

障害者統計について

～国際的な動向、諸外国の事例報告～

平成30年10月25日
総務省統計委員会担当室

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(略称：インクルーシブ雇用議連)

I はじめに

私ども、「障害者の安定雇用・安心就労の促進をめざす議員連盟(以下、当議連)」は、本年2月、障害者の雇用・就労環境を本来あるべきディーセントでかつインクルーシブなものへと転換するため、障害者の一般雇用施策と福祉的就労施策の一体的な展開を可能とする制度改革をより深く検討し、具体的な政策につなげていくことを目標に立ち上がった超党派の議員連盟です(添付：役員一覧参照)。

当議連では、まず「障害者統計の現状と課題」をテーマに第1回および第2回勉強会を実施し、政策立案の基礎となるべき障害者雇用/就労にかかわる統計調査がどのような実態にあるのかを掘り下げて議論いたしました。その結果、我が国においては、障害者権利条約で求められる「障害者その他の者」との平等の実現を目指す障害者施策の展開に必要な両者の比較可能な統計データ、並びに「持続可能な開発目標(SDGs)」のターゲットのうち障害者を対象とした指標にかかる統計データ等が十分に整備されていないことなど、早急に対処すべき課題があることを確認いたしました。

つきましては、上記課題を早期に解決するため、以下の通り要望いたします。

II 提言の背景

政府が国連に2016年6月に提出した、障害者権利条約第1回政府報告では、「データ・統計の充実」がわが国の障害者施策の課題として挙げられるとともに、次回報告提出(2020年頃の見込み)までの間にその改善に努める旨が記載されています。また、障害者政策委員会は、同条約31条「統計及び資料の収集」に関連して、「障害者に関する政府の監視・評価に使える水準の統計が、国・地方公共団体ともに不足しており、(障害のある者とならない者との比較を可能とする)日本の人口全体を対象とした調査の実施や男女別統計の実施を徹底すべきである。」と指摘しています。

そして、2018年3月30日に閣議決定された「第4次障害者基本計画(2018年～2023年)」では、それらの課題への対応として、「『確かな根拠に基づく政策立案』の実現に向け、・・・必要なデータ収集及び統計の充実を図るとともに、障害者施策のPDCAサイクルを構築し、着実に実行する。また、当該サイクル等を通じて施策の不断の見直しを行っていく。」としています。

さらに、2018年3月6日に閣議決定された「第III期公的統計の整備に関する基本的な計画(2018年～2023年)」では、「持続可能な開発目標(SDGs)グローバル指標の対応拡大に取組む」としています。グローバル指標は、SDGsの基本理念「誰一人取り残さない」の実現を目指し、障害者について細分化した指標を求めており、国連では2019年の総会で、SDGs採択後はじめて各国からSDGsへの取組みを聴くことを予定しており、わが国も2017年の自発的報告(HLPF)以降の取組みについて報告することになります。

III 提言の内容

1. 具体的項目

障害者権利条約で求められる「障害者と障害のない者との比較」を可能とするとともに、SDGsのターゲットのうち障害者を対象とした指標にかかる統計データとしても活用できるようにするため、以下の具体的取組を要請する。

総務省、内閣府、厚生労働省等による協議の場を構築し、有識者の意見を聴きながら、障害者基本計画に「確かな根拠に基づく政策立案」とあることを踏まえて、障害者基本法ならびに障害者権利条約の理念に則った障害指標の在り方について検討を行うとともに、協議の場において、以下の取組についての検討並びに統計制度全般を所管する総務省及び各種統計を実施する省庁における対応のフォローアップを行うこと。

- (1) 上記の障害指標の在り方を踏まえた国内プレ調査を実施、条約批准国の統計調査状況を把握するための研究を実施
- (2) 上記を踏まえ、どういった調査(既存、新規を含む)で障害者の実態を把握することが効果的であるか検討し、障害者の雇用と就労についての総合的な実態を把握できる統計調査を実施

- (3) 上記検討の際、国民生活基礎調査等の基幹統計調査への質問項目の追加等を軸に検討することと、その際に国連統計委員会やワシントン・グループの考え方に沿って進めること

2.ロードマップ

・2018年度

検討会を設置し、障害指標の在り方の検討を行うとともに、2019年度に国内プレ調査と他の条約批准国の研究を実施するための準備、予算要求を行う。

・2019年度

国内プレ調査と他の条約批准国の研究を実施する。

・2020年度以降

国内プレ調査の結果、他の条約批准国の研究の成果を踏まえて、どういった調査（既存、新規を含む）で障害者の実態を把握するか検討し、2022年度に、障害者権利条約やSDGsで求められている統計データが継続的に取得可能な、障害者の雇用と就労についての総合的な公的統計調査を開始するため、2021年度に予算要求をすべく準備を進めること。

