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

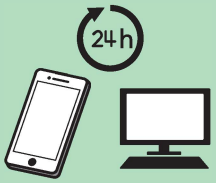
2026 Survey on time Use and Leisure Activities

October 20, 2026

Questionnaire B

☐ **<u>We recommend responding via the Internet</u> 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."**

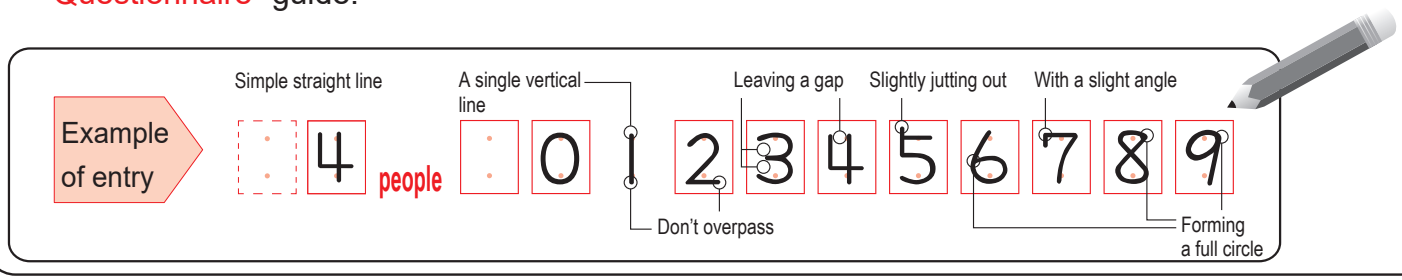


For "19 Diary (from page 3 to page 7))", please report on two days, namely,

Oct. ☐ ( ) and Oct. ☐ ( )

Notes on completing the questionnaire

- **<u>Please have each person aged 10 or older fill out one form.</u>**
- 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. <u>Ballpoint pens cannot be used.</u>**
- 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

02

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

Phone number — — I'll use this for inquiries if I have any questions.

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, 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)
○ 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 3 on question 19.

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 the place of his/her residence.

(Please fill in the circle for all applicable items)

Caring for family member(s) aged 65 and over
- ○ Caring at home
- ○ Caring outside home
  - ○ In the same site with the residence Or In the neighborhood (within five minutes walking distance)
  - ○ 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 12.

→ To page 3 on question 19.

12 Employment status

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

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 right column on question 15.

13 Working-time arrangement

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

- 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

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."**

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

To right column on question 15.

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.

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

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)

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: Home	Telework: Outside home (e.g., satellite 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 4.

Please have everyone fill this out

19 Diary (continued)

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

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

October ☐☐ (Day)

[First Day]

Morning

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 (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)	Time code
0:00							1 2 3 4	1 2 3 4 5 6 7	01
·							1 2 3 4	1 2 3 4 5 6 7	02
30							1 2 3 4	1 2 3 4 5 6 7	03
·							1 2 3 4	1 2 3 4 5 6 7	04
1:00							1 2 3 4	1 2 3 4 5 6 7	05
·							1 2 3 4	1 2 3 4 5 6 7	06
30							1 2 3 4	1 2 3 4 5 6 7	07
·							1 2 3 4	1 2 3 4 5 6 7	08
2:00							1 2 3 4	1 2 3 4 5 6 7	09
·							1 2 3 4	1 2 3 4 5 6 7	10
30							1 2 3 4	1 2 3 4 5 6 7	11
·							1 2 3 4	1 2 3 4 5 6 7	12
3:00							1 2 3 4	1 2 3 4 5 6 7	13
·							1 2 3 4	1 2 3 4 5 6 7	14
30							1 2 3 4	1 2 3 4 5 6 7	15
·							1 2 3 4	1 2 3 4 5 6 7	16
4:00							1 2 3 4	1 2 3 4 5 6 7	17
·							1 2 3 4	1 2 3 4 5 6 7	18
30							1 2 3 4	1 2 3 4 5 6 7	19
·							1 2 3 4	1 2 3 4 5 6 7	20
5:00							1 2 3 4	1 2 3 4 5 6 7	21
·							1 2 3 4	1 2 3 4 5 6 7	22
30							1 2 3 4	1 2 3 4 5 6 7	23
·							1 2 3 4	1 2 3 4 5 6 7	24
6:00							1 2 3 4	1 2 3 4 5 6 7	25
·							1 2 3 4	1 2 3 4 5 6 7	26
30							1 2 3 4	1 2 3 4 5 6 7	27
·							1 2 3 4	1 2 3 4 5 6 7	28
7:00							1 2 3 4	1 2 3 4 5 6 7	29
·							1 2 3 4	1 2 3 4 5 6 7	30
30							1 2 3 4	1 2 3 4 5 6 7	31
·							1 2 3 4	1 2 3 4 5 6 7	32
8:00							1 2 3 4	1 2 3 4 5 6 7	33
·							1 2 3 4	1 2 3 4 5 6 7	34
30							1 2 3 4	1 2 3 4 5 6 7	35
·							1 2 3 4	1 2 3 4 5 6 7	36
9:00							1 2 3 4	1 2 3 4 5 6 7	37
·							1 2 3 4	1 2 3 4 5 6 7	38
30							1 2 3 4	1 2 3 4 5 6 7	39
·							1 2 3 4	1 2 3 4 5 6 7	40
10:00							1 2 3 4	1 2 3 4 5 6 7	41
·							1 2 3 4	1 2 3 4 5 6 7	42
30							1 2 3 4	1 2 3 4 5 6 7	43
·							1 2 3 4	1 2 3 4 5 6 7	44
11:00							1 2 3 4	1 2 3 4 5 6 7	45
·							1 2 3 4	1 2 3 4 5 6 7	46
30							1 2 3 4	1 2 3 4 5 6 7	47
·							1 2 3 4	1 2 3 4 5 6 7	48
12:00									

