

**2009 National Survey of Family  
Income and Expenditure**

**Household Questionnaire**

Code of prefecture, city, ku,  
town or village

Unit area  
code

Serial household  
number

Type of  
household

Category of  
household

Kind of  
sample

Number of  
household  
members

Number of  
employed  
persons

Date of  
Entry started

By the Statistics Act, the government conducts this fundamental statistical survey. Great care is taken to ensure complete confidentiality of information, so please fill in this schedule without concealment.

- Fill in the matching circle as illustrated.
- Enter arabic figures in the applicable box as illustrated.
- Please use a black pencil only. Erase completely if entered in mistake.
- As this questionnaire is read by machine, please do not make stains on, or fold or roll it up.
- Please do not fill in the column .
- Answer the questions as of 1st September (1st October for one-person households).

Telephone  
number

Illustration



0	1	2	3	4	5	6	7	8	9
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**I. Items concerning household members**

(1) Name and relationship to household head [Enter II below for household members who are away more than three months.]	Relationship	Relationship code	(2) Sex		(3) Age ( at last birthday)	(4) Whether working or not								Place of work, whether employed by another or self-employed						(9) Industry code	(10) Occupation code						
			Male	Female		Working				Not working				(5) Name of employer	(6) Kind of business	(7) Kind of work	(8) Total number of employees (Excluding government)										
			Regular staff	Part-time workers, albeit Dispatched worker from temporary labour agency		Other	Executive of company, etc.	Self-employed	Family worker	Piecework at home	Looking for job	Not looking for job	Private				Self-employed	Governments	4 or less			5~29	30~499	500~999	1000 or more		
	Household head		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**I. Items concerning household members**

(11) Type of school which the household members are attending		(13) Special training school	(14) Miscellaneous schools, Private lessons
National/public	Private		
Nursery school	Kindergarten		
Elementary school	Junior high school		
Senior high school	University or college		
Graduate school			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. Items concerning family members not  
living with this household**

(15) Main householder		
Name	Relationship to the household head	Relationship code
Reasons for being away		
<input type="checkbox"/> Living away from home for business	<input type="checkbox"/> Working seasonally away home	
<input type="checkbox"/> In hospital	<input type="checkbox"/> Other reasons	
(16) Others		
<input type="checkbox"/> In the hospital	→	<input type="checkbox"/> person(s)
<input type="checkbox"/> Studying away home	→	<input type="checkbox"/> person(s)
<input type="checkbox"/> Other reasons	→	<input type="checkbox"/> person(s)

**III. Concerning the family member in need  
of nursing care**

(17) Concerning the family members, (persons filled in (1)(15) and (16)), are there any persons certified as a person in need of nursing care
<input type="checkbox"/> No
<input type="checkbox"/> Yes (including persons in need of a support)
<input type="checkbox"/> Living in a nursing-care facility
<input type="checkbox"/> Receiving in-house service (including persons who are in a nursing-care facility for a short-term)

**IV. Place of residence of the  
household head and children**

(18) Child(ren)'s place of residence
<input type="checkbox"/> Living in the same building (same finances)
<input type="checkbox"/> Living in the same building (separate finances)
<input type="checkbox"/> Living in the same site
<input type="checkbox"/> Living at a place within 5 minutes on foot
<input type="checkbox"/> Living at a place less than 1 hour one way
<input type="checkbox"/> Living at a place 1 hour or over one way
<input type="checkbox"/> No son / daughter

**V. Items concerning the present dwelling**

(19) Structure of dwelling	(21) Type of building
<input type="checkbox"/> Wooden	<input type="checkbox"/> Detached houses
<input type="checkbox"/> Wooden with fire proof	<input type="checkbox"/> Tenement (including terrace houses)
<input type="checkbox"/> Ferroconcrete	<input type="checkbox"/> Apartments (one or two stories)
<input type="checkbox"/> Others (block, brick, etc.)	<input type="checkbox"/> Apartments (three to five stories)
	<input type="checkbox"/> Apartments (six to ten stories)
	<input type="checkbox"/> Apartments (11 stories or more)
	<input type="checkbox"/> Others
(20) Total floor spaces	
Total floor spaces <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m <sup>2</sup>	
Area used for business <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> m <sup>2</sup>	