以上

参考：ワシントン・グループの6つの設問

6つの質問に4選択肢（Aはいえありません、Bはい多少ありますCはいともありません。Dできません。）から一つを回答してもらい、CDを1つ以上選択した場合を「障害」と定義する。

1. 眼鏡を使用しても、見えにくい
2. 補聴器を使用しても、聴きとりにくい
3. 歩行や階段の上り下りがしにくい
4. 通常の言語をつかっでのコミュニケーションが難しい。たとえば、人の話を理解したり、人に話を理解されることが難しい
5. 思い出したり集中したりするのが難しい
6. 入浴や衣服の着脱のような身の回りのことをするのが難しい

障害者の安定雇用・安心就労の促進をめざす議員連盟 (略称：インクルーシブ雇用議連)

役員体制

(2018年4月～)

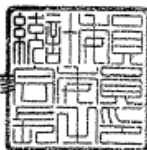
顧問	尾辻 秀久 (自民) (参) 高木美智代 (公明) (衆) 羽田雄一郎 (国民) (参)	塩崎 恭久 (自民) (衆) 長妻 昭 (立憲) (衆)
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事務局次長	石橋 通宏 (立憲) (参)	里見 隆治 (公明) (参)



統計委第7号
平成30年7月20日

総務大臣
野田 聖子 殿

統計委員会委員長
西村 清彦



平成31年度における統計行政の重要課題の推進のための
統計リソースの重点的な配分に関する建議

統計委員会は、統計改革を始めとする統計行政の重要課題を推進するため、「最終取りまとめ」（平成29年5月19日統計改革推進会議）及び「公的統計の整備に関する基本的な計画」（平成30年3月6日閣議決定）に基づくとともに、今般の統計法改正によって当委員会に求められた機能の発揮の一環として、平成31年度における統計リソース（予算・人員）の重点的な配分に関する基本的な考え方を下記のとおり取りまとめたので、建議する。

総務大臣におかれては、各府省における概算要求の検討に資するため、本建議の内容を各府省に速やかに通知するとともに、本建議の内容を十分に踏まえて、「平成31年度各府省統計調査計画等審査」を行うよう要請する。

記

1 基本的な考え方

公的統計に関しては、各方面から、いわゆる業務統計を作成する原局の統計技術上の問題、集計等を行うための民間委託の問題、出来上がった統計の解釈上の問題など、様々な指摘が行われている。これらに対応し、公的統計に対する国民の信頼と協力を確保していくためには、各府省は、統計法（平成19年法律第53号）に定める基本理念にのっとり、公的統計を適切かつ合理的な方法により、中立性及び信頼性が確保されるように作成するとともに、その適切な利活用を図っていくことを改めて徹底する必要がある。

また、統計改革を引き続き着実に進めるためには、国民経済計算・経済統計の改善を始めとする府省横断的な統計整備の推進、統計の利活用促進、統

計作成の効率化と報告者の負担軽減等の課題を着実に実行するとともに、それらを行う中で派生してきた課題に確実に対応していく必要がある。

このため、平成31年度においては、各府省は、これらに取り組んでいくために必要な統計リソース（予算・人員）を的確に確保することが重要である。

一方、このようなリソースの確保について国民の理解を得るためには、公的統計の整備に関する基本的な計画等に定められた業務の効率化に関する既存の方針を引き続き推進するほか、「経済財政運営と改革の基本方針2018」（平成30年6月15日閣議決定）に盛り込まれた統計分野の業務の効率化の取組の徹底の一環として、ニーズの低下した統計調査の改廃、関連する統計調査や調査研究の一体的な実施、行政記録情報等の活用やオンライン回答率の向上、統計調査における報告者数や調査方法・周期等の見直し等を的確に行い、既存のリソースの再配分・最適配置を行う必要がある。特に、類似する統計調査や調査研究は、部局や府省の枠を超えて、効率化を推進することが重要である。

2. 公的統計の整備について

公的統計の整備については、上記1.の基本的な考え方にに基づき、公的統計の品質の向上と体系的な整備等を図るため、統計調査、統計に関連する事業及びそれらに携わる体制を確保する上で必要な統計リソースを確保することとし、特に以下のような取組について重点的に配分する必要がある。

