

How to Fill in the Questionnaire

◆ **As of October 20, 2026, please use a separate book for each person in your household aged 10 and over:**

- who has already been living with you for three months or more;
or
- who will be living with you for three months or more.

- Please include single cohabitants or live-in employees who share your household expenses, even if they are not family members, in your household count.

◆ **As of October 20, individuals currently hospitalized, in a convalescent facility, or residing in social welfare facilities do not need to fill in the questionnaire.**

- For those temporarily absent from home for less than three months due to travel, business trips, or work away from home, the survey will be conducted at home.
- For those without a place of residence or planned residence for three months or longer, the survey will be conducted at their current location.
- Students, pupils, and children who commute to school from student dormitories, boarding schools, or private lodgings will be surveyed at those locations, regardless of the length of their stay.
- Individuals serving on ships will be surveyed at their homes.

Please be sure to fill in the questionnaire with either a **black lead pencil** or **mechanical pencil**!



Please fill in your phone number.

2 Relationship to household head

One household member must be designated as the "household head," and the other household members should indicate their relationship to the designated "household head."

If the household head is absent for three months or more due to reasons such as a temporary assignment away from home, one household member (e.g., spouse) should be chosen to act as the "household head."

3 Month and year of birth

Please fill in the year and month in numbers toward the right hand side.

You do not need to fill in the empty spaces with "0."

4 Marital Status

The term "Never married" includes people who are not yet of marriageable age, such as elementary school students.

6 Usual state of health

▼ The term "whether it affects your daily life" as used here refers to effects on the following daily activities:

- Getting dressed and undressed, having meals, and bathing
- Going out
- Work, housework, and schoolwork
- Habitual or regular exercise (including sports)

etc.

Phone number 000 - XXX - ΔΔΔ
I'll use this for inquiries if I have any questions.

1 Name and Sex
(Name) Hanako Toukei Male ☐ Female ☒

2 Relationship to household head
• If the head of household is absent for three months or longer due to work-related relocation or other reasons, please select a household member (such as a spouse) to act as the "head of household" in their place.
• 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".

Head of household	Spouse of the head of household	Child	Spouse of a child	Grandchild	Parents of the head of household	Spouse of the head of household's spouse	Grandparents	Brothers and sisters	Others
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐

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 60 Month 9

4 Marital Status
• Please indicate your actual status regardless of legal status.

Never married ☐ Married ☒ Widowed or divorced ☐

5 Education (1) Enrollment Status
• Please indicate whether you are currently enrolled in school.

Attending school ☐ Graduated ☒ Never attended school ☐
(To column question 6)

(2) Type of School
• If you are currently enrolled, please provide information about your current school; if you have graduated, please provide information about the school from which you graduated (if you dropped out, please provide information about the school you attended prior to that).

Elementary school	Junior high school	High school	Vocational school (term of study)	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.

Notes on completing the questionnaire

- Please be sure to fill in the questionnaire with either a **black lead pencil** or **mechanical pencil**.
- If you make a mistake, neatly correct any mistakes with an eraser before writing over it. Please remove all eraser crumbs.
- Please keep these questionnaire sheets clean and do not get them wet with water or other liquids, since they are to be read by a reader device.

5 Education

Please fill in "(2) Type of School" referring to the following:

For vocational schools, fill in the appropriate category based on the term of study.

- For currently enrolled students, fill in the category based on the term of study, not your current grade level.
- For high schools, vocational schools, junior colleges, colleges or universities, and graduate schools, this includes part-time courses and correspondence courses that lead to graduation eligibility from these institutions.
- If the type of school is not listed on the questionnaire, fill in the corresponding school category (elementary school, junior high school, high school, junior college or technological college, college or university, graduate school) based on admission requirements or the term of study.

▼ For Upper Secondary Specialized Training Schools and Miscellaneous Schools

Fill in the corresponding school category based on admission requirements or the term of study.

If the school does not fall under any of the categories in the table below, mark the most recent school from which you graduated.

Upper Secondary Specialized Training Schools, Miscellaneous Schools		Type of School
Upper Secondary Specialized Training Schools (Upper Secondary Course)	With a minimum of three years of study requiring a junior high school diploma as an admission requirement	High school
Miscellaneous Schools	With a minimum of two years of study requiring a new high school diploma as an admission requirement	Junior college or technological college
	With a minimum of three years of study requiring a junior high school diploma as an admission requirement	High school

- If you your last school without graduating, mark the most recent school from which you graduated.
- If you left elementary school without graduating, fill in "**Never attended school**" for "**(1) Enrollment Status.**"
- Private-tutoring schools, sewing classes, cooking classes, English conversation schools, and training centers for employees or staff are not included in the definition of "school" here.

For both "7 Chronic illnesses and longstanding health problems" and "8 Degree of limitations in activities people usually do," please indicate based on your own circumstances, regardless of which option you selected for "6 Usual state of health."

7 Chronic illnesses and longstanding health problems

Please indicate whether you have any health problems such as illness or injury.

▼ The term "Chronic illnesses and longstanding health problems" as used here refers to

physical or mental health problems—including seasonal or intermittent symptoms—that have lasted, or are expected to last, for 6 months or more.

✳ This includes not only illnesses and injuries but also congenital conditions.

✳ The severity of the condition does not matter.

If any of the following cases apply, fill in "Yes":

- If you have been receiving regular medical treatment or medication for six months or more
- If you have a chronic illness or an injury from an accident, etc., but pain or symptoms are being managed with medication or medical devices
- If, even without a formal diagnosis from a doctor, you would likely be diagnosed with an illness or condition if examined

If any of the following cases apply, fill in "No":

- Cases where, due to old age, there is some decline in physical function, but there are no regular hospital visits, medication, or symptoms
- Cases where an injury was sustained due to an accident or similar event, but treatment has been completed, there is no pain, and there is no need for regular hospital checkups

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

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 ☐

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 ☐

Caring for other family member(s)
Caring at home ☐ Caring outside home ☐

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

Other ☐

Not caring for family members ☒

9 Do you usually receive care?

If you are simply having someone help with housekeeping, please fill in "I do not receive care."