[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 (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)	Time code
12:00							1 2 3 4	1 2 3 4 5 6 7	49
12:15							1 2 3 4	1 2 3 4 5 6 7	50
12:30							1 2 3 4	1 2 3 4 5 6 7	51
12:45							1 2 3 4	1 2 3 4 5 6 7	52
13:00							1 2 3 4	1 2 3 4 5 6 7	53
13:15							1 2 3 4	1 2 3 4 5 6 7	54
13:30							1 2 3 4	1 2 3 4 5 6 7	55
13:45							1 2 3 4	1 2 3 4 5 6 7	56
14:00							1 2 3 4	1 2 3 4 5 6 7	57
14:15							1 2 3 4	1 2 3 4 5 6 7	58
14:30							1 2 3 4	1 2 3 4 5 6 7	59
14:45							1 2 3 4	1 2 3 4 5 6 7	60
15:00							1 2 3 4	1 2 3 4 5 6 7	61
15:15							1 2 3 4	1 2 3 4 5 6 7	62
15:30							1 2 3 4	1 2 3 4 5 6 7	63
15:45							1 2 3 4	1 2 3 4 5 6 7	64
16:00							1 2 3 4	1 2 3 4 5 6 7	65
16:15							1 2 3 4	1 2 3 4 5 6 7	66
16:30							1 2 3 4	1 2 3 4 5 6 7	67
16:45							1 2 3 4	1 2 3 4 5 6 7	68
17:00							1 2 3 4	1 2 3 4 5 6 7	69
17:15							1 2 3 4	1 2 3 4 5 6 7	70
17:30							1 2 3 4	1 2 3 4 5 6 7	71
17:45							1 2 3 4	1 2 3 4 5 6 7	72
18:00							1 2 3 4	1 2 3 4 5 6 7	73
18:15							1 2 3 4	1 2 3 4 5 6 7	74
18:30							1 2 3 4	1 2 3 4 5 6 7	75
18:45							1 2 3 4	1 2 3 4 5 6 7	76
19:00							1 2 3 4	1 2 3 4 5 6 7	77
19:15							1 2 3 4	1 2 3 4 5 6 7	78
19:30							1 2 3 4	1 2 3 4 5 6 7	79
19:45							1 2 3 4	1 2 3 4 5 6 7	80
20:00							1 2 3 4	1 2 3 4 5 6 7	81
20:15							1 2 3 4	1 2 3 4 5 6 7	82
20:30							1 2 3 4	1 2 3 4 5 6 7	83
20:45							1 2 3 4	1 2 3 4 5 6 7	84
21:00							1 2 3 4	1 2 3 4 5 6 7	85
21:15							1 2 3 4	1 2 3 4 5 6 7	86
21:30							1 2 3 4	1 2 3 4 5 6 7	87
21:45							1 2 3 4	1 2 3 4 5 6 7	88
22:00							1 2 3 4	1 2 3 4 5 6 7	89
22:15							1 2 3 4	1 2 3 4 5 6 7	90
22:30							1 2 3 4	1 2 3 4 5 6 7	91
22:45							1 2 3 4	1 2 3 4 5 6 7	92
23:00							1 2 3 4	1 2 3 4 5 6 7	93
23:15							1 2 3 4	1 2 3 4 5 6 7	94
23:30							1 2 3 4	1 2 3 4 5 6 7	95
23:45							1 2 3 4	1 2 3 4 5 6 7	96
24:00									

