



## 2021 Survey on time Use and Leisure Activities

## Questionnaire B

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 “19 Diary (from page 3 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.
- 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 ☐

## 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 ☐

10 - 14 years old

15 years old and over

To page 3 on question 19.

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

for at least 6 months ☐for less than 6 months ☐

I have been limited but not severely in activities people usually do

for the past 6 months or more ☐for less than the past 6 months ☐I am not limited at all in activities people usually do ☐

## 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 ☐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 ☐I receive care from people outside home (relatives, home nursing, day service, etc.) ☐I do not receive care ☐

## 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 at home ☐Caring outside home ☐

In the same site with the residence  
Or  
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  
Or  
In the neighborhood (within five minutes walking distance)

Not caring for family members ☐

## 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."

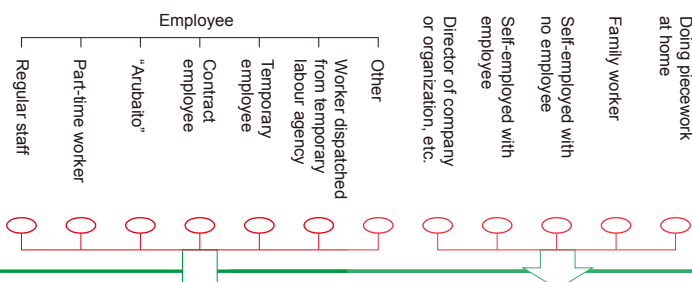
Engaged in work ☐Mainly working ☐Working besides mainly doing housework ☐Working besides mainly attending school ☐Not engaged in work ☐Doing housework ☐Attending school ☐Other ☐

To page 3 on question 12.

To page 3 on question 19.

## 12 Employment status

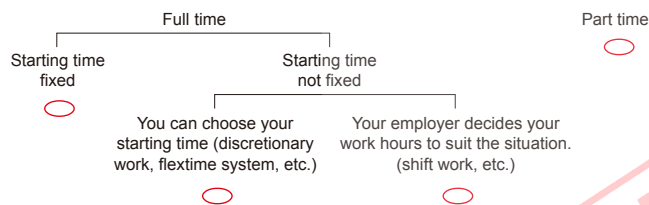
- **"Self-employed"** means those operating their own businesses (including agriculture) or other professionals.
- Employees should indicate their position in their place of work.
- **"Work dispatched from a temporary labor agency"** means a worker prescribed under the Worker Dispatching Law only.



To right column on question 15.

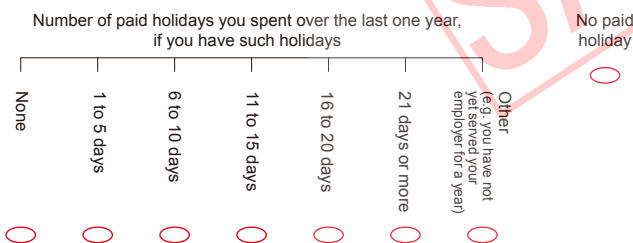
## 13 Working-time arrangement

- 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).



## 14 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."**



To right column on question 15.

## 15 Detailed of work

- Please describe the kind of work you do in detail

## 16 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	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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 17 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"/>

## 18 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"/>

## 19 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)										Nothing applies
		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		
[First day]	October <input type="text"/> <input type="text"/> Day <input type="text"/>	<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"/>
[Second day]	October <input type="text"/> <input type="text"/> Day <input type="text"/>	<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"/>



To page 4.

All the respondents are asked to reply.