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

If you cannot clearly determine the "usual" state, fill in "Caring for family member(s)" if you have provided care for 30 days or more over the course of a year.

8 Degree of limitations in activities people usually do

Regardless of whether you have any health problems such as illness or injury, please indicate the degree to which your physical or mental condition affects your daily life.

▼ The term **"Degree of limitations in activities people usually do"** as used here refers to the degree to which your physical or mental condition affects your ability to carry out daily activities.

It does not include factors unrelated to your physical or mental condition, such as financial reasons.

- Please answer this question based on the **"Degree of limitations in activities people usually do"** you experience, regardless of your responses to **"7 Chronic illnesses and longstanding health problems."**
- The degree of limitations should be assessed based on what is generally considered a typical daily life.

▼ The term **"I have been severely limited in activities people usually do"** refers to a state in which performing daily activities is impossible or extremely difficult.

This typically applies to cases where you cannot perform activities on your own and require assistance from others.

▼ The term **"I have been limited but not severely in activities people usually do"** refers to a state in which performing and accomplishing daily activities is somewhat difficult.

This typically applies to cases where assistance from others is not required, or where it is required only occasionally rather than daily.

- For example, if you have difficulty performing activities such as having meals, moving, or dressing due to age-related physical decline or a disability, fill in **"I have been severely limited in activities people usually do"** or **"I have been limited but not severely in activities people usually do"** rather than **"I am not limited at all in activities people usually do."**
- If you are able to carry out daily life without limitations through the use of medication or medical devices, fill in **"I am not limited at all in activities people usually do."**

▼ The term **"I have been limited in activities people usually do for at least 6 months (for less than 6 months)"** refers to

whether the period of limitations has (has not) continued for 6 months or more in the past. It does not include the projected future period.

- If you are currently experiencing limitations in daily life due to a short-term or temporary injury or illness lasting less than 6 months, fill in **"I have been severely limited in activities people usually do"** and **"for less than 6 months,"** or **"I have been limited but not severely in activities people usually do"** and **"for less than the past 6 months."**

11 Do you usually work?

▼ The term "Work" as used here refers to

any work that generates income, including side job, temporary jobs, "arubaito," and part-time work. Additionally, if a family member is helping in a family business, this is considered "work" even if it is unpaid.

▼ The term "Engaged in work" refers to

individuals who are currently employed and intend to continue working in the future.

- If you are currently on leave from work, you are included in the category of "**Engaged in work**" regardless of whether you are receiving income.
- For individuals whose employment status fluctuates, or family members who help in a family business only during busy periods—in cases where the usual status cannot be clearly determined—fill in "**Engaged in work**" if you work 30 days or more in a typical year.

▼ The term "Doing housework" as used here includes

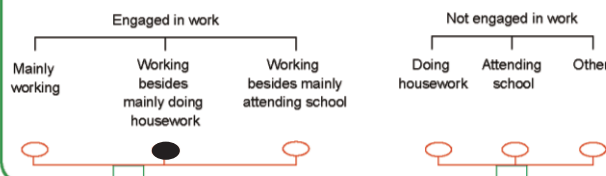
child care, caring, and nursing.

▼ The term "Attending school" as used here includes

elementary school, junior high school, high school, junior college, college or university, graduate school, as well as preparatory school, dressmaking school, and other Miscellaneous School or Specialized Training College.

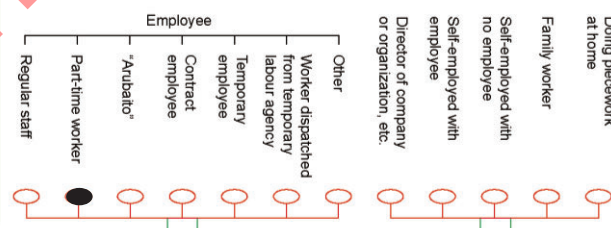
11 Do you usually work?

- "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."



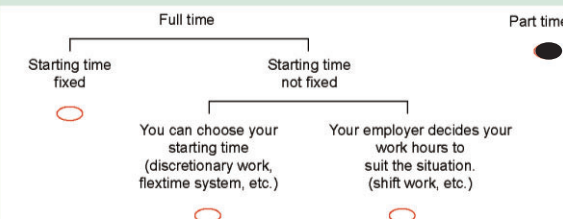
12 Employment status

- "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.



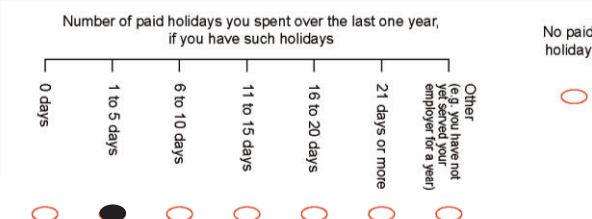
13 Working-time arrangement

- 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."



12 Employment status

▼ If you have two or more jobs, please indicate your primary job (the one with the higher income; if incomes are equal, the one with the longer working hours).

- Employee
...This refers to people employed by companies, organizations, government agencies, or small businesses, including live-in domestic helpers, day laborers, and those working part-time or in "arubaito."
- Director of company or organization, etc.
...This refers to corporate officers such as company presidents, directors, and auditors, as well as directors and supervisors of independent administrative agencies.
- Self-employed with employee
...This refers to business owners such as proprietors of individually owned shops, factory owners, and farmers, as well as private practitioners, who employ staff to run their businesses.
- Self-employed with no employee
...This refers to business owners such as proprietors of individually operated stores, factory owners, and farmers, as well as self-employed physicians, authors, and peddlers, who operate their businesses solely with themselves or family members assisting in the family business without pay.
- Family worker
...Refers to family members of a self-employed business owner who assist in the business without pay.
If they receive a salary or wages, they are considered **"Employee"** even if they are family members.