なお、取組に当たっては、統計部門が比較的大きな府省においては、統計部門が小規模な府省や地方公共団体から職員を受け入れて育成するための人員の枠の確保を検討する必要がある。

(1) 公的統計の中立性及び信頼性の確保と適切な利活用の推進

- 公的統計の結果精度確保のための審査等の業務プロセス管理の強化。統計調査の民間委託を行う場合に品質の確保・向上に有効とされる総合評価落札方式及び複数年契約の推進。統計調査を職員調査から調査員調査へ切り替える場合における移行の円滑な推進
- 公的統計の精度向上と適切な利活用を図るための統計幹事が中心となった府省内の人材確保・育成、政策立案部門における統計作成・利活用の支援。政策立案部門の職員も対象とした統計研修の企画・充実・開発（オンライン研修を活用した研修体系の見直し・整備を含む。）・実施。政府部内での育成では時間を要する専門分野等への外部人材の活用

- ・ 社会全体としての統計リテラシーを高めるための初等・中等教育段階からの統計教育の支援や教育コンテンツの提供。統計データ利活用講座の充実

(2) 国民経済計算・経済統計の改善を始めとする府省横断的な統計整備

- ・ 経済構造実態調査の新規実施（産業横断的に把握するビジネスサーベイの枠組みの創設）。経済センサスー基礎調査の調査手法変更（事業所の改廃を順次把握するローリング調査、企業グループの活動を専任担当者が定期的に把握するプロファイリング活動の導入による事業所母集団データベースのカバレッジ拡大）。経済センサスー活動調査の試験調査、法人企業統計調査・附帯調査（QE 1次速報のための一部項目早期調査）の実施。建設総合統計（建設工事出来高）の精度向上（建築着工統計（補正調査）の見直し、最新の工事進捗パターンへの早期反映）
- ・ QE推計、年次推計、基準年推計、各段階におけるGDP統計の加工・推計手法の改善（産業連関表の供給・使用表（SUT）体系への移行に向けた取組を含む。）と基礎統計の改善。生産物分類の整備及び産業分類の見直し。シェアリング・エコノミーなど捕捉困難な経済活動、生産性分析の精緻化に資するサービスの価格や品質の計測改善のための調査研究
- ・ 障害者統計に係る試験調査の実施（内閣府、総務省及び厚生労働省が連携）

(3) 統計の利活用促進、統計作成の効率化と報告者の負担軽減

- ・ e-Statにおける統計データの提供の高度化、行政記録情報の項目検索機能の追加、ニーズに応じた町丁・大字境界データの提供。オンライン利用の推進と提供する調査票情報の受入・管理の適正化、データ形式の統一。調査票情報や匿名データの利活用促進のための調査研究
- ・ 調査票情報・行政記録情報・民間情報の官民・各府省横断的活用、統計調査の統合、事業所母集団データベースを活用したレジスタ統計の作成、AI等の導入による公的統計の作成の効率化等のための調査研究

3. 地方公共団体への委託事業等について

地方公共団体への委託事業等に係る統計リソースの確保についても、上記1.の基本的な考え方を踏まえ、公的統計の品質の向上等を図るとともに、それに携わる体制を整備するため、所要の支援を確実に行う。その際、各地域に

おける統計調査を取り巻く環境に応じて委託事業等を確実かつ円滑に実施することができるよう、地方公共団体による以下のような取組について特に支援する必要がある。

また、国の統計職員を地方公共団体に派遣し、技術支援を行うとともに、当該職員に地方公共団体の実情を学ばせることも進める必要がある。

(1) 公的統計の中立性及び信頼性の確保（報告者の理解・協力の確保、悪化する調査環境の改善）と適切な利活用の推進

- ・ 統計調査に対する報告者の理解確保のための取組の推進。地域における報告者の協力意識の醸成に資するような地方公共団体による政府統計の加工・二次利用と地域への還元等の利活用の推進
- ・ 統計調査員に係る高齢化対応、実査支援、離職防止等の取組の実施。統計調査員向けコールセンターの設置・運営の共同化・効率化の検討
- ・ 調査環境の改善など統計行政を巡る各種課題の解決に先行的に着手する地方公共団体の優れた事業の推進（その効果については検証を行い、効果的なものは全国展開）
- ・ 地方公共団体の職員全般の統計リテラシーの向上