**V. Items concerning the present dwelling**

(22) Type of tenure of dwelling <input type="checkbox"/> Owned houses (owned under your name or the name of your family, including joint ownership) <input type="checkbox"/> Owned houses (owned under the name of a relative who is not living in the household or has separate finances) → Skip to (23) <input type="checkbox"/> Rented houses, privately owned (with facilities use exclusively) <input type="checkbox"/> Rented houses, privately owned (with facilities shared) → Skip to (27) <input type="checkbox"/> Rented houses, owned by municipalities <input type="checkbox"/> Rented houses, Urban Renaissance Agency and public corporations owned <input type="checkbox"/> Issued houses (including rented houses, rent paid by company) <input type="checkbox"/> Rented rooms <input type="checkbox"/> Dormitories	(23) Whether you have flush toilet or not (owned houses only) If the toilets are co-used and flush ones, please answer "yes". <input type="checkbox"/> No <input type="checkbox"/> Yes	(25) Land area of dwelling (owned houses only) • Enter the area of any leased land as well. • In the case of condominiums or other such joint houses and tenement, enter the area not of the entire building lot but of the block in which you are living. □□□□.□m <sup>2</sup>		
	(24) Do you pay land rent? (owned houses only) No — <input type="checkbox"/> Land is owned under your name or the name of your family (including joint ownership) <input type="checkbox"/> Land is owned under the name of a relative who is not living in the household or has separate finances Yes — <input type="checkbox"/> You are paying land rent → Skip to (28)	(26) Time of construction (owned houses only) <input type="checkbox"/> Before 1960 <input type="checkbox"/> Showa □□ year <input type="checkbox"/> Heisei □□ year	(27) Time of move into (excluding owned houses) <input type="checkbox"/> Before 1988 <input type="checkbox"/> Heisei □□ year	

**VI. Fill in this column too if you are one-person household.**

(28) Type of household <input type="checkbox"/> Living away from home for business <input type="checkbox"/> Working seasonally away home <input type="checkbox"/> Other → Skip to (29) End of questionnaire
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• Count the 64th year of the Showa era as the first year of the Heisei era.

**VI. Concerning dwelling houses and housing lots other than the present ones**

- If co-owned, enter the portion owned by your family.
- In the case of apartments or tenement, enter the portion owned by your family.
- If you do not know the total floor spaces and/or lot area of the housing of your ownership, divide the total floor/lot area of the entire apartments by the number of housing units.

(29) Do you hold any dwelling houses other than the present one under your name or your family member's name? (excluding those under corporation's name) <input type="checkbox"/> Yes (for villas, fill in "other") <input type="checkbox"/> No → Skip to (30)				(30) Do you hold any lots (for housing) other than the present one under your name or your family member's name? (excluding those under corporation's name) <input type="checkbox"/> Yes (for land on which villas have been built, land registered as "residential," and forest land, field land, and agricultural land acquired for the purpose of building a home, fill in "other".) <input type="checkbox"/> No → End of questionnaire						
	Use	Year of construction	Total floor spaces	Structure of dwelling		Address	todo fuken	shi gun	ku/machi mura	
1	<input type="checkbox"/> For use as dwelling by relative(s)	<input type="checkbox"/> Before 1960	□□□□.□ m <sup>2</sup>	<input type="checkbox"/> Wooden	<input type="checkbox"/> Land with housing (for residence by relatives)	□□□□.□ m <sup>2</sup>	□□□□.□ m <sup>2</sup>	□□□□.□ m <sup>2</sup>	Column used by the Statistics Bureau	
	<input type="checkbox"/> For renting	<input type="checkbox"/> Showa □□ year		<input type="checkbox"/> Wooden with fire proof						<input type="checkbox"/> Land with housing (for renting)
	<input type="checkbox"/> Other	<input type="checkbox"/> Heisei □□ year		<input type="checkbox"/> Ferroconcrete						<input type="checkbox"/> Other
2	<input type="checkbox"/> For use as dwelling by relative(s)	<input type="checkbox"/> Before 1960	□□□□.□ m <sup>2</sup>	<input type="checkbox"/> Wooden	<input type="checkbox"/> Land with housing (for residence by relatives)	□□□□.□ m <sup>2</sup>	□□□□.□ m <sup>2</sup>	□□□□.□ m <sup>2</sup>	Column used by the Statistics Bureau	
	<input type="checkbox"/> For renting	<input type="checkbox"/> Showa □□ year		<input type="checkbox"/> Wooden with fire proof						<input type="checkbox"/> Land with housing (for renting)
	<input type="checkbox"/> Other	<input type="checkbox"/> Heisei □□ year		<input type="checkbox"/> Ferroconcrete						<input type="checkbox"/> Other
3	<input type="checkbox"/> For use as dwelling by relative(s)	<input type="checkbox"/> Before 1960	□□□□.□ m <sup>2</sup>	<input type="checkbox"/> Wooden	<input type="checkbox"/> Land with housing (for residence by relatives)	□□□□.□ m <sup>2</sup>	□□□□.□ m <sup>2</sup>	□□□□.□ m <sup>2</sup>	Column used by the Statistics Bureau	
	<input type="checkbox"/> For renting	<input type="checkbox"/> Showa □□ year		<input type="checkbox"/> Wooden with fire proof						<input type="checkbox"/> Land with housing (for renting)
	<input type="checkbox"/> Other	<input type="checkbox"/> Heisei □□ year		<input type="checkbox"/> Ferroconcrete						<input type="checkbox"/> Other

• Count the 64th year of the Showa era as the first year of the Heisei era.

↓  
Skip to (30)