

Confidential

1 1986 The Survey on Time Use and Leisure Activities Questionnaire I

Designated Statistics No. 114

Each person 15 years old and over usually living in your household is requested to fill out both Questionnaire I and Questionnaire II. When answering, please encircle an appropriate number for each question, if choices are given. If not, please write the answer in the appropriate space.

Form with 11 numbered questions: 1. Name and Sex, 2. Relationship to the head of household, 3. Age, 4. Marital status, 5. Education, 6. Year of moving into the present residence, 7. Prefecture of compulsory education, 8. Usual economic activity, 9. Employment status, 10. Kind of work, 11. Number of persons engaged in the enterprise as a whole.

Telephone number

of sheets for the household

October 1, 1986 Statistics Bureau Management and Coordination Agency

Header table with columns: Enumeration District Code, Household No., Household member No., Office use, House-hold head only, No. of persons 15 years old and over (Total, Male, Female), No. of persons under 15 years old.

The questionnaire is used only for statistical purposes. Therefore, please provide the information frankly and accurately.

Questions 12-14: 12. Weekly working hours, 13. Regular working days in a week, 14. Did you take consecutive holidays (more than a week) including Sunday and public holidays in the past one year?

The following questions are only for the head of household.

Questions 15-23: 15. Kind of dwelling, 16. Number of rooms, 17. Number of owned cars, 18. Is there anyone who needs to be nursed in your family?, 19. Annual income of the household, 20. Name, 21. Relationship to the head of household, 22. Age, 23. Attending school or not.

(Go to the reverse.)

Please report the activities you did on designated two days.  
 • As kind of activities are divided into 19, please draw a line for an appropriate activity.  
 • If you did two or more kinds of activities concurrently, please record the main activity only.

[Please report the activities you did on \_\_\_\_\_ (day, month).]

Kind of activities	o'clock (Morning)											
	0	1	2	3	4	5	6	7	8	9	10	11
1. Sleep												
2. Personal care												
3. Meals												
4. Commuting to and from school or work												
5. Work												
6. Schoolwork												
7. House keeping												
8. Child care												
9. Shopping												
10. Moving (excluding commuting)												
11. * (See below)												
12. Rest and relaxation												
13. Studies and researches (excluding schoolwork)												
14. Hobbies and amusements												
15. Sports												
16. Voluntary social activities												
17. Association												
18. Medical examination or treatment												
19. Other activities												

\* Watching TV, listening to radio, reading newspapers or magazines.

[Please report the activities you did on \_\_\_\_\_ (day, month).]

Kind of activities	o'clock (Morning)											
	0	1	2	3	4	5	6	7	8	9	10	11
1. Sleep												
2. Personal care												
3. Meals												
4. Commuting to and from school or work												
5. Work												
6. Schoolwork												
7. House keeping												
8. Child care												
9. Shopping												
10. Moving (excluding commuting)												
11. * (See below)												
12. Rest and relaxation												
13. Studies and researches (excluding schoolwork)												
14. Hobbies and amusements												
15. Sports												
16. Voluntary social activities												
17. Association												
18. Medical examination or treatment												
19. Other activities												

\* Watching TV, listening to radio, reading newspapers or magazines.

(A scale indicates 15 minutes.)

Office use	Enumeration District Code	Household No.	Household member No.

Did you do any of the following on this day? (Please encircle an appropriate No.)

1. Travel of at least one overnight stay			2. Day excursion			3. Business travel, etc.			4. Being under medical treatment			5. Paid holiday			6. Not specific		
(Noon)						(Afternoon)						Kind of activities					
12	1	2	3	4	5	6	7	8	9	10	11		12				
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. House keeping				
8													8. Child care				
9													9. Shopping				
10													10. Moving (excluding commuting)				
11													11. * (See below)				
12													12. Rest and relaxation				
13													13. Studies and researches (excluding schoolwork)				
14													14. Hobbies and amusements				
15													15. Sports				
16													16. Voluntary social activities				
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18													18. Medical examination or treatment				
19													19. Other activities				

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12	1	2	3	4	5	6	7	8	9	10	11		12				
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