なお、地方公共団体への委託事業等のための統計リソースを有効活用するため、以下についても検討し、可能なものから実施していく必要がある。

(2) 公的統計の作成効率化等（統計調査に必要な物品等の効率的な活用）

- ・ 国の委託する各種統計調査及び関連事業において共通して使用することができる物品について、総務省が交付する事務委託費により購入し、各種統計調査及び関連事業で横断的に使用することによる委託費の効率的な執行について検討
- ・ 統計調査の現場において情報端末を活用することについて、その効率化効果、課題等を個別に把握し、効率化が見込まれる場合には積極的に導入するとともに、各種調査で横断的に使用することも検討

4. 本建議の周知、フォローアップ等

総務省におかれては、本建議が統計リソースの重点的な配分に着実に反映されるよう以下のとおり要請する。

- ・ 各府省における概算要求の検討に資するため、本建議の内容を各府省に十分周知するとともに、要求後は、ヒアリング等を通じて統計リソースに関する各府省の要求状況を把握し、当委員会に報告すること
- ・ 「平成 31 年度各府省統計調査計画等審査」において、統計リソースに関する本建議の内容を的確に反映するとともに、概算要求前からこのような審査方針を各府省に丁寧に説明し、要求及び審査の円滑化を図ること
- ・ 平成 31 年度政府予算案が決定された後、速やかに各府省における統計リソースの確保と既存のリソースの再配分・最適配置の状況を把握し、その結果を当委員会に報告すること

The Washington Group Short Set of Questions on Disability

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

1. Do you have difficulty seeing, even if wearing glasses?

- a. No - no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

2. Do you have difficulty hearing, even if using a hearing aid?

- a. No- no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

3. Do you have difficulty walking or climbing steps?

- a. No- no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

4. Do you have difficulty remembering or concentrating?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

5. Do you have difficulty (with self-care such as) washing all over or dressing?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

- a. No – no difficulty
- b. Yes – some difficulty
- c. Yes – a lot of difficulty
- d. Cannot do at all

Measuring Health and Disability

Manual for WHO Disability Assessment Schedule

PLEASE NOTE: When scoring WHODAS, the following numbers are assigned to responses:

0 = No Difficulty

1 = Mild Difficulty

2 = Moderate Difficulty

3 = Severe Difficulty

4 = Extreme Difficulty or Cannot Do

- S1 Standing for long periods such as 30 minutes?
- S2 Taking care of your household responsibilities?
- S3 Learning a new task, for example, learning how to get to a new place?
- S4 How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
- S5 How much have you been emotionally affected by your health problems?
- S6 Concentrating on doing something for ten minutes?
- S7 Walking a long distance such as a kilometre [or equivalent]?
- S8 Washing your whole body?
- S9 Getting dressed?
- S10 Dealing with people you do not know?
- S11 Maintaining a friendship?
- S12 Your day-to-day work/school?

Module 3000A: ENVIRONMENTAL FACTORS

I am going to ask you some general questions about your environment and your social relationships. I want you to answer the following questions on a scale from 1 to 5, where 1 means very easy and 5 means very hard. *INTERVIEWER: USE show card B001.*

		1 Very easy	2	3	4	5 Very hard	8 Don't know	98 Not applicable
B3001	Do places where you socialize and engage in community activities make it easy or hard for you to do this?	1	2	3	4	5	8	98
B3002	Do the shops, banks and post office in your neighborhood make it easy or hard for you to use them?	1	2	3	4	5	8	98
B3003	Does the transportation you need or want to use make it easy or hard for you to use it?	1	2	3	4	5	8	98
B3004	Does your dwelling, including the toilet, make it easy or hard for you to live there?	1	2	3	4	5	8	98
B3005	Should you need help, how easy is it for you to get help from a close family member (including your partner)?	1	2	3	4	5		98
B3006	Should you need help, how easy is it for you to get help from friends and co-workers?	1	2	3	4	5		98
B3007	Should you need help, how easy is it for you to get help from neighbors?	1	2	3	4	5		98

I want you to answer the following two questions on a scale from 1 to 5 where 1 is not at all and 5 means completely.

