Confidential

fundamental statistical survey

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.

01

政府統計

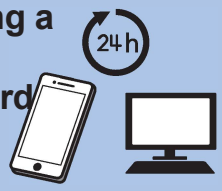
2026 Survey on time Use and Leisure Activities

October 20, 2026

Questionnaire A

☐ **We recommend responding via the Internet at your convenience using a smartphone or personal computer.**

☐ To respond via the Internet, you will need the **respondent ID** and **password** provided in the separately distributed **"Internet Response Login Information."**

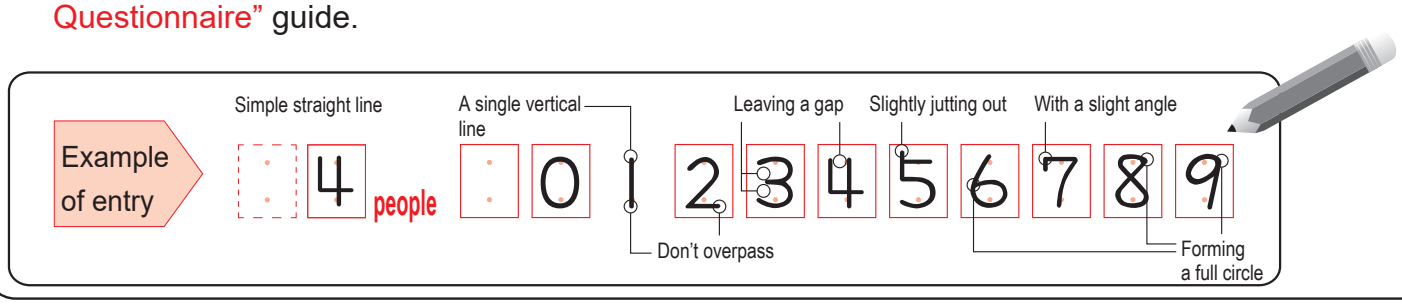


For "25 Diary (from page 5 to page 9)", please report on two days, namely,

Oct. ☐ ( ) and Oct. ☐ ( )

Notes on completing the questionnaire

- **Please have each person aged 10 or older fill out one form.**
- The household head is requested to answer all of the questions including both the "For household" and "Your household member(s) under the age of 10" sections on the last page of his/her own 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. Ballpoint pens cannot be used.**
- This questionnaire will be processed by a machine, so please do not soil, wet, or attach tape to it.
- When the answer column contains these circles ⬭, please completely fill in the appropriate circle like this ⬬.
- When filling in the questionnaire, please refer to the distributed separately "How to Fill in the Questionnaire" guide.



To be completed by the enumerator

Enumeration district code	Household No.

To be completed by prefectural offices

f y

Statistics Japan

Phone number — —

We may use it to contact you if we need to check anything regarding the questionnaire.

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

1 Name and Sex

(Name)

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 ○ Parents 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 □□□□ Month □□

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 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.)

○ Elementary school ○ Junior high school ○ High school ○ Vocational school (term of study): ○ 1 to less than 2 years ○ 2 to less than 4 years ○ 4 or more years ○ Junior college or technological college ○ College or university ○ Graduate school

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: ○ 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.): ○ 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 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 t he 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) ○ Other

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

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 13.

12 Do you wish to work?

I wish to work: ○ I am seeking a job ○ I am not seeking a job

○ I do not wish to work

→ 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
- Regular staff
- Part-time worker
- "Arubaito"
- Contract employee
- Temporary employee
- Worker dispatched from temporary labour agency
- Other

- Director of company or organization, etc.
- Self-employed with employee
- Self-employed with no employee
- Family worker
- Doing piecework at home

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
- 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.)

Part time

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
- 0 days
- 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 yet served your employer for a year)

No paid holiday

16 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.

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.

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
- 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

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

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)

To page 4 on question 21.

Question 21 to Question 25 on page 9 should be completed by all respondents.

In answering Question 21 below to Question 24 on page 5
Please answer according to your experiences within the past year (20th October 2025 to 19th October 2026).

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

21 Learning, self-education, and training

- Please indicate activities you engaged in during your personal free time to enhance your knowledge or cultural level.
- Excludes activities related to work (including on-the-job training) or school lessons, including preparation and review.
- Includes club activities within or outside school.

(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)**

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

Please fill out (2) and subsequent questions if you answered 1 or more days.

