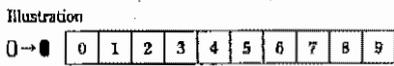


Code of prefecture, city, ku, town or village	Unit area code	Serial household number	Type of household	Category of household	Kind of sample 1 2	Number of household members	Number of employed persons	Seal of the supervisor	Seal of the enumerator
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There will be absolutely no use of the results of this questionnaire for tax purposes or any other purposes other than statistical processing. Please answer to the questions to the best of your knowledge.

Name of the household head	Tel.	Address shi/gun ku chome ban machi/mura go/sanchi
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- (How to fill in the questionnaire)
- 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.
 - Answer the questions as of 1st September (1st October for one-person households).



Date of entry started		
Date of entry ended		

1. Items concerning household members (Enter household members living together in the columns (1) to (15))

(1) Name and relationship to household head [Enter it below for household members who are away more than three months.]	(2) Sex	(3) Whether working or not	(4) Place of work, whether employed by another or self-employed							(5) Type of school which the household members are attending			(14)	(15)	
			(5) Name of employer	(6) Kind of business	(7) Kind of work	(8) Total number of employees		(9) Status (employees only)	(10)	(11)	(12)	(13)			
Relationship	Relationship code	Male Female Age (at last birthday) Working Not working Looking for job	Private Self-employed Government	1-4 5-29 30-499 500-999 1000 or more	Full-time Part-time	Industry code	Occupation code	National/public Private	Nursery school Kindergarten Elementary school Junior high school Senior high school University or college	Special training school	Miscellaneous schools, Private lessons				
Household head	1	0 0	0	0 0			0 0 0	0 0 0 0 0	0 0			0 0	0 0 0 0 0 0	0	0
		0 0	0	0 0			0 0 0	0 0 0 0 0	0 0			0 0	0 0 0 0 0 0	0	0
		0 0	0	0 0			0 0 0	0 0 0 0 0	0 0			0 0	0 0 0 0 0 0	0	0
		0 0	0	0 0			0 0 0	0 0 0 0 0	0 0			0 0	0 0 0 0 0 0	0	0
		0 0	0	0 0			0 0 0	0 0 0 0 0	0 0			0 0	0 0 0 0 0 0	0	0

II. Items concerning family members not living with this household

(16) 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	
(17) Others		
<input type="checkbox"/> In the hospital	→ <input type="checkbox"/>	
<input type="checkbox"/> Studying away home	→ <input type="checkbox"/>	
<input type="checkbox"/> Other reasons	→ <input type="checkbox"/>	

III. Place of residence of the household head and children

(18) Child (ren)'s place of residence

Living in the same building (same finances)

Living in the same building (separate finances)

Living in the same site

Living at a place within 5 minutes on foot

Living at a place less than 1 hour one way

Living at a place 1 hour or over one way

No son/daughter

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

(19) Type of household

Living away from home for business

Working seasonally away home

Other

V. Items concerning the present dwelling (enter the status of dwelling residing in and land lots held at present in columns (20) to (29))

(20) Type of tenure of dwelling	(21) Structure of dwelling	(22) Type of building	(23) Facilities (no-used facility is included in "Yes")	
<input type="checkbox"/> Owned houses (owned under your name or the name of your family, including joint ownership)	<input type="checkbox"/> Wooden	<input type="checkbox"/> Detached houses	Flush toilet	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Owned houses (owned under the name of a relative who is not living in the household or has separate finances)	<input type="checkbox"/> Wooden with fire proof	<input type="checkbox"/> Tenement (including terrace houses)	Bath room or shower	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Rented houses, privately owned (with facilities use exclusively)	<input type="checkbox"/> Ferrocement	<input type="checkbox"/> Joint houses (one or two stories)	City gas (including propane gas : centralized systems)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Rented houses, privately owned (with facilities shared)	<input type="checkbox"/> Block	<input type="checkbox"/> Joint houses (three to five stories)	Propane gas (by cylinders)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Rented houses, owned by municipalities	<input type="checkbox"/> Others (brick, etc.)	<input type="checkbox"/> Joint houses (six to ten stories)		
<input type="checkbox"/> Rented houses, owned by public corporations		<input type="checkbox"/> Joint houses (11 stories or more)		
<input type="checkbox"/> Issued houses (including rented houses, rent paid by company)		<input type="checkbox"/> Others		
<input type="checkbox"/> Rented rooms	(24) Cultivated land area • Convert "tan" into area by multiplying by ten.			
<input type="checkbox"/> Dormitories		<input type="checkbox"/>	Ares	

As this questionnaire is read by machine, please do not make stains on, or folding or rolling up.