		1 Not at all	2	3	4	5 Completely		98 Not applicable
B3008	Do you make your own choices about your day-to-day life? For example, where to go, what to do, what to eat.	1	2	3	4	5		98
B3009	Do you feel that other people respect you? For example, do you feel that others value you as a person and listen to what you have to say?	1	2	3	4	5		98

Module 4000: FUNCTIONING

In the next questions, I want to understand the kinds of problems you experience in your life. By problems I mean not getting things done in the way you want to or not getting them done at all. These problems may arise because of your health or because of the environment in which you live. They may also arise because of the attitudes or behaviors of people around you. **Please think about the last 30 days, taking both good and bad days into account. For each question, please tell me how much of a problem is it for you on a scale from 1 to 5. 1 means no problem and 5 means extreme problem.** Please take into account your health and people who help you, any assistive devices you use or any medication you take. *INTERVIEWER: USE show card B002.*

		1 None	2	3	4	5 Extreme	8 Don't know	98 Not applicable
B4001	How much of a problem is walking a kilometer for you?	1	2	3	4	5	8	
B4002	How much of a problem is getting where you want to go for you?	1	2	3	4	5	8	
B4003	How much of a problem is being clean and dressed?	1	2	3	4	5	8	
B4004	How much of a problem is toileting?	1	2	3	4	5	8	
B4005	How much of a problem is looking after your health, eating well, exercising or taking your medicines?	1	2	3	4	5	8	
B4006	How much of a problem is feeling tired and not having enough energy?	1	2	3	4	5	8	
B4007	How much of a problem is coping with all the things you have to do?	1	2	3	4	5	8	
B4008	How much of a problem is remembering to do the important things in your day-to-day life?	1	2	3	4	5	8	
B4009	How much of a problem do you have with getting your household tasks done?	1	2	3	4	5	8	
B4010	How much of a problem do you have with joining community activities, such as festivities, religious or other activities?	1	2	3	4	5	8	
B4011	How much of a problem is using public or private transportation?	1	2	3	4	5	8	
B4012	<i>INTERVIEWER: If the respondent is currently not working or in school, select 98, not applicable.</i> How much of a problem is getting things done as required at work or school?	1	2	3	4	5	8	98

Module 5000: CAPACITY & HEALTH CONDITIONS

I have asked you many questions about kinds of problems you experience in your life. The next questions ask about difficulties you may have doing certain activities only because of your HEALTH. Please think about the last 30 days taking both good and bad days into account.		1 Very good	2 Good	3 Moderate	4 Bad	5 Very bad	
B5001	I will start with a question about your overall health, including your physical and your mental health: In general, how would you <u>rate your health today</u> ?	1	2	3	4	5	
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM. I want you to answer the following questions on a scale from 1 to 5 where 1 means no difficulty and 5 means you cannot do the activity. Please answer these questions WITHOUT taking into account any help. <i>INTERVIEWER: USE show card B002.</i>		1 None	2	3	4	5 Extreme	
B5002	How much difficulty do you have seeing things at a distance [without glasses]?	1	2	3	4	5	
B5003	How much difficulty do you have hearing [without hearing aids]?	1	2	3	4	5	
B5004	How much difficulty do you have walking or climbing steps?	1	2	3	4	5	
B5005	How much difficulty do you have remembering or concentrating?	1	2	3	4	5	
B5006	How much difficulty do you have washing all over or dressing?	1	2	3	4	5	
B5007	How much difficulty do you have sleeping because of your health?	1	2	3	4	5	
B5008	How much difficulty do you have doing household tasks because of your health?	1	2	3	4	5	
B5009	Because of your health, how much difficulty do you have with joining community activities, such as festivities, religious or other activities?	1	2	3	4	5	
B5010	How much difficulty do you have with feeling sad, low, worried or anxious because of your health?	1	2	3	4	5	
B5011	Because of your health, how much difficulty do you have getting along with people who are close to you, including your family and friends?	1	2	3	4	5	
B5012	How much bodily aches or pain do you have?	1	2	3	4	5	
B5013	Do you currently have any of these diseases or health problems? <i>INTERVIEWER: USE show card B003 and circle all mentioned diseases or health problems.</i>						
a)	Vision loss					m)	Amputation
b)	Hearing loss					n)	Trauma, <i>Interviewer: relates to road traffic accidents or events/accidents in the home or school that resulted in bodily injury limiting activities</i>
c)	High Blood Pressure (Hypertension)					o)	Tinnitus (<i>ringing, roaring, or buzzing in your ears that lasts for 5 minutes or longer over the last 12 months</i>)
d)	Heart disease, Coronary Disease, Heart Attack					p)	Others
e)	Stroke						
f)	Diabetes						
g)	Arthritis or arthrosis						
h)	Chronic Bronchitis or Emphysema						
i)	Asthma, allergic respiratory disease						
j)	Back pain or disc problems						
k)	Depression						
l)	Anxiety						