(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)

	(1)	(2) Self improvement	(2) To gain employment	(2) To use for current work	(2) Other	(3) Classes, Courses or workshop, etc. – Sponsored by municipalities, etc.	(3) Classes, Courses or workshop, etc. – Sponsored by private institutions	(3) Classes, Courses or workshop, etc. – Sponsored by universities, etc.	(3) Lecture meetings, etc.	(3) Correspondence course	(3) Self-studying/ Self-learning	(3) Study groups, etc.	(3) Miscellaneous schools or vocational schools	(3) Other
English language	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Other foreign language	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Computing etc.	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Commerce or business	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Caring	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Home economics or housework (cooking, sewing, or home management, etc.)	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Humanities, social or natural science (history economics, mathematics, or biology, etc.)	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Art and culture	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Other (Please indicate either Yes or No)	Yes ○ No ○													

22 Volunteer activities

- Excludes activities undertaken as work or those performed for family members.
- 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) How many time over the year did you spend on volunteer activities? **(Please choose one from the nine categories shown in the box below)**

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

Please fill out (2) and subsequent questions if you answered 1 or more days.

(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)

	(1)	(2)	(3) Yes – A group, citizen organization, etc. of volunteers	(3) Yes – An NPO (non-profit organization)	(3) Yes – A neighborhood association or similar, which is rooted in the local community	(3) Yes – Other organization	(3) I work as a volunteer without belonging to any organization.
Health or medical related activities (blood donation, visiting people in hospital, or promoting safe foodstuffs, etc.)	○	min	○	○	○	○	○
Activities for the elderly (assisting in daily life, or recreation, etc.)	○	min	○	○	○	○	○
Activities for handicapped (sign language, Braille, reading, or helping the handicapped to take go out, etc.)	○	min	○	○	○	○	○
Activities for children (taking care of children's group, child-raising support, or helping with school events, etc.)	○	min	○	○	○	○	○
Activities related to sports, culture, art and science (teaching sport, disseminating traditional Japanese culture, guiding at art museum, or running lecture meeting or symposium, etc.)	○	min	○	○	○	○	○
Local improvement activities (cleaning up parks and roads, planting flowers, or promoting the local community, etc.)	○	min	○	○	○	○	○
Safety promotion activities (disaster and crime prevention, or road safety, etc.)	○	min	○	○	○	○	○
Conservation or environmental activities (bird watching, protection of woods and forests, promoting recycling or waste reduction, etc.)	○	min	○	○	○	○	○
Disaster related activities (providing clothes and food, or hot meals for disaster victims, etc)	○	min	○	○	○	○	○
Activities related to international cooperation (cooperation in foreign aid, assistance for displaced persons, or activities supporting foreigners living in Japan, etc.)	○	min	○	○	○	○	○
Other (promoting human rights, or pacifism, etc.) Please indicate either Yes or No	Yes ○ No ○						

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.)**

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

<Sports>

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

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

Baseball (including playing catch)	Tennis	Bowling	Jogging, marathon
Softball	Badminton	Fishing	Walking or light physical exercise
Volleyball	Golf (including golf practice range)	Swimming	Yoga
Basketball	Ground golf	Skiing, snowboarding	Training with gym equipment
Soccer (including futsal)	Judo	Mountain climbing or hiking	Other sports (if Yes) (Please describe sports you mainly play.)
Table tennis	Japanese fencing (Kendo)	Cycling	

<Hobbies and amusements>

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

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

Watching sports in person	Traditional Japanese music (including folk song, and traditional Japanese music)	cooking or making cakes, cookies as hobbies	The game of Japanese chess, "shogi"
Watching sports and matches outside the venue (e.g., public viewing events, television broadcasts)	Chorus or vocal music	Gardening	Playing "pachinko"
Watching works of art (Excluding TV/smartphone/PC, etc.)	"Karaoke"	Do-it- yourself carpentry	Playing games on a smartphone, home video game consoles, etc.
Watching vaudevilles, plays and dances (Excluding TV/smartphone/PC, etc.)	Japanese dancing	Painting carving	Visiting recreation ground, zoo, arboretum, or aquarium, etc.
Watching movies at a movie theater	Western dancing or social dancing	Ceramic art or industrial arts	Camping
Watching movies other than at a movie theater (TV, DVD, PC, etc.)	Calligraphy	Photographing and printing	Other hobbies or a musements (if Yes) (Please describe hobbies and amusement you mainly play.)
Listening to classic music at concerts, etc.	Japanese flower arrangement	Writing poems, Japanese poems, "haiku", or novels, etc.	
Listening to popular music at concerts, etc.	Japanese tea ceremony	Reading books as hobbies (Excluding comics)	
Listening to music on CD or smartphone, etc.	Dress making sewing	Reading comics	
Playing musical instruments	knitting or embroidering	The game of "go"	

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: 0 | Three times: 3 | 10 times and over: 10

(2) Who did you travel with?
(Please fill in the circle for all appropriate categories)

		With family	With classmate(s) or colleague(s)	With neighbour(s)	With friend(s) or acquaintance(s), etc.	Alone
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.)					
	Within Japan — Return to the home town, visiting someone					
	Outside Japan — Sightseeing (including travel for recreation or sport, etc.)					

time(s)

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

25 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."