Please have everyone fill this out

19 Diary (continued)

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

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

October ☐☐ (Day)

[Second day]

Morning

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 (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)	Time code
0:00							1 2 3 4	1 2 3 4 5 6 7	01
0:30							1 2 3 4	1 2 3 4 5 6 7	02
							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
							1 2 3 4	1 2 3 4 5 6 7	05
1:30							1 2 3 4	1 2 3 4 5 6 7	06
							1 2 3 4	1 2 3 4 5 6 7	07
2:00							1 2 3 4	1 2 3 4 5 6 7	08
							1 2 3 4	1 2 3 4 5 6 7	09
2:30							1 2 3 4	1 2 3 4 5 6 7	10
							1 2 3 4	1 2 3 4 5 6 7	11
3:00							1 2 3 4	1 2 3 4 5 6 7	12
							1 2 3 4	1 2 3 4 5 6 7	13
3:30							1 2 3 4	1 2 3 4 5 6 7	14
							1 2 3 4	1 2 3 4 5 6 7	15
4:00							1 2 3 4	1 2 3 4 5 6 7	16
							1 2 3 4	1 2 3 4 5 6 7	17
4:30							1 2 3 4	1 2 3 4 5 6 7	18
							1 2 3 4	1 2 3 4 5 6 7	19
5:00							1 2 3 4	1 2 3 4 5 6 7	20
							1 2 3 4	1 2 3 4 5 6 7	21
5:30							1 2 3 4	1 2 3 4 5 6 7	22
							1 2 3 4	1 2 3 4 5 6 7	23
6:00							1 2 3 4	1 2 3 4 5 6 7	24
							1 2 3 4	1 2 3 4 5 6 7	25
6:30							1 2 3 4	1 2 3 4 5 6 7	26
							1 2 3 4	1 2 3 4 5 6 7	27
7:00							1 2 3 4	1 2 3 4 5 6 7	28
							1 2 3 4	1 2 3 4 5 6 7	29
7:30							1 2 3 4	1 2 3 4 5 6 7	30
							1 2 3 4	1 2 3 4 5 6 7	31
8:00							1 2 3 4	1 2 3 4 5 6 7	32
							1 2 3 4	1 2 3 4 5 6 7	33
8:30							1 2 3 4	1 2 3 4 5 6 7	34
							1 2 3 4	1 2 3 4 5 6 7	35
9:00							1 2 3 4	1 2 3 4 5 6 7	36
							1 2 3 4	1 2 3 4 5 6 7	37
9:30							1 2 3 4	1 2 3 4 5 6 7	38
							1 2 3 4	1 2 3 4 5 6 7	39
10:00							1 2 3 4	1 2 3 4 5 6 7	40
							1 2 3 4	1 2 3 4 5 6 7	41
10:30							1 2 3 4	1 2 3 4 5 6 7	42
							1 2 3 4	1 2 3 4 5 6 7	43
11:00							1 2 3 4	1 2 3 4 5 6 7	44
							1 2 3 4	1 2 3 4 5 6 7	45
11:30							1 2 3 4	1 2 3 4 5 6 7	46
							1 2 3 4	1 2 3 4 5 6 7	47
12:00							1 2 3 4	1 2 3 4 5 6 7	48