Dispatched workers from a temporary labour agency are considered **"Worker dispatched from temporary labour agency"** even if they are referred to as "part-time worker" or "arubaito."

13 Working-time arrangement

If you are temporarily on leave from work, such as for childcare leave or caregiver leave, please indicate your employment status prior to the leave.

▼ The term **"Full time"** includes

positions where your predetermined weekly working hours are approximately 40 hours, even if your job title at your employer is "part-time worker" or "arubaito."

14 Paid holidays spent each year

If you are eligible for annual paid holidays but have been in your current position for less than one year, or if you have taken an extended leave of absence during the past year for childcare, caregiving, or medical treatment, fill in **"Other."**

▼ If you have taken paid holidays in hourly increments or half-days,

add up the total number of hours of paid holidays taken during the past year, convert that total into the number of days based on the predetermined daily working hours, and fill in the result.

Round up any fractions.

(Example) If you took 10 days and 4 hours of paid holidays, fill in "11 days."

15 Detailed of work

Please describe in detail the specific duties you actually perform, rather than the nature of your employer's business.

("Detailed of work" is provided to accurately classify occupations and will not be included in the final tally.)

- Do not use vague descriptions such as "office worker," "sales department employee," or "retail worker." Instead, please describe your actual duties in a way that clearly indicates what kind of work you do, as shown in the **"Good Example ○"** in the table below.

Good Example ○	Bad Example ×
Bookkeeping and record-keeping; bank teller duties	Office worker
Sales clerk; supermarket cashier	Retail clerk, service industry
Molding and machining of digital camera bodies; metal machining using lathes	Factory worker, manufacturing
Automobile inspector (private inspection facility); vision tester (dealer)	Inspector
Swimming pool lifeguard; museum attendant; automotive paint system operator and supervisor	Security guard
Civil registry duties; building inspector	Civil servant
Construction site supervisor; sales floor supervisor	Supervisor

- For example, if there is a job title that fully describes the nature of the work—such as "elementary school teacher," "nursery teacher," "nurse," "hairstylist," or "firefighter"—describe that title exactly as it is.

If you are a "Worker dispatched from temporary labour agency," please describe the actual work you perform at the client company.

▼ **If you work at two or more places and the nature of the work differs,**

please describe only your primary job (the one with the higher income; if incomes are equal, the one with the longer working hours).

▼ **If you work at one place and have more than one job,**

please describe only the one with the longest working hours. If working hours are the same or if you cannot determine which to indicate based on working hours, please refer to the examples below.

- If you perform both skilled and sales-related work, please describe the skilled work.
(Example) If you repair and sell shoes ... "Shoe Repair"
If you dispense and sell medication ... "Pharmacist"
- If you are a business owner who is directly engaged in work other than management, please describe the job you are directly engaged in.
(Example) A cafeteria owner who also cooks ... "Cafeteria Cook"
A hospital director who also practices internal medicine ... "Internal Medicine Physician"

When filling in "Detailed of work," please refer to the example of entry on page 23.

15 Detailed of work

- Please describe the kind of work you do in detail
- When filling in the questionnaire, please refer to the "How to Fill in the Questionnaire" guide.

Dental clinic reception

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
☐	☐	☐	☐	☐	☐	☐	☐

Annual income or profit (including tax) from your work

▼The term "Income from your work over the last one year" includes

not only monthly salaries, wages, and overtime pay, but also year-end bonuses and other bonuses.

▼ If you changed jobs during the last one year

If you changed jobs or started a new job during the last one year, please estimate and fill in your total income for the last one year based on your earnings from the time you started your current job until now.

Do not include income from your previous job or severance pay.

▼For "Worker dispatched from temporary labour agency"

Regardless of whether you have changed the client company, fill in the wages and salaries paid by the temporary labour agency over the last one year.

▼ If you are currently on leave

If you are currently on leave, such as for childcare leave or caregiver leave, fill in any income earned from work during the last one year.

However, exclude benefits such as childcare leave allowances or caregiver leave allowances.

17 Usual working hours per week

▼ The term "Working Hours" includes:

- If you are engaged in your main job, side jobs, home-based work, helping with the family business, temporary work, "arubaito," etc., include all of that time. However, do not include commuting time, meal breaks, rest periods, etc.
- Do not include time spent on housework, or volunteer activities for which you receive no pay or only reimbursement for expenses.
- Time spent working overtime or starting work early is included if it is ongoing and part of your regular routine.
- Fractional hours are rounded up if 30 minutes or more, and rounded down if less than 30 minutes.

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
☐	☒	☐	☐	☐	☐	☐	☐

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)
☐	☐	☒	☐	☐	☐	☐	☐

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

▼ The term "Hours you would like to work" includes

time spent on your main job, side jobs, home-based work, helping with the family business, temporary work, "arubaito," and all other similar activities. However, do not include commuting time, meal breaks, rest periods, etc.

19 Diary

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

Please indicate what kind of days the two specified days were. Fill in the circle all applicable categories.

• For days when none of the categories apply, and you carried out your usual work (excluding telework), study, or household tasks, please mark "Nothing applies."

(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		Under medical treatment	Holiday or vacation, etc. (Holidays and days off for people who normally work or attend school)	Leave for child rearing or taking care of a sick child	Leave to take care of a family member	Nothing applies
				Home	Outside home (e.g., satellite office)					
[First day] October ☐ ☐ (Day)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☒
[Second day] October ☐ ☐ (Day)	☐	☒	☐	☐	☐	☐	☒	☐	☐	☐

To page 4.