04

19 Diary (continued)

October (    ) Day (    )

[First Day]

Morning

Time	What were you mainly doing? ※ Please report what you were mainly doing in 15 minute units	Using smartphone	Using PC	Were you doing something else at the same time? ※ When doing several things please report just one	Using smartphone	Using PC	Place				Persons being together (Please encircle all applicable categories)							Time and hour code
							1 At home	2 At school or work	3 On travel	4 Other	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.	
0:00							1 2 3 4	1 2 3 4 5 6 7								01		
. 30							1 2 3 4	1 2 3 4 5 6 7								02		
1:00							1 2 3 4	1 2 3 4 5 6 7								03		
. 30							1 2 3 4	1 2 3 4 5 6 7								04		
2:00							1 2 3 4	1 2 3 4 5 6 7								05		
. 30							1 2 3 4	1 2 3 4 5 6 7								06		
3:00							1 2 3 4	1 2 3 4 5 6 7								07		
. 30							1 2 3 4	1 2 3 4 5 6 7								08		
4:00							1 2 3 4	1 2 3 4 5 6 7								09		
. 30							1 2 3 4	1 2 3 4 5 6 7								10		
5:00							1 2 3 4	1 2 3 4 5 6 7								11		
. 30							1 2 3 4	1 2 3 4 5 6 7								12		
6:00							1 2 3 4	1 2 3 4 5 6 7								13		
. 30							1 2 3 4	1 2 3 4 5 6 7								14		
7:00							1 2 3 4	1 2 3 4 5 6 7								15		
. 30							1 2 3 4	1 2 3 4 5 6 7								16		
8:00							1 2 3 4	1 2 3 4 5 6 7								17		
. 30							1 2 3 4	1 2 3 4 5 6 7								18		
9:00							1 2 3 4	1 2 3 4 5 6 7								19		
. 30							1 2 3 4	1 2 3 4 5 6 7								20		
10:00							1 2 3 4	1 2 3 4 5 6 7								21		
. 30							1 2 3 4	1 2 3 4 5 6 7								22		
11:00							1 2 3 4	1 2 3 4 5 6 7								23		
. 30							1 2 3 4	1 2 3 4 5 6 7								24		
12:00							1 2 3 4	1 2 3 4 5 6 7								25		
. 30							1 2 3 4	1 2 3 4 5 6 7								26		
13:00							1 2 3 4	1 2 3 4 5 6 7								27		
. 30							1 2 3 4	1 2 3 4 5 6 7								28		
14:00							1 2 3 4	1 2 3 4 5 6 7								29		
. 30							1 2 3 4	1 2 3 4 5 6 7								30		
15:00							1 2 3 4	1 2 3 4 5 6 7								31		
. 30							1 2 3 4	1 2 3 4 5 6 7								32		
16:00							1 2 3 4	1 2 3 4 5 6 7								33		
. 30							1 2 3 4	1 2 3 4 5 6 7								34		
17:00							1 2 3 4	1 2 3 4 5 6 7								35		
. 30							1 2 3 4	1 2 3 4 5 6 7								36		
18:00							1 2 3 4	1 2 3 4 5 6 7								37		
. 30							1 2 3 4	1 2 3 4 5 6 7								38		
19:00							1 2 3 4	1 2 3 4 5 6 7								39		
. 30							1 2 3 4	1 2 3 4 5 6 7								40		
20:00							1 2 3 4	1 2 3 4 5 6 7								41		
. 30							1 2 3 4	1 2 3 4 5 6 7								42		
21:00							1 2 3 4	1 2 3 4 5 6 7								43		
. 30							1 2 3 4	1 2 3 4 5 6 7								44		
22:00							1 2 3 4	1 2 3 4 5 6 7								45		
. 30							1 2 3 4	1 2 3 4 5 6 7								46		
23:00							1 2 3 4	1 2 3 4 5 6 7								47		
. 30							1 2 3 4	1 2 3 4 5 6 7								48		

[First Day]