V. Items concerning the present residence

<input checked="" type="checkbox"/> Total floor spaces	<input checked="" type="checkbox"/> Do you pay land rent? (owned houses only)	<input checked="" type="checkbox"/> Land area of dwelling (owned houses only)	<input checked="" type="checkbox"/> Time of construction	<input checked="" type="checkbox"/> Time of move into (excluding owned houses)
Total floor spaces □□□□.□ m ²	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 other person, such as a parent, who is not living with the family or has separate finances Yes — <input type="checkbox"/> You are paying land rent	• 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 ²	<input type="checkbox"/> Before 1945 <input type="checkbox"/> Showa □□ year <input type="checkbox"/> Heisei □□ year	<input type="checkbox"/> Before 1988 <input type="checkbox"/> Heisei □□ year

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 (enter information for items 30 ~ 32 for housing and land other than that at the current place of residence)

- If co-owned, enter the portion owned by your family.
- In the case of tenement or joint house, 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 joint houses by the number of housing units

<input checked="" type="checkbox"/> 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 (31)				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> No				
<input checked="" type="checkbox"/> Is the land for residential use?		<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"/> Land owned for purposes other than housing				
Use	Year of construction	Total floor spaces	Structure of dwelling	Address	to fu	do ken	shi gun	ku/machi mura
① <input type="checkbox"/> For use as dwelling by relative(s) <input type="checkbox"/> For renting <input type="checkbox"/> Other	<input type="checkbox"/> Before 1945 <input type="checkbox"/> Showa □□ year <input type="checkbox"/> Heisei □□ year	□□□□.□ m ²	<input type="checkbox"/> Wooden <input type="checkbox"/> Wooden with fire proof <input type="checkbox"/> Ferroconcrete <input type="checkbox"/> Block <input type="checkbox"/> Other	① <input type="checkbox"/> Land with housing (for residence by relatives) <input type="checkbox"/> Land with housing (for renting) <input type="checkbox"/> Other				BY THE STATISTICS CENTER USED
② <input type="checkbox"/> For use as dwelling by relative(s) <input type="checkbox"/> For renting <input type="checkbox"/> Other	<input type="checkbox"/> Before 1945 <input type="checkbox"/> Showa □□ year <input type="checkbox"/> Heisei □□ year	□□□□.□ m ²	<input type="checkbox"/> Wooden <input type="checkbox"/> Wooden with fire proof <input type="checkbox"/> Ferroconcrete <input type="checkbox"/> Block <input type="checkbox"/> Other	② <input type="checkbox"/> Land with housing (for residence by relatives) <input type="checkbox"/> Land with housing (for renting) <input type="checkbox"/> Other				BY THE STATISTICS CENTER USED
③ <input type="checkbox"/> For use as dwelling by relative(s) <input type="checkbox"/> For renting <input type="checkbox"/> Other	<input type="checkbox"/> Before 1945 <input type="checkbox"/> Showa □□ year <input type="checkbox"/> Heisei □□ year	□□□□.□ m ²	<input type="checkbox"/> Wooden <input type="checkbox"/> Wooden with fire proof <input type="checkbox"/> Ferroconcrete <input type="checkbox"/> Block <input type="checkbox"/> Other	③ <input type="checkbox"/> Land with housing (for residence by relatives) <input type="checkbox"/> Land with housing (for renting) <input type="checkbox"/> Other				BY THE STATISTICS CENTER USED

If you hold more than four houses or lots, please request more questionnaires for additional entries.

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