19 Diary

- For each of the two specified days, please indicate what kind of day it was primarily.

If it is difficult to determine what kind of day it was, please fill in all applicable categories.

However, if you mark "Nothing applies," do not fill in any other options.

- If you worked remotely from home for one hour and then took time off, consider it primarily a day off and fill in "Holiday or vacation, etc."
(Do not fill in "Telework.")
- If you engaged in multiple activities—such as short-term leave for sick/injured childcare, telework (at home), or caregiver leave—and find it difficult to determine what the day was primarily about, please fill in all three circles.

◇ Telework

...refers to working in any of the following forms using ICT (Information and Communications Technology):

- A form in which an employee works at a location other than their usual place of work
- A form in which an employee or a self-employed person works primarily at home or at a location of their own choosing that is equivalent to their home

◇ Holiday or vacation, etc. (holidays or vacation for people who normally work or study)

...People who do not normally work or study are not included here, even on days off.

Even if you went to work or studied on a holiday, if that day was originally a holiday with no work or school classes scheduled, it is included here.

◇ Leave for child rearing or taking care of a sick child

...also includes prenatal and postnatal leave.

◇ Nothing applies

...includes days when people who normally work, study, or do housework carry out their usual work (going to work), studies, or housework.

It also includes days when retired individuals or others are living their usual daily lives.

Questionnaire, pages 4-7 ► "19 Diary"

Key Instructions

Time	①	②	③	④	⑤	⑥	⑦	⑧							Time code				
	What did you mainly do? * Please enter <u>only one main item</u> every 15 minutes.	Smartphone use	Computer use	Were you doing anything else at the same time? * If there are multiple options, please select only one.	Smartphone use	Computer use	Location 1 Home 2 School/Work 3 On the go 4 Other	People who were with you (Please circle all that apply) 1 Alone 2 Father 3 Mother 4 Child 5 Spouse 6 Other family members 7 School, workplace, or other people											
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
.45								1	2	3	4	1	2	3	4	5	6	7	03
1:00								1	2	3	4	1	2	3	4	5	6	7	04

Each row represents 15 minutes!

In section "19 Diary" on pages 4–7 of the questionnaire, please report the following eight items for the two specified days:

① "What were you mainly doing?"	_____	② "Using smartphone"
	_____	③ "Using PC"
④ "Were you doing something else at the same time?"	_____	⑤ "Using smartphone"
	_____	⑥ "Using PC"
⑦ "Place"		
⑧ "Persons being together"		

for each time period, in 15 minute units starting 12:00 a.m.

Please enter all items from ① to ⑧.

However, items ② to ⑥ may be left blank if they do not apply.

The two specified days are indicated on the cover of the questionnaire and at the top of pages 4 and 6.

For instructions on how to enter the "Diary" section, please refer to the "Example of entry" pages 16-17.

- For ① “What were you mainly doing?,” please describe in detail **the primary activity you were engaged in** at each time period (in 15 minute units).
- For ④ “Were you doing something else at the same time?,” please describe in detail only if you were engaged in any other activity simultaneously with the one entered in ① “What were you mainly doing?” during that time period (in 15 minute units).
- If you used a “smartphone” or “personal computer, etc.” while engaging in the activity entered in ① “What were you mainly doing?,” mark “○” in the applicable column for ② or ③. If you used a ‘smartphone’ or “personal computer, etc.” while engaging in the activity entered in ④ “Were you doing something else at the same time?,” mark “○” in the applicable column for ⑤ or ⑥.
(If you were using both, mark “○” in both columns.)
- For ⑦ “Place,” mark “○” in one of the categories “1–4.”
- For ⑧ “Persons being together,” mark “○” in all applicable categories “1–7.”

**Guidelines for “What were you mainly doing?” and
“Were you doing something else at the same time?”**

- If more than one activity was performed during a 15-minute period, enter the activity **that took the most time**.
- If you performed other activities while doing something else, please enter only one of those activities in the “Were you doing something else at the same time?” column.
For example, if you washed dishes while listening to music, enter “Washing dishes” in the “What were you mainly doing?” column and “Listening to music” in the “Were you doing something else at the same time?” column.

	15:30	15:45	16:00	16:15	16:30		
	15 minutes		12 min	3 min	7 min	8 min	15 min
Actual activities	Shopping at a convenience store (15 min)		Going home (12 min)	Putting away purchases (10 min)		Playing with a 5-year-old child (8 min)	Washing dishes while listening to music (15 min)
Information to be entered on the Questionnaire	Shopping at a convenience store		Going home		Playing with a 5-year-old child		[Main activity] Washing dishes
							[Activity performed at the same time] Listening to music
	15:30	15:45	16:00	16:15	16:30		

- If the same activity continues, please enter “↓” on the second line and beyond.
- Do not enter actions that represent a single point in time, such as waking up, going to bed, and getting home.

Guidelines for "Using smartphone" and "Using PC"

- If you used a smartphone for the activity you entered, mark "○" in the **"Using smartphone" column**; if you used a personal computer or similar device, mark "○" in the **"Using PC" column**.
- For example, if you listened to music on your smartphone while commuting to work—that is, if you did not use the device specifically for the activity you entered—do not mark either the "Using smartphone" or "Using PC" columns.

(In this example, enter "Listening to music" in the **"Were you doing something else at the same time?" column** and mark "○" in the **"Using smartphone" column**.)

- If you need to enter three or more lines, mark "○" at the start and end times and connect them with a line.
- If you used devices other than a smartphone, such as a personal computer or tablet, mark "○" in the "Using PC" column.