## Afternoon

Time	What were you mainly doing? ※ Please report what you were <u>mainly doing</u> in 15 minute units	Using smartphone	Using PC	Were you doing something else at the same time? ※ When doing several things please report <u>just one</u>	Using smartphone	Using PC	Place				Persons being together (Please encircle all applicable categories)							Time and hour code
							1 At home	2 At school or work	3 On travel	4 Other	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.	
12:00							1	2	3	4	1	2	3	4	5	6	7	49
12:30							1	2	3	4	1	2	3	4	5	6	7	50
13:00							1	2	3	4	1	2	3	4	5	6	7	51
13:30							1	2	3	4	1	2	3	4	5	6	7	52
14:00							1	2	3	4	1	2	3	4	5	6	7	53
14:30							1	2	3	4	1	2	3	4	5	6	7	54
15:00							1	2	3	4	1	2	3	4	5	6	7	55
15:30							1	2	3	4	1	2	3	4	5	6	7	56
16:00							1	2	3	4	1	2	3	4	5	6	7	57
16:30							1	2	3	4	1	2	3	4	5	6	7	58
17:00							1	2	3	4	1	2	3	4	5	6	7	59
17:30							1	2	3	4	1	2	3	4	5	6	7	60
18:00							1	2	3	4	1	2	3	4	5	6	7	61
18:30							1	2	3	4	1	2	3	4	5	6	7	62
19:00							1	2	3	4	1	2	3	4	5	6	7	63
19:30							1	2	3	4	1	2	3	4	5	6	7	64
20:00							1	2	3	4	1	2	3	4	5	6	7	65
20:30							1	2	3	4	1	2	3	4	5	6	7	66
21:00							1	2	3	4	1	2	3	4	5	6	7	67
21:30							1	2	3	4	1	2	3	4	5	6	7	68
22:00							1	2	3	4	1	2	3	4	5	6	7	69
22:30							1	2	3	4	1	2	3	4	5	6	7	70
23:00							1	2	3	4	1	2	3	4	5	6	7	71
23:30							1	2	3	4	1	2	3	4	5	6	7	72
24:00							1	2	3	4	1	2	3	4	5	6	7	73
							1	2	3	4	1	2	3	4	5	6	7	74
							1	2	3	4	1	2	3	4	5	6	7	75
							1	2	3	4	1	2	3	4	5	6	7	76
							1	2	3	4	1	2	3	4	5	6	7	77
							1	2	3	4	1	2	3	4	5	6	7	78
							1	2	3	4	1	2	3	4	5	6	7	79
							1	2	3	4	1	2	3	4	5	6	7	80
							1	2	3	4	1	2	3	4	5	6	7	81
							1	2	3	4	1	2	3	4	5	6	7	82
							1	2	3	4	1	2	3	4	5	6	7	83
							1	2	3	4	1	2	3	4	5	6	7	84
							1	2	3	4	1	2	3	4	5	6	7	85
							1	2	3	4	1	2	3	4	5	6	7	86
							1	2	3	4	1	2	3	4	5	6	7	87
							1	2	3	4	1	2	3	4	5	6	7	88
							1	2	3	4	1	2	3	4	5	6	7	89
							1	2	3	4	1	2	3	4	5	6	7	90
							1	2	3	4	1	2	3	4	5	6	7	91
							1	2	3	4	1	2	3	4	5	6	7	92
							1	2	3	4	1	2	3	4	5	6	7	93
							1	2	3	4	1	2	3	4	5	6	7	94
							1	2	3	4	1	2	3	4	5	6	7	95
							1	2	3	4	1	2	3	4	5	6	7	96

All the respondents are asked to reply.

19 Diary (continued)

October(

Day

)

[Second Day]