Module 3000B: PERSONAL ASSISTANCE AND ASSISTIVE PRODUCTS

B3010	Do you have someone to assist you with your day to day activities at home or outside?	1 YES	5 NO	If 5, go to B3012
B3011	Do you think you need additional assistance with your day to day activities at home or outside?	1 YES	5 NO	Go to B3013
B3012	Do you think you need someone to assist you?	1 YES	5 NO	
B3013	Do you currently use any of these assistive products? <i>INTERVIEWER: USE show card B004 and circle all mentioned products.</i>	If 1, go to B3015		
1)	None	9)	Therapeutic footwear; diabetic, neuropathic, orthopedic	
2)	Canes or Sticks	10)	Tricycles	
3)	Crutches, axillary or elbow	11)	Walking frames or walkers	
4)	Orthoses, lower limb, upper limb or spinal	12)	Wheelchair	
5)	Pressure relief cushions	13)	Spectacles; low vision, short distance, long distance, filters and protection	
6)	Prostheses, lower limb	14)	White cane	
7)	Rollators	15)	Hearing aids	
8)	Standing frames, adjustable	16)	Others	
B3014	In addition to what you use, do you think you need any other assistive products? Which ones? <i>INTERVIEWER: USE show card B004 and circle all mentioned products.</i>	End of survey		
1)	None	9)	Therapeutic footwear; diabetic, neuropathic, orthopedic	
2)	Canes or Sticks	10)	Tricycles	
3)	Crutches, axillary or elbow	11)	Walking frames or walkers	
4)	Orthoses, lower limb, upper limb or spinal	12)	Wheelchair	
5)	Pressure relief cushions	13)	Spectacles; low vision, short distance, long distance, filters and protection	
6)	Prostheses, lower limb	14)	White cane	
7)	Rollators	15)	Hearing aids	
8)	Standing frames, adjustable	16)	Others	
B3015	You told me you do not use assistive products. Do you think you need any of these? <i>INTERVIEWER: USE show card B004 and circle all mentioned products.</i>			
1)	None	9)	Therapeutic footwear; diabetic, neuropathic, orthopedic	
2)	Canes or Sticks	10)	Tricycles	
3)	Crutches, axillary or elbow	11)	Walking frames or walkers	
4)	Orthoses, lower limb, upper limb or spinal	12)	Wheelchair	
5)	Pressure relief cushions	13)	Spectacles; low vision, short distance, long distance, filters and protection	
6)	Prostheses, lower limb	14)	White cane	
7)	Rollators	15)	Hearing aids	
8)	Standing frames, adjustable	16)	Others	

American Community Survey

13197017

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU



THE American Community Survey

This booklet shows the content of the American Community Survey questionnaire.

Start Here

Respond online today at:
<https://respond.census.gov/acs>
OR
Complete this form and mail it back as soon as possible.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call 1-800-354-7271. The telephone call is free.

Telephone Device for the Deaf (TDD):
Call 1-800-582-8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: <https://respond.census.gov/acs>

For more information about the American Community Survey, visit our web site at: <http://www.census.gov/acs>

➔ Please print today's date.

Month Day Year

➔ Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business.

Last Name
First Name MI
Area Code + Number

➔ How many people are living or staying at this address?

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

□ □

➔ Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

FORM ACS-1(INFO)(2017)
(03-14-2016)

OMB No. 0607-0810
OMB No. 0607-0936

13197025

Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

➊ What is Person 1's name?

Last Name (Please print) First Name MI

➋ How is this person related to Person 1? Mark (X) ONE box.

- Person 1

➌ What is Person 1's sex? Mark (X) ONE box.

- Male Female

➍ What is Person 1's age and what is Person 1's date of birth? Please report babies as age 0 when the child is less than 1 year old.

Age (in years) Print numbers in boxes.
Month Day Year of birth

➔ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

➎ Is Person 1 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin - Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↴

➏ What is Person 1's race? Mark (X) one or more boxes.

- White
 Black or African Am.
 American Indian or Alaska Native - Print name of enrolled or principal tribe. ↴
- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian - Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴ | | |
| <input type="checkbox"/> Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. ↴ | | |
| <input type="checkbox"/> Some other race - Print race. ↴ | | |

Person 2

➊ What is Person 2's name?

Last Name (Please print) First Name MI

➋ How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

➌ What is Person 2's sex? Mark (X) ONE box.

- Male Female

➍ What is Person 2's age and what is Person 2's date of birth? Please report babies as age 0 when the child is less than 1 year old.