Note that game consoles and portable music players are not included in **"Using PC."**

Guidelines for "Place"

- The term **"1 At home"** refers to the place where you usually live.
Note that areas within your home's premises, such as the yard, are included in **"1 At home."**
- The term **"3 On travel"** includes situations where you are waiting for a train or bus on a station platform or at a bus stop.
- If you need to enter three or more lines, circle the starting and ending categories with a "○" and connect them with a line.

Guidelines for "Persons being together"

- The term **"Persons being together"** refers to individuals who are close enough that you could have a normal conversation with them if you chose to.
For example, if there is no one with whom you could converse without using a smartphone, personal computer, or similar device (such as a phone call or video call), please enter **"1 Alone."**
- If you are in a crowd while commuting or shopping, or if there is no one you know nearby, enter **"1 Alone."**
- When sleeping, always enter **"1 Alone."**
- Family members who do not live with you are also included in the definition of "family."
- If you need to enter three or more lines, circle the starting and ending categories with a "○" and connect them with a line.

Examples of how to enter your main activities

✗ Incorrect example

What did you mainly do? * Please enter <u>only one main item</u> every 15 minutes.	Smartphone use	Computer use
Commuting to work		
↓		
Working		○
↓		○
↓		○
↓		○
↓		○
↓		○
Leaving work		○

Work

Please also note any activities you engaged in during “break time” or “lunch break.”

○ Correct example

What did you mainly do? * Please enter <u>only one main item</u> every 15 minutes.	Smartphone use	Computer use
Commuting to work		
↓		
Working		○
↓		○
Drinking tea during a break		○
↓		○
Working		○
↓		○
Lunch		
↓		
Walking to improve lack of exercise		
↓		
Working		○
↓		○
Leaving work		○

✗ Incorrect example

What did you mainly do? * Please enter <u>only one main item</u> every 15 minutes.	Smartphone use	Computer use
Travel (Driving)		
↓		
↓		
↓		
↓		
↓		
↓		
↓		
↓		

Travel (Driving)

Here is an example of how to enter a family trip.

If you drove as a hobby, please enter it as (Driving).

○ Correct example

What did you mainly do? * Please enter <u>only one main item</u> every 15 minutes.	Smartphone use	Computer use
Going on a family trip (Driving)		
↓		
Having lunch		
↓		
Looking up directions to tourist spots	○	
↓		
Going to see ○○ Castle (Driving)		
↓		
Visiting ○○ Castle		
↓		
Visiting ○× Temple		
↓		
Buying souvenirs		
↓		
Going to the hotel (Driving)		
↓		
Arrive at the hotel and unpack		
↓		
Taking a bath		
↓		
Having dinner		
↓		

- If you performed other activities while doing something else, please enter only one of those activities in the “Were you doing something else at the same time?” column.
- Do not enter actions that represent a single point in time, such as waking up, going to bed, and getting home.
- If you used a smartphone for the activity you entered, mark “○” in the “Using smartphone” column; if you used a personal computer or similar device, mark “○” in the “Using PC” column.

Instructions for Recording Activities (Examples)

12:00~12:30

If you read magazines on a tablet while eating lunch:
Please specify the type of reading material, such as a newspaper, magazine, manga (comic book), and paperback.

13:00~14:00

If you bake cakes as a hobby:
Indicate whether you are doing so for household consumption or as a hobby.

[Example]

Baking (as a hobby), Carpentry (for household upkeep), Gardening (yard work for household upkeep), Handicrafts (as a hobby), Growing vegetables (as a hobby), etc.

14:00~17:15

If you traveled for multiple purposes:
Do not simply write a general description such as “going out”; instead, please specify the purpose of each trip.
Also, please distinguish between your travel and your activities before and after each trip.

If you used social media (social networking services):
Please do not simply enter “SNS”; instead, enter your activity in a way that clearly indicates what you were doing on social media.

17:30~18:00

If, while helping your child with their homework, you encountered something you didn't understand and spent about three minutes browsing an educational website on your smartphone:
You should record this under the “Using smartphone” column, since you used your smartphone—even briefly—to help your child with their homework.

When filling in the questionnaire, please refer to the “How to Fill in the Questionnaire” guide.

[First Day]

Afternoon

Time	What did you mainly do? * Please enter only one main item every 15 minutes.	Smartphone use	Computer use	Were you doing anything else at the same time? * If there are multiple options, please select only one.	Smartphone use	Computer use	Location				People who were with you (Please circle all that apply)							Time code
							1	2	3	4	1	2	3	4	5	6	7	
12:00	Lunch			Reading magazines		○	1	2	3	○	○	2	3	4	5	6	7	49
30	Returning home from work			Exchanging messages with a friend via an app	○		1	2	3	○	○	2	3	4	5	6	7	50
13:00	Baking a cake (as a hobby)				○		1	2	3	○	○	2	3	4	5	6	7	51
30							1	2	3	○	○	2	3	4	5	6	7	52
14:00	Going to the welfare center			Posting photos of cakes on social media	○		1	2	3	○	○	2	3	4	5	6	7	53
30	Working as a volunteer at the reception desk for a lecture						1	2	3	○	○	2	3	4	5	6	7	54
15:00	Attending a lecture on welfare, and learning						1	2	3	○	○	2	3	4	5	6	7	55
30							1	2	3	○	○	2	3	4	5	6	7	56
16:00	Going to the hair salon						1	2	3	○	○	2	3	4	5	6	7	57
30	Getting a haircut at the hair salon						1	2	3	○	○	2	3	4	5	6	7	58
17:00	Going grocery shopping						1	2	3	○	○	2	3	4	5	6	7	59
30	Going home						1	2	3	○	○	2	3	4	5	6	7	60
18:00	Changing clothes						1	2	3	○	○	2	3	4	5	6	7	61
30	Helping my 4th-grade child with homework	○					1	2	3	○	○	2	3	4	5	6	7	62
19:00	Chatting with my mother						1	2	3	○	○	2	3	4	5	6	7	63
30	Preparing dinner						1	2	3	○	○	2	3	4	5	6	7	64
20:00	Drinking tea while the stew is simmering						1	2	3	○	○	2	3	4	5	6	7	65
30	Preparing dinner						1	2	3	○	○	2	3	4	5	6	7	66
21:00	Dinner			Watching TV			1	2	3	○	○	2	3	4	5	6	7	67
30	Cleaning up after dinner						1	2	3	○	○	2	3	4	5	6	7	68
22:00	Sewing (as a household chore)						1	2	3	○	○	2	3	4	5	6	7	69
30	Buying clothes online	○					1	2	3	○	○	2	3	4	5	6	7	70
23:00	Video chatting with a friend via an app						1	2	3	○	○	2	3	4	5	6	7	71
30	Bathing	○					1	2	3	○	○	2	3	4	5	6	7	72
24:00	Doing stretching exercises			Watching videos	○		1	2	3	○	○	2	3	4	5	6	7	73
30	Watching TV						1	2	3	○	○	2	3	4	5	6	7	74
23:00	Check stock prices on the Internet	○		Listening to music	○		1	2	3	○	○	2	3	4	5	6	7	75
30	Sleeping						1	2	3	○	○	2	3	4	5	6	7	76
24:00							1	2	3	○	○	2	3	4	5	6	7	77