Morning

Time	What were you mainly doing? ※ Please report what you were mainly doing in 15 minute units	Using smartphone	Using PC	Were you doing something else at the same time? ※ When doing several things please report just one	Using smartphone	Using PC	Place				Persons being together (Please encircle all applicable categories)							Time and hour code
							1 At home	2 At school or work	3 On travel	4 Other	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.	
0:00							1	2	3	4	1	2	3	4	5	6	7	01
.30							1	2	3	4	1	2	3	4	5	6	7	02
1:00							1	2	3	4	1	2	3	4	5	6	7	03
.30							1	2	3	4	1	2	3	4	5	6	7	04
2:00							1	2	3	4	1	2	3	4	5	6	7	05
.30							1	2	3	4	1	2	3	4	5	6	7	06
3:00							1	2	3	4	1	2	3	4	5	6	7	07
.30							1	2	3	4	1	2	3	4	5	6	7	08
4:00							1	2	3	4	1	2	3	4	5	6	7	09
.30							1	2	3	4	1	2	3	4	5	6	7	10
5:00							1	2	3	4	1	2	3	4	5	6	7	11
.30							1	2	3	4	1	2	3	4	5	6	7	12
6:00							1	2	3	4	1	2	3	4	5	6	7	13
.30							1	2	3	4	1	2	3	4	5	6	7	14
7:00							1	2	3	4	1	2	3	4	5	6	7	15
.30							1	2	3	4	1	2	3	4	5	6	7	16
8:00							1	2	3	4	1	2	3	4	5	6	7	17
.30							1	2	3	4	1	2	3	4	5	6	7	18
9:00							1	2	3	4	1	2	3	4	5	6	7	19
.30							1	2	3	4	1	2	3	4	5	6	7	20
10:00							1	2	3	4	1	2	3	4	5	6	7	21
.30							1	2	3	4	1	2	3	4	5	6	7	22
11:00							1	2	3	4	1	2	3	4	5	6	7	23
.30							1	2	3	4	1	2	3	4	5	6	7	24
12:00							1	2	3	4	1	2	3	4	5	6	7	25
.30							1	2	3	4	1	2	3	4	5	6	7	26
1:00							1	2	3	4	1	2	3	4	5	6	7	27
.30							1	2	3	4	1	2	3	4	5	6	7	28
2:00							1	2	3	4	1	2	3	4	5	6	7	29
.30							1	2	3	4	1	2	3	4	5	6	7	30
3:00							1	2	3	4	1	2	3	4	5	6	7	31
.30							1	2	3	4	1	2	3	4	5	6	7	32
4:00							1	2	3	4	1	2	3	4	5	6	7	33
.30							1	2	3	4	1	2	3	4	5	6	7	34
5:00							1	2	3	4	1	2	3	4	5	6	7	35
.30							1	2	3	4	1	2	3	4	5	6	7	36
6:00							1	2	3	4	1	2	3	4	5	6	7	37
.30							1	2	3	4	1	2	3	4	5	6	7	38
7:00							1	2	3	4	1	2	3	4	5	6	7	39
.30							1	2	3	4	1	2	3	4	5	6	7	40
8:00							1	2	3	4	1	2	3	4	5	6	7	41
.30							1	2	3	4	1	2	3	4	5	6	7	42
9:00							1	2	3	4	1	2	3	4	5	6	7	43
.30							1	2	3	4	1	2	3	4	5	6	7	44
10:00							1	2	3	4	1	2	3	4	5	6	7	45
.30							1	2	3	4	1	2	3	4	5	6	7	46
11:00							1	2	3	4	1	2	3	4	5	6	7	47
.30							1	2	3	4	1	2	3	4	5	6	7	48
12:00							1	2	3	4	1	2	3	4	5	6	7	