	Travel and excursion	Event, wedding or funeral (lasting over half a day)	Business trip or training, etc.	Telework: Home	Telework: Outside Home (e.g., satellit office)	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
[First day] October (Day)	○	○	○	○	○	○	○	○	○	○
[Second day] October (Day)	○	○	○	○	○	○	○	○	○	○

To page 6.

25 Diary (continued)

When filling in the questionnaire, please refer to the **"How to Fill in the Questionnaire"** guide.
Please record your activities for the specified days on the white lines using a ruler, in 15-minute intervals.
If you performed multiple activities at the same time, please record only the main activity.

Please record the activities for the specified days without changing the dates.

October (Day) [First day]

Please fill in each of (1) through (3).

Morning

(1) Kind of activities

1 Sleep
2 Personal care
3 Meals
4 Commuting to and from school or work
5 Work
6 Schoolwork
7 Housework
8 Family care or nursing
9 Child care
10 Shopping
11 Moving (excluding commuting)
12 Watching TV, listening to the radio, reading newspapers or magazines
13 Rest and relaxation
14 Learning, self-education, and training (except for school work)
15 Hobbies and amusements
16 Sports
17 Volunteer and social activities
18 Social life
19 Medical examination or treatment
20 Other activities

0 o'clock 30 1 30 2 30 3 30 4 30 5 30 6 o'clock

(2) Use of smartphone/PC
A Yes
B No

(3) Person(s) being together
a Alone
b Family member(s)
c Classmate(s) or colleague(s)
d Other person(s)

Afternoon

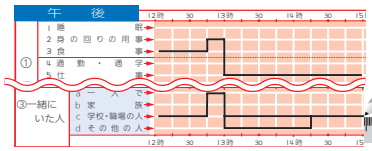
(1) Kind of activities

1 Sleep
2 Personal care
3 Meals
4 Commuting to and from school or work
5 Work
6 Schoolwork
7 Housework
8 Family care or nursing
9 Child care
10 Shopping
11 Moving (excluding commuting)
12 Watching TV, listening to the radio, reading newspapers or magazines
13 Rest and relaxation
14 Learning, self-education, and training (except for school work)
15 Hobbies and amusements
16 Sports
17 Volunteer and social activities
18 Social life
19 Medical examination or treatment
20 Other activities

12 o'clock 30 13 30 14 30 15 30 16 30 17 30 18 o'clock

(2) Use of smartphone/PC
A Yes
B No

(3) Person(s) being together
a Alone
b Family member(s)
c Classmate(s) or colleague(s)
d Other person(s)



[How to draw lines]
Use a ruler to draw straight lines on the white lines.

Please record the activities for the specified days without changing the dates.

October ( ) (Day) [First day]

Morning

6 o'clock 30 7 30 8 30 9 30 10 30 11 30 12 o'clock

(1) Kind of activities

1 Sleep
2 Personal care
3 Meals
4 Commuting to and from school or work
5 Work
6 Schoolwork
7 Housework
8 Family care or nursing
9 Child care
10 Shopping
11 Moving (excluding commuting)
12 Watching TV, listening to the radio, reading newspapers or magazines
13 Rest and relaxation
14 Learning, self-education, and training (except for school work)
15 Hobbies and amusements
16 Sports
17 Volunteer and social activities
18 Social life
19 Medical examination or treatment
20 Other activities

(2) Use of smartphone/PC

A Yes
B No

(3) Person(s) being together

a Alone
b Family member(s)
c Classmate(s) or colleague(s)
d Other person(s)

6 o'clock 30 7 30 8 30 9 30 10 30 11 30 12 o'clock

Afternoon

18 o'clock 30 19 30 20 30 21 30 22 30 23 30 24 o'clock

(1) Kind of activities

1 Sleep
2 Personal care
3 Meals
4 Commuting to and from school or work
5 Work
6 Schoolwork
7 Housework
8 Family care or nursing
9 Child care
10 Shopping
11 Moving (excluding commuting)
12 Watching TV, listening to the radio, reading newspapers or magazines
13 Rest and relaxation
14 Learning, self-education, and training (except for school work)
15 Hobbies and amusements
16 Sports
17 Volunteer and social activities
18 Social life
19 Medical examination or treatment
20 Other activities

(2) Use of smartphone/PC

A Yes
B No

(3) Person(s) being together

a Alone
b Family member(s)
c Classmate(s) or colleague(s)
d Other person(s)

18 o'clock 30 19 30 20 30 21 30 22 30 23 30 24 o'clock

25 Diary (continued)

When filling in the questionnaire, please refer to the **"How to Fill in the Questionnaire"** guide.
Please record your activities for the specified days on the white lines using a ruler, in 15-minute intervals.
If you performed multiple activities at the same time, please record only the main activity.