23:00~23:30

If you were checking stock prices on your personal computer while listening to music on your smartphone:

If you used a smartphone or personal computer for both your primary activity and the activity you were doing simultaneously, mark “○” in the “Using” column for each device.

20:30~21:30

If you use a smartphone app for video chatting with a friend:

If there is no one else around who could talk to you without using a smartphone—such as when you are alone in a room—circle “1 Alone” category.

Questionnaire, page 8 ▶ "For household"

When filling in the questionnaire,
please refer to the **"How to Fill in the Questionnaire"** guide.

This page should be completed by the household head.

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).

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
☒	☐	☐	☐	☐
☒	☐	☐	☐	☐

22 Number of household members

- Please indicate the number of household members aged 10 and over (including yourself) in the "10 and over" column, as well as those under the age of 10 in the "Under 10" column.
- If there are no household members under the age of 10, please write "0" in the "Under 10" column.

Include household members who are currently hospitalized or residing in social welfare facilities as of October 20, if their stay is less than three months.

10 and over	Under 10
2 people	1 people

23 Status of single-person households

- Please indicate either "Living away for work (temporary assignment)" or "Other" only if you live in a single-person household.

Living away for work (temporary assignment)	Other
☐	☐

Your household member(s) under the age of 10

No.	24 Relationship to the household head	25 Age	26 School or kindergarten attendance	27 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	• If you are using extended-hours childcare or daycare, please indicate the total number of hours per day that includes such childcare Enrolled in a nursery, kindergarten, or centers for early childhood education and care Time normally spent at such places Less than 4 hours 5 to 7 hours 8 to 10 hours 11 hours or more Enrolled in an elementary school Using after-school hours care or similar Not using after-school hours care or similar Not attending school or kindergarten	• Please indicate all the care service the child receives other than the one(s) stated in question 26. Yes No 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 family daycare provider, etc.)
1	☒	5 Age	☐ Less than 4 hours ☒ 5 to 7 hours ☐ 8 to 10 hours ☐ 11 hours or more ☐ Enrolled in an elementary school ☐ Using after-school hours care or similar ☐ Not using after-school hours care or similar ☐ Not attending school or kindergarten	☒ Yes ☐ No
2	☐	Age	☐ Less than 4 hours ☐ 5 to 7 hours ☐ 8 to 10 hours ☐ 11 hours or more ☐ Enrolled in an elementary school ☐ Using after-school hours care or similar ☐ Not using after-school hours care or similar ☐ Not attending school or kindergarten	☐ Yes ☐ No
3	☐	Age	☐ Less than 4 hours ☐ 5 to 7 hours ☐ 8 to 10 hours ☐ 11 hours or more ☐ Enrolled in an elementary school ☐ Using after-school hours care or similar ☐ Not using after-school hours care or similar ☐ Not attending school or kindergarten	☐ Yes ☐ No
4	☐	Age	☐ Less than 4 hours ☐ 5 to 7 hours ☐ 8 to 10 hours ☐ 11 hours or more ☐ Enrolled in an elementary school ☐ Using after-school hours care or similar ☐ Not using after-school hours care or similar ☐ Not attending school or kindergarten	☐ Yes ☐ No
5	☐	Age	☐ Less than 4 hours ☐ 5 to 7 hours ☐ 8 to 10 hours ☐ 11 hours or more ☐ Enrolled in an elementary school ☐ Using after-school hours care or similar ☐ Not using after-school hours care or similar ☐ Not attending school or kindergarten	☐ Yes ☐ No

26 School or kindergarten attendance

▼ For "a nursery, kindergarten, or centers for early childhood education and care," licensing status is irrelevant.

▼ For "Time normally spent at such places"

- If you are using extended-hours childcare or daycare, please indicate the total number of hours per day that includes such childcare.
- Commuting time is not included in the time spent at the facility.
- Round up fractions of an hour to the nearest 30 minutes, and round down fractions of an hour to the nearest 30 minutes.

20 Annual income of the household (before tax deduction)

▼ The term “Annual income of the household” refers to

the total of all household members' income (including taxes) over the past year, not just the income of the primary earner.

▼ The term " income" includes

not only the income indicated under survey item **“16 Annual income or profit (including tax) from your work,”** but also benefits such as pensions and sick leave pay, dividends, and remittances.

21 Are there any absentees from your household?

Do not report for those absent from home for reasons other than living away for work (temporary assignment), working away from home, or hospitalization.

