Computing etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commerce or business	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caring	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home economics or housework (cooking, sewing, or home management, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Humanities, social or natural science (history economics, mathematics, or biology, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Art and culture	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please indicate either Yes or No	Yes <input type="radio"/> No <input type="radio"/>			

22 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)
<ul style="list-style-type: none"> Excludes activities undertaken as work. If the objective of your volunteer activity corresponds to multiple choices, please respond for all of the applicable activities below that you have carried out over the past year. 	1: None at all 2: 1 to 4 days 3: 5 to 9 days 4: 10 to 19 days (1 day a month) 5: 20 to 39 days (2 or 3 days a month) 6: 40 to 99 days (1 day a week) 7: 100 to 199 days (2 to 3 days a week) 8: 200 days or more (4 days or more a week) 9: Do not know how many days		Yes Other organization A neighborhood association or similar, which is rooted in the local community An NPO (non-profit organization) A group, citizen organization, etc. of volunteers 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.)	<input type="text"/>	<input type="text"/>	<input type="text"/> min	<input type="text"/>
Activities for the elderly (assisting in daily life, or recreation, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/> min	<input type="text"/>
Activities for handicapped (sign language, Braille, reading, or helping the handicapped to take go out, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/> min	<input type="text"/>
Activities for children (taking care of children's group, child-raising support, or helping with school events, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/> min	<input type="text"/>
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="text"/>	<input type="text"/>	<input type="text"/> min	<input type="text"/>
Local improvement activities (cleaning up parks and roads, planting flowers, or promoting the local community, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/> min	<input type="text"/>
Safety promotion activities (disaster and crime prevention, or road safety, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/> min	<input type="text"/>
Conservation or environmental activities (bird watching, protection of woods and forests, promoting recycling or waste reduction, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/> min	<input type="text"/>
Disaster related activities (providing clothes and food, or hot meals for disaster victims, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/> min	<input type="text"/>
Activities related to international cooperation (cooperation in foreign aid, assistance for displaced persons, or activities supporting foreigners living in Japan, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/> min	<input type="text"/>
Other (promoting human rights, or pacifism, etc.) Please indicate either Yes or No	<input type="text"/>	<input type="text"/>	<input type="text"/> min	<input type="text"/>
	Yes <input type="radio"/> No <input type="radio"/>			

23 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 of the nine categories shown in the box on the right, even if you did not spend any time on these activities.)

1 : None at all
 4 : 10 to 19 days (1 day a month)
 7 : 100 to 199 days (2 to 3 day a week)
 2 : 1 to 4 days
 5 : 20 to 39 days (2 or 3 days a month)
 8 : 200 days or more (4 days or more a week)
 3 : 5 to 9 days
 6 : 40 to 99 days (1day a week)
 9 : Do not know how many days

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)

Softball

Volleyball

Basketball

Soccer
(including futsal)

Table tennis

Tennis

Badminton

Golf
(including golf practice range)

Ground golf

Judo

Japanese fencing (Kendo)

Bowling

Fishing

Swimming

Skiing, snowboarding

Mountain climbing or hiking

Cycling

Jogging, marathon

Walking or light physical exercise

Yoga

Training with gym equipment

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

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 and matches
(Excluding TV/smartphone/PC, etc.)

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

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

Watching movies at a movie theater

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

Listening to classic music at concerts, etc.

Listening to popular music at concerts, etc.

Listening to music on CD or smartphone, etc.

Playing musical instruments

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

Chorus or vocal music

"Karaoke"

Japanese dancing

Western dancing or social dancing

Calligraphy

Japanese flower arrangement

Japanese tea ceremony

Dress making sewing

knitting or embroidering

cooking or making cakes, cookies as hobbies

Gardening

Do-it-yourself carpentry

Painting carving

Ceramic art or industrial arts

Photographing and printing

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

Reading books as hobbies
(Excluding comics)

Reading comics

The game of "go"

The game of Japanese chess, "shogi"

Playing "pachinko"

Playing games on a smartphone, home video game consoles, etc.

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

Camping

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

24 Travel and excursion

• Activities completed in questions 21 to 23 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 Three times 10 times and over
 0 3 10

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

Sightseeing (including travel for recreation or sport, etc.)

Return to the home town, visiting someone

Outside Japan

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

(2) 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

25 Diary

• Please indicate what you did on each of the two specified days, and how much time you spent on each activity.

Does any of the following apply to the two specified days?

(Please fill in the circle all applicable categories)

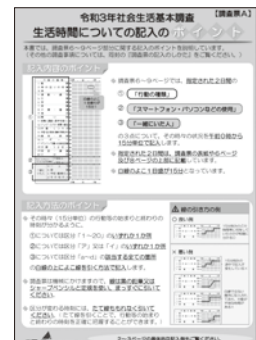
Travel and excursion Event, wedding or funeral (lasting over half a day) Business trip or training, etc. Telework Work at home Others Under medical treatment Holiday or vacation, etc. Leave for child rearing or taking care of a sick child Leave to take care of a family member Nothing applies

[First day]

October Day ()

[Second day]

October Day ()



25 Diary (continued)

October (Day)

[First Day]

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
Use of smartphone/PC	A Yes												A
	B No												B
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	12 o'clock	30	13	30	14	30	15	30	16	30	17	30	18 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
Use of smartphone/PC	A Yes												A
	B No												B
Person(s) being together	a Alone												a
	b Family member(s)												b
	c Classmate(s) or colleague(s)												c
	d Other person(s)												d

[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 Yes
B													B No
a													a Alone
b													b Family member(s)
c													c Classmate(s) or colleague(s)
d													d Other person(s)

Use of smartphone/PC

Person(s) being together

18 o'clock	30	19	30	20	30	21	30	22	30	23	30	24 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 Yes
B													B No
a													a Alone
b													b Family member(s)
c													c Classmate(s) or colleague(s)
d													d Other person(s)

Use of smartphone/PC

Person(s) being together

25 Diary (continued)

October (Day)

[Second Day]

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
Use of smartphone/PC	A Yes												A
	B No												B
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	12 o'clock	30	13	30	14	30	15	30	16	30	17	30	18 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
Use of smartphone/PC	A Yes												A
	B No												B
Person(s) being together	a Alone												a
	b Family member(s)												b
	c Classmate(s) or colleague(s)												c
	d Other person(s)												d

[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 Yes
B													B No
a													a Alone
b													b Family member(s)
c													c Classmate(s) or colleague(s)
d													d Other person(s)

Use of smartphone/PC

Person(s) being together

18 o'clock	30	19	30	20	30	21	30	22	30	23	30	24 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 Yes
B													B No
a													a Alone
b													b Family member(s)
c													c Classmate(s) or colleague(s)
d													d Other person(s)

Use of smartphone/PC

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

26 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 temporary income, 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27 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).

Household members absent on business → ☐

Household members absent in hospital → ☐

(Please indicate relationship to household head)

No	Yes			
	Spouse	Father or mother, or father or mother of spouse	Son(s) or daughter(s), or spouse of son(s) or daughter(s)	Other
<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 household member(s) under the age of 10

No.	28 Relationship to the household head	29 Age	30 School or kindergarten attendance							31 Does anyone other than your household members usually help you in child care?			
	Son or daughter Grandson or granddaughter Younger brother(s) or sister(s) Other	Please write age as of the last birthday	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="text"/> Year(s)	<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="text"/> Year(s)	<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="text"/> Year(s)	<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="text"/> Year(s)	<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="text"/> Year(s)	<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.