Please record the activities for the specified days without changing the dates.

October (Day) [Second day]

Please fill in each of (1) through (3).

Morning

(1) Kind of activities

1 Sleep
2 Personal care
3 Meals
4 Commuting to and from school or work
5 Work
6 Schoolwork
7 Housework
8 Family care or nursing
9 Child care
10 Shopping
11 Moving (excluding commuting)
12 Watching TV, listening to the radio, reading newspapers or magazines
13 Rest and relaxation
14 Learning, self-education, and training (except for school work)
15 Hobbies and amusements
16 Sports
17 Volunteer and social activities
18 Social life
19 Medical examination or treatment
20 Other activities

0 o'clock 30 1 30 2 30 3 30 4 30 5 30 6 o'clock

(2) Use of smartphone/PC
A Yes
B No

(3) Person(s) being together
a Alone
b Family member(s)
c Classmate(s) or colleague(s)
d Other person(s)

Afternoon

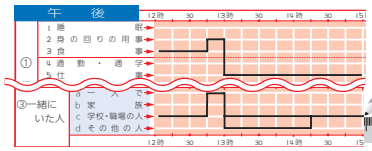
(1) Kind of activities

1 Sleep
2 Personal care
3 Meals
4 Commuting to and from school or work
5 Work
6 Schoolwork
7 Housework
8 Family care or nursing
9 Child care
10 Shopping
11 Moving (excluding commuting)
12 Watching TV, listening to the radio, reading newspapers or magazines
13 Rest and relaxation
14 Learning, self-education, and training (except for school work)
15 Hobbies and amusements
16 Sports
17 Volunteer and social activities
18 Social life
19 Medical examination or treatment
20 Other activities

12 o'clock 30 13 30 14 30 15 30 16 30 17 30 18 o'clock

(2) Use of smartphone/PC
A Yes
B No

(3) Person(s) being together
a Alone
b Family member(s)
c Classmate(s) or colleague(s)
d Other person(s)



[How to draw lines]
Use a ruler to draw straight lines on the white lines.

Please record the activities for the specified days without changing the dates.

October (Day)

[Second day]

Morning

6 o'clock 30 7 30 8 30 9 30 10 30 11 30 12 o'clock

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 Family care 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

(1) Kind of activities

A	A Yes	(2) Use of smartphone/PC
B	B No	
a	a Alone	(3) Person(s) being together
b	b Family member(s)	
c	c Classmate(s) or colleague(s)	
d	d Other person(s)	

6 o'clock 30 7 30 8 30 9 30 10 30 11 30 12 o'clock

Afternoon

18 o'clock 30 19 30 20 30 21 30 22 30 23 30 24 o'clock

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 Family care 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

(1) Kind of activities

A	A Yes	(2) Use of smartphone/PC
B	B No	
a	a Alone	(3) Person(s) being together
b	b Family member(s)	
c	c Classmate(s) or colleague(s)	
d	d Other person(s)	

18 o'clock 30 19 30 20 30 21 30 22 30 23 30 24 o'clock

The household head should also complete the last page.

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

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
○ 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

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).

(Please indicate relationship to household head)

	No	Yes: Spouse	Yes: Father or mother, or father or mother of spouse	Yes: Son(s) or daughter(s), or spouse of son(s) or daughter(s)	Yes: Other
Household members absent on business	○	○	○	○	○
Household members absent in hospital	○	○	○	○	○

28 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 ☐☐ people
Under 10 ☐☐ people

29 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.	30 Relationship to the household head: Son or daughter	Grandson or granddaughter	Younger brother(s) or sister(s)	Other	31 Age: Please write age as of the last birthday	32 School or kindergarten attendance: 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	33 Does anyone other than your household members usually help you in child care? Yes: 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.)	No
1	○	○	○	○	☐☐ Age	○	○	○	○	○	○	○	○	○	○	○
2	○	○	○	○	☐☐ Age	○	○	○	○	○	○	○	○	○	○	○
3	○	○	○	○	☐☐ Age	○	○	○	○	○	○	○	○	○	○	○
4	○	○	○	○	☐☐ Age	○	○	○	○	○	○	○	○	○	○	○
5	○	○	○	○	☐☐ Age	○	○	○	○	○	○	○	○	○	○	○

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