Age (in years) Print numbers in boxes.
Month Day Year of birth

➔ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

➎ Is Person 2 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin - Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↴

➏ What is Person 2's race? Mark (X) one or more boxes.

- White
 Black or African Am.
 American Indian or Alaska Native - Print name of enrolled or principal tribe. ↴
- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian - Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴ | | |
| <input type="checkbox"/> Other Pacific Islander - Print race, for example, Fijian, Tongan, and so on. ↴ | | |
| <input type="checkbox"/> Some other race - Print race. ↴ | | |

同様に
Person3
~
Person5
の回答欄あり

Person6

~
Person12
の回答欄は
氏名、年齢、
性別のみ

Housing

→ Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

1 Which best describes this building? Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

2 About when was this building first built?

2000 or later – Specify year →

- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

3 When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?

Month	Year
<input type="text"/>	<input type="text"/>

A Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.

4 How many acres is this house or mobile home on?

- Less than 1 acre → SKIP to question 6a
- 1 to 9.9 acres
- 10 or more acres

5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?

- None
- \$1 to \$999
- \$1,000 to \$2,499
- \$2,500 to \$4,999
- \$5,000 to \$9,999
- \$10,000 or more

6 a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.

- INCLUDE bedrooms, kitchens, etc.
- EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

Number of rooms

b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".

Number of bedrooms

7 Does this house, apartment, or mobile home have –

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a stove or range? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. telephone service from which you can both make and receive calls? Include cell phones. | <input type="checkbox"/> | <input type="checkbox"/> |

8 At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computer?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Desktop or laptop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tablet or other portable wireless computer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other type of computer | <input type="checkbox"/> | <input type="checkbox"/> |

9 At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?

- Yes, by paying a cell phone company or Internet service provider
- Yes, without paying a cell phone company or Internet service provider → SKIP to question 11
- No access to the Internet at this house, apartment, or mobile home → SKIP to question 11

10 Do you or any member of this household have access to the Internet using a –

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. cellular data plan for a smartphone or other mobile device? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. satellite Internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. dial-up Internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. some other service? Specify service → | <input type="checkbox"/> | <input type="checkbox"/> |

Housing (continued)

11 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

12 Which FUEL is used MOST for heating this house, apartment, or mobile home?

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used

13 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?

Last month's cost – Dollars

OR

- Included in rent or condominium fee
- No charge or electricity not used

b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?

Last month's cost – Dollars

OR

- Included in rent or condominium fee
- Included in electricity payment entered above
- No charge or gas not used

c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.

Past 12 months' cost – Dollars

OR

- Included in rent or condominium fee
- No charge

d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.

Past 12 months' cost – Dollars

OR

- Included in rent or condominium fee
- No charge or these fuels not used

14 IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- Yes
- No

15 Is this house, apartment, or mobile home part of a condominium?

- Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.

Monthly amount – Dollars

OR

- None

- No

16 Is this house, apartment, or mobile home – Mark (X) ONE box.

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent? → SKIP to C on the next page

Person 1 (continued)

16 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a - h.

- | | | |
|---|-----|----|
| a. Insurance through a current or former employer or union (of this person or another family member) | Yes | No |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | | |
| c. Medicare, for people 65 and older, or people with certain disabilities | | |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | | |
| e. TRICARE or other military health care | | |
| f. VA (including those who have ever used or enrolled for VA health care) | | |
| g. Indian Health Service | | |
| h. Any other type of health insurance or health coverage plan - Specify | | |

- 17** a. Is this person deaf or does he/she have serious difficulty hearing?
- Yes
 No
- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
- Yes
 No

G Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 18** a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
- Yes
 No
- b. Does this person have serious difficulty walking or climbing stairs?
- Yes
 No
- c. Does this person have difficulty dressing or bathing?
- Yes
 No

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 19** Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?
- Yes
 No

20 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **1**

21 In the PAST 12 MONTHS did this person get

- | | | |
|--------------|--------------------------|--------------------------|
| | Yes | No |
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

22 How many times has this person been married?

- Once
 Two times
 Three or more times

23 In what year did this person last get married?

Year

I Answer question 24 if this person is female and 15 - 50 years old. Otherwise, SKIP to question 25a.

24 In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
 No

25 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 26

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 26

c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

26 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 29a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
 Now on active duty
 On active duty in the past, but not now

27 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier

28 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 29a

b. What is this person's service-connected disability rating?