## [Second Day]

## Afternoon

Time	What were you mainly doing? ※ Please report what you were <u>mainly doing</u> in 15 minute units	Using smartphone	Using PC	Were you doing something else at the same time? ※ When doing several things please report <u>just one</u>	Using smartphone	Using PC	Place				Persons being together (Please encircle all applicable categories)							Time and hour code
							1 At home	2 At school or work	3 On travel	4 Other	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.	
12:00							1	2	3	4	1	2	3	4	5	6	7	49
12:30							1	2	3	4	1	2	3	4	5	6	7	50
13:00							1	2	3	4	1	2	3	4	5	6	7	51
13:30							1	2	3	4	1	2	3	4	5	6	7	52
14:00							1	2	3	4	1	2	3	4	5	6	7	53
14:30							1	2	3	4	1	2	3	4	5	6	7	54
15:00							1	2	3	4	1	2	3	4	5	6	7	55
15:30							1	2	3	4	1	2	3	4	5	6	7	56
16:00							1	2	3	4	1	2	3	4	5	6	7	57
16:30							1	2	3	4	1	2	3	4	5	6	7	58
17:00							1	2	3	4	1	2	3	4	5	6	7	59
17:30							1	2	3	4	1	2	3	4	5	6	7	60
18:00							1	2	3	4	1	2	3	4	5	6	7	61
18:30							1	2	3	4	1	2	3	4	5	6	7	62
19:00							1	2	3	4	1	2	3	4	5	6	7	63
19:30							1	2	3	4	1	2	3	4	5	6	7	64
20:00							1	2	3	4	1	2	3	4	5	6	7	65
20:30							1	2	3	4	1	2	3	4	5	6	7	66
21:00							1	2	3	4	1	2	3	4	5	6	7	67
21:30							1	2	3	4	1	2	3	4	5	6	7	68
22:00							1	2	3	4	1	2	3	4	5	6	7	69
22:30							1	2	3	4	1	2	3	4	5	6	7	70
23:00							1	2	3	4	1	2	3	4	5	6	7	71
23:30							1	2	3	4	1	2	3	4	5	6	7	72
24:00							1	2	3	4	1	2	3	4	5	6	7	73
							1	2	3	4	1	2	3	4	5	6	7	74
							1	2	3	4	1	2	3	4	5	6	7	75
							1	2	3	4	1	2	3	4	5	6	7	76
							1	2	3	4	1	2	3	4	5	6	7	77
							1	2	3	4	1	2	3	4	5	6	7	78
							1	2	3	4	1	2	3	4	5	6	7	79
							1	2	3	4	1	2	3	4	5	6	7	80
							1	2	3	4	1	2	3	4	5	6	7	81
							1	2	3	4	1	2	3	4	5	6	7	82
							1	2	3	4	1	2	3	4	5	6	7	83
							1	2	3	4	1	2	3	4	5	6	7	84
							1	2	3	4	1	2	3	4	5	6	7	85
							1	2	3	4	1	2	3	4	5	6	7	86
							1	2	3	4	1	2	3	4	5	6	7	87
							1	2	3	4	1	2	3	4	5	6	7	88
							1	2	3	4	1	2	3	4	5	6	7	89
							1	2	3	4	1	2	3	4	5	6	7	90
							1	2	3	4	1	2	3	4	5	6	7	91
							1	2	3	4	1	2	3	4	5	6	7	92
							1	2	3	4	1	2	3	4	5	6	7	93
							1	2	3	4	1	2	3	4	5	6	7	94
							1	2	3	4	1	2	3	4	5	6	7	95
							1	2	3	4	1	2	3	4	5	6	7	96

This onwards to be completed by the household head only

## For household

### 20 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

☐    ☐    ☐    ☐    ☐    ☐

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

☐    ☐    ☐    ☐    ☐    ☐

### 21 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    (Please indicate relationship to household head) 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

Household members absent on business → ☐    ☐    ☐    ☐    ☐

Household members absent in hospital → ☐    ☐    ☐    ☐    ☐

## Your household member(s) under the age of 10

No.	22 Relationship to the household head	23 Age	24 School or kindergarten attendance						25 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="radio"/> <input type="radio"/> <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"/>	<input type="radio"/>
2	<input type="radio"/> <input type="radio"/> <input type="radio"/> <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"/>	<input type="radio"/>
3	<input type="radio"/> <input type="radio"/> <input type="radio"/> <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"/>	<input type="radio"/>
4	<input type="radio"/> <input type="radio"/> <input type="radio"/> <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"/>	<input type="radio"/>
5	<input type="radio"/> <input type="radio"/> <input type="radio"/> <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"/>	<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.