Even if they are not family members, single cohabitants or live-in employees who share your household expenses should be listed under “Other” if they fall into this category.

▼ The term “Household members absent in hospital” includes

those admitted to hospitals as well as those admitted to convalescent facilities or similar facilities.

22 Number of household members

Please indicate the number of household members aged 10 and over and the number of household members under the age of 10 toward the right hand side.

23 Status of single-person households

▼ The term “Living away for work (temporary assignment)” includes

people working away from home.

▼ The term "Other" includes

people living alone for reasons other than “Living away for work (temporary assignment).”

Your household member(s) under the age of 10

▼ If there are six or more household members under the age of 10

Please fill in only the sections regarding household members under the age of 10 on the questionnaire sheet provided for the sixth and subsequent members.

Notes on Entering Responses in the “What were you mainly doing?”

- When entering activities related to caring for children, please specify the child’s age or school/grade level.
- For activities such as “gardening,” “sewing,” “baking,” and “carpentry,” please specify whether they are done as a hobby or as part of housework by entering, for example, “Baking (as a hobby)” or “Baking (for household consumption).”
If performed as part of a job, please enter “Working,” “Arubaito,” or “Part-time work.”
- If it is a side job, please specify this by entering “Working (side job)” or similar.

For activities related to personal care

Please enter them in a way such as “Washing face,” “Changing clothes,” “Bathing,” “Preparing and taking medication,” “Received a house call from a doctor,” “Bathing using a mobile bathing service,” and “Bathing using a day care service.”

- If a mother is helping a child who has an injury get dressed, enter “Changing clothes” for the child and “Helping a 5th-grade child get dressed” for the mother.
(Note) It is acceptable to use abbreviations such as “Child (5th grade).”
- If you are using a paid service, please enter it in a way that clearly indicates you are using a paid service, such as “Haircut at a barbershop.”
- If you used day care services, please enter the specific activities performed, such as “Transportation,” “Lunch,” and “Exercise.”

For activities related to meals

Please enter them in a way such as “Breakfast,” “Dinner,” “Late-night snack,” “School lunch,” “Snack,” and “Tea time.”

- If a family member is helping a sick grandfather with his meals, enter “Meal” for the grandfather and “Helping my sick grandfather with his meals” for the family member providing assistance.
- If you ate a meal as part of socializing or social gatherings, enter “Drinking party,” “Dinner party,” “Party,” etc.

For travel-related activities

Please enter them in a way such as “Commuting to work,” “Returning from school,” “Going shopping,” “Visiting a client for business,” and “Taking my 5-year-old child to the hospital.”

- Please clearly indicate the purpose of your travel.

For work-related activities

Please enter them in a way such as **"Working," "Preparing for work," "Overtime," "Working (side job)," "Job interviews," "Reading job listings," "Searching for work at Hello Work (public employment service)," "Internship (paid)," and "Applying for permits/licenses (starting a business)."**

- For business trips and training sessions, please enter descriptions such as **"Travel to business trip destination"** or **"Travel to training location"** so that the nature of the activity is clear.
- For activities related to starting a personal business (such as online sales or opening a restaurant), please enter descriptions such as **"Consulting with a bank about financing (starting a business)"** or **"Looking for a storefront to rent (starting a business)"** so that the nature of the activity is clear.

For volunteer and social activities

Please enter them in a way such as **"Helping clean a neighbor's house," "Assistiing an elderly neighbor with meals," "Playing with a neighbor's child," "Weeding the sidewalk as part of volunteer activities," and "Voting in an election."**

- Please specify "to whom" you provided assistance and "what kind of assistance" you offered.

For activities related to socializing and social interactions

Please enter them in a way such as **"Talking to a friend on the phone," "Writing a letter to my mother," "Exchanging messages with a friend via an app," "Video chatting with a friend via an app," "Chatting with an acquaintance at a coffee shop," and "Attending a coworker's wedding."**

For study-related activities

Please enter them in a way such as **"School classes," "Homeroom," "School cleaning," "School homework," "Studying at a private-tutoring school," "Driver's education," "Learning by watching a TV lecture series," "Learning through a correspondence course," "Reading books to prepare for exams," and "Internship (unpaid)."**

- Please provide enough detail to clearly indicate the nature of the learning activities.
- For club activities, and activities where you are taught by an instructor, such as lessons, please enter specific items or details.
- For activities required by your workplace, please enter them as **"Job training."**

Notes on Entering Responses in the “What were you mainly doing?” and “Were you doing somethingelse at the same time?” Columns

For activities related to housework, etc.

Please enter them in a way such as **“Washing dishes,” “Preparing meals,” “Cooking meals (for later consumption),” “Baking (for household consumption),” “Making jam,” “Cleaning the entrance,” “Taking out the garbage,” “Ironing,” “Ordering groceries through the Internet,” “Reading books to my 2-year-old child,” “Assisting elderly mother with bathing,” “Growing vegetables (for household use),” “Gardening (yard work for household upkeep),” “Making furniture (for household use),” and “Repairing furniture (for household use).”**

- For child care, please specify the child’s age and the nature of the child care, such as **“Supervising my 3-year-old child playing in the park.”**
- For activities involving the storage of food that is not consumed on the same day—such as preparing meals in advance (i.e., food that is cooked but not eaten at all on that day and is instead stored)—please enter them in a way that clearly indicates this, for example, as **“Cooking meals (for later consumption)”** or **“Preparing side dishes for boxed meals (for later consumption).”**

On the other hand, if you cook a dish such as curry and prepare portions to be eaten on subsequent days, but also consume some of it on the same day, please enter this as **“Preparing meals,”** not as **“Cooking meals (for later consumption).”**

- If you are using a paid service, please enter it in a way that makes it clear you are using a paid service, such as **“Having my car serviced at a gas station.”**
- For activities such as farm work, please enter them in a way that makes it clear whether they are performed as work, housework, or a hobby, such as **“Harvesting bitter melon (for household consumption).”**

For activities related to sports and hobbies

Please enter them in a way such as **“Baseball,” “Soccer club activities,” “Watching soccer games,” “Walking to improve lack of exercise,” “Baking (as a hobby),” “Gardening (as a hobby),” and “Posting photos on social media.”**

- For school clubs and similar activities, please specify the type of activity and its details.
- If you used social media, please do not simply enter “SNS”; instead, enter your activity in a way that clearly indicates what you were doing on social media.