[Second 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 (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)	Time code
12:00							1 2 3 4	1 2 3 4 5 6 7	49
12:15							1 2 3 4	1 2 3 4 5 6 7	50
12:30							1 2 3 4	1 2 3 4 5 6 7	51
12:45							1 2 3 4	1 2 3 4 5 6 7	52
13:00							1 2 3 4	1 2 3 4 5 6 7	53
13:15							1 2 3 4	1 2 3 4 5 6 7	54
13:30							1 2 3 4	1 2 3 4 5 6 7	55
13:45							1 2 3 4	1 2 3 4 5 6 7	56
14:00							1 2 3 4	1 2 3 4 5 6 7	57
14:15							1 2 3 4	1 2 3 4 5 6 7	58
14:30							1 2 3 4	1 2 3 4 5 6 7	59
14:45							1 2 3 4	1 2 3 4 5 6 7	60
15:00							1 2 3 4	1 2 3 4 5 6 7	61
15:15							1 2 3 4	1 2 3 4 5 6 7	62
15:30							1 2 3 4	1 2 3 4 5 6 7	63
15:45							1 2 3 4	1 2 3 4 5 6 7	64
16:00							1 2 3 4	1 2 3 4 5 6 7	65
16:15							1 2 3 4	1 2 3 4 5 6 7	66
16:30							1 2 3 4	1 2 3 4 5 6 7	67
16:45							1 2 3 4	1 2 3 4 5 6 7	68
17:00							1 2 3 4	1 2 3 4 5 6 7	69
17:15							1 2 3 4	1 2 3 4 5 6 7	70
17:30							1 2 3 4	1 2 3 4 5 6 7	71
17:45							1 2 3 4	1 2 3 4 5 6 7	72
18:00							1 2 3 4	1 2 3 4 5 6 7	73
18:15							1 2 3 4	1 2 3 4 5 6 7	74
18:30							1 2 3 4	1 2 3 4 5 6 7	75
18:45							1 2 3 4	1 2 3 4 5 6 7	76
19:00							1 2 3 4	1 2 3 4 5 6 7	77
19:15							1 2 3 4	1 2 3 4 5 6 7	78
19:30							1 2 3 4	1 2 3 4 5 6 7	79
19:45							1 2 3 4	1 2 3 4 5 6 7	80
20:00							1 2 3 4	1 2 3 4 5 6 7	81
20:15							1 2 3 4	1 2 3 4 5 6 7	82
20:30							1 2 3 4	1 2 3 4 5 6 7	83
20:45							1 2 3 4	1 2 3 4 5 6 7	84
21:00							1 2 3 4	1 2 3 4 5 6 7	85
21:15							1 2 3 4	1 2 3 4 5 6 7	86
21:30							1 2 3 4	1 2 3 4 5 6 7	87
21:45							1 2 3 4	1 2 3 4 5 6 7	88
22:00							1 2 3 4	1 2 3 4 5 6 7	89
22:15							1 2 3 4	1 2 3 4 5 6 7	90
22:30							1 2 3 4	1 2 3 4 5 6 7	91
22:45							1 2 3 4	1 2 3 4 5 6 7	92
23:00							1 2 3 4	1 2 3 4 5 6 7	93
23:15							1 2 3 4	1 2 3 4 5 6 7	94
23:30							1 2 3 4	1 2 3 4 5 6 7	95
23:45							1 2 3 4	1 2 3 4 5 6 7	96
24:00									

→ 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

20 Annual income of the household (before tax deduction)

- Please indicate the aggregate income of all family members.
- The income should include the pension and other benefits, dividends, and allowances you receive, in addition to the income from your work.
- The income, however, **should not include temporary income**, such as sale of your real estate, securities, and other assets, property you have inherited, gifts you received, retirement allowance, etc.

○ Under one million yen
○ One to less than two million yen
○ Two to less than three million yen
○ Three to less than four million yen
○ Four to less than five million yen
○ Five to less than six million yen
○ Six to less than seven million yen
○ Seven to less than eight million yen
○ Eight to less than nine million yen
○ Nine to less than ten million yen
○ Ten to less than fifteen million yen
○ Fifteen million yen or more

21 Are there any absentees from your household?

- Please report on all absentees who have been or plan to be living away from your household for more than three months on business, and those in hospital on the date of the survey (October 20th).

	No	Yes (Please indicate relationship to household head)			
		Spouse	Father or mother, or father or mother of spouse	Son(s) or daughter(s), or spouse of son(s) or daughter(s)	Other
Household members absent on business	○	○	○	○	○
Household members absent in hospital	○	○	○	○	○

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 ☐☐ people
Under 10 ☐☐ 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?
			• If you are using extended-hours childcare or daycare, please indicate the total number of hours per day that includes such childcare	• Please indicate all the care service the child receives other than the one(s) stated in question 26.
	○ Son or daughter ○ Grandson or granddaughter ○ Younger brother(s) or sister(s) ○ Other	Please write age as of the last birthday	Enrolled in a nursery, kindergarten, or centers for early childhood education and care — Time normally spent at such places: ○ 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: ○ 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.