For activities related to breaks and rest

Please enter them in a way such as **“Playing with my dog,” “Watching TV,” and “Reading manga.”**

- If you ate, played sports, or did light exercise during breaks at work or school, please enter those activities.

Example of entry for detailed of work

Detailed of work	Example of entry ※Please fill in the details as shown below		
● Business management and managerial work	Company president Factory owner	General affairs manager Association director	
● Professional or technical work	Interior designer Licensed masseur Special needs school teacher Lawyer Programmer Nursery Teacher	Electrochemical engineer Dentist Elementary school teacher Care manager Pharmacist Professional baseball player	Civil engineering mechanical design engineer Nurse Private-tutoring school teacher Dancer Surveyor Religious leader
● Administrative work	Accounting clerk Bank teller	Computer operator Electricity meter reader	PC operator Taxi dispatcher
● Work involving purchasing and selling goods	Retail store owner Automobile salesperson	Convenience store salesperson Life Insurance Salesperson	Salesperson Cosmetics door-to-door salesperson
● Cooking, customer service, and service work	Nursing assistant Restaurant owner	Barber Restaurant chef	Rental shop clerk (DVDs, etc.) Theater usher
● Work in housekeeping and related services	Home helper Babysitter	Home care worker Housekeeper (female/male)	
● Security work	Self-Defense Force personnel Customs inspector	Police officer Construction site traffic controller	Firefighter Security guard
● Work related to the cultivation and harvesting of agricultural, livestock, and forest products	Shiitake mushroom grower Forestry worker Logger	Dairy cattle raiser Forest ranger Bean sprout producer	Poultry farmer Gardener Landscape architect
● Work related to harvesting and cultivating marine products	Fishing master Pearl farmer	Fishing boat captain Amakusa harvester	Gillnetter Aquarium keeper
● Manufacturing and processing of metal products	Steelworker Aluminum foundry worker	Metal heat treatment operator Sheet metal equipment operator	Metal rolling operator Arc welder
● Manufacturing and processing of non-metal products	Pharmaceutical formulation technician Plastic raw material production technician	Rubber vulcanization technician Synthetic detergent production technician	Photographic plate-making technician Women's and children's clothing tailor
● Machinery and equipment assembly work	Automotive engine assembler Watch adjuster	Fiber optic cable manufacturer Optical machinery and equipment assembler	Transportation machinery assembly operator Contact lens polisher
● Machine maintenance and repair work	Automotive mechanic Watch repair technician	Office equipment repair technician Machine disassembly technician	Aircraft maintenance technician Train maintenance technician
● Product inspection work	Wood inspector Welding inspector	Chemical inspector Ceramics inspector	Plastic product inspector Bookbinding inspector
● Machine inspection work	Electrical machinery parts inspector Stationary engine inspector	Automotive inspector Machine tool inspector	Optical machinery and equipment inspector Railway vehicle inspector
● Skilled work related to or similar to production such as painting or photo development	Spray painter Drafter	CAD operator Photo printer	Projectionist Mechanical draftsman
● Work involving the operation of trains, automobiles, ships, airplanes, and other machinery	Cargo ship chief engineer Crane operator Road roller operator	Truck driver Airline pilot Bus tour guide	Boiler operator (sauna) Train conductor Passenger ship engineer
● Construction, civil engineering, and electrical work	Carpenter Plasterer apprentice	Indoor electrician Civil engineering worker	Plumber Railway track maintenance worker
● Mining and extraction work	Stone quarry worker Mine support worker	Gravel extractor Mine transport worker	Mine gas inspector Mine blaster
● Work such as transportation, cleaning, and packaging	Newspaper delivery person Courier	Building cleaner Warehouse worker	Packing worker Postal worker

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



If you have responded via the Internet, there is no need to submit the paper questionnaire. In that case, please do not fill in the paper questionnaire and dispose of it so that it cannot be used for any other purpose.

Before submitting the questionnaire, please check it again to ensure there are no omissions or errors.

If there are any omissions or errors in the questionnaire, prefectural offices may contact you for verification.

The information provided on this questionnaire is strictly protected in accordance with the Statistics Act (the basic law governing national statistics).

Under the Statistics Act, enumerators and other persons concerned are obligated not to disclose any information obtained through this survey to third parties (confidentiality obligation), and penalties are stipulated for violations of this obligation.

The information you provide will never be used for any purpose other than the compilation of statistics.

Every possible measure is taken to protect personal information from leakage; for example, after the statistics are compiled, the submitted questionnaires will be disposed of by dissolution.



Please be wary of scams or suspicious surveys masquerading as the Survey on Time Use and Leisure Activities.

The Survey on Time Use and Leisure Activities will never ask you for money. We will also never ask for your bank account PIN or credit card number.

Please be wary of suspicious visitors, phone calls, emails, or websites that claim to be associated with the Survey on Time Use and Leisure Activities.

The Survey on Time Use and Leisure Activities will never ask you to submit your responses via email.

If you have any suspicions, please notify your prefectural offices or the call center immediately.

Enumerators carry an “Enumerator ID Card” issued by the prefectural governor to verify their identity.