- 0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher

Person 1 (continued)

a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 30
 No - Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
 No → SKIP to question 35a

At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.

a. Address (Number and street name)

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

b. Name of city, town, or post office

c. Is the work location inside the limits of that city or town?

- Yes
 No, outside the city/town limits

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.

32 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

33 What time did this person usually leave home to go to work LAST WEEK?

Hour Minute a.m. p.m.

34 How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

K Answer questions 35 - 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.

35 a. LAST WEEK, was this person on layoff from a job?

- Yes → SKIP to question 35c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 37
 No

36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

- Yes
 No → SKIP to question 38

37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

38 When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → SKIP to **L**
 Over 5 years ago or never worked → SKIP to question 47

39 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.

- Yes → SKIP to question 40
 No

b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 50 to 52 weeks
 48 to 49 weeks
 40 to 47 weeks
 27 to 39 weeks
 14 to 26 weeks
 13 weeks or less

40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK



Person 1 (continued)

Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

41 Was this person –
Mark (X) ONE box.

- an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

42 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box →

Name of company, business, or other employer

43 What kind of business or industry was this?

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

44 Is this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

45 What kind of work was this person doing?
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

46 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes → TOTAL AMOUNT for past 12 months

No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes → TOTAL AMOUNT for past 12 months

No Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Yes → TOTAL AMOUNT for past 12 months

No Loss

d. Social Security or Railroad Retirement.

Yes → TOTAL AMOUNT for past 12 months

No

e. Supplemental Security Income (SSI).

Yes → TOTAL AMOUNT for past 12 months

No

f. Any public assistance or welfare payments from the state or local welfare office.

Yes → TOTAL AMOUNT for past 12 months

No

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

Yes → TOTAL AMOUNT for past 12 months

No

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes → TOTAL AMOUNT for past 12 months

No

48 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR TOTAL AMOUNT for past 12 months

None Loss

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 28 for mailing instructions.

Mailing Instructions

→ Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

→ Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:
U.S. Census Bureau
P.O. Box 5240
Jeffersonville, IN 47199-5240

- make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use

POP	EDIT	PHONE	JIC1	JIC2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EDIT CLERK	TELEPHONE CLERK		JIC3	JIC4
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to AMSD.Paperwork@census.gov; use "Paperwork Project 0607-0810 and 0607-0936" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(Info)(2017) (03-14-2016)



Questionnaire

■ Household Questionnaire (P71～P84)

- HOUSEHOLD COMPOSITION H1～H2
- CHILDCARE H3～H4
- HOUSING AND LIVING CONDITIONS H5～H10
- GROWING PLANTS AND KEEPING/BREEDING ANIMALS H11～H14
- INCOME H15～17
- RECEIVING HELP H18～H20

■ Individual Questionnaire (P85～P104)

- EMPLOYMENT I1～I24
- SELF-DECLARED LABOUR STATUS I25
- EDUCATION I26～I29
- HEALTH I30～I33
- TIME USE I34
- OWN CHILDREN UNDER 18 NOT LIVING IN THE DWELLING I35
- CAR OR MOTORBIKE DRIVING LICENCE I36
- BIOGRAPHICAL INFORMATION I37～I40
- OTHER INFORMATION I41、I42

■ Diary (P105～P***)

- ADULT DIARY (P107～P122)
- CHILD DIARY (P123～P136)

ALL RESPONDENTS (I 30 — I 33)

I 30 What is your general state of health?

- | Is it ... | Col 83 | |
|-------------------|------------------------------|----------------------------|
| - Very good | <input type="checkbox"/> (1) | ⇒Please go to I 34 |
| - Good | <input type="checkbox"/> (2) | ⇒Please go to I 34 |
| - Fair | <input type="checkbox"/> (3) | ⇒Please continue with I 31 |
| - Poor | <input type="checkbox"/> (4) | ⇒Please continue with I 31 |
| - Very poor | <input type="checkbox"/> (5) | ⇒Please continue with I 31 |

*(Core)***I 31 Do you have any chronic physical or mental health problem, illness or disability?**

- | | Col 84 | |
|-------------|------------------------------|----------------------------|
| - Yes | <input type="checkbox"/> (1) | ⇒Please continue with I 32 |
| - No | <input type="checkbox"/> (2) | ⇒Please go to I 34 |

*(Voluntary)***I 32 Are you hampered in your daily activities by this physical or mental health problem, chronic illness or disability?**

- | | Col 85 | |
|-------------|------------------------------|----------------------------|
| - Yes | <input type="checkbox"/> (1) | ⇒Please continue with I 33 |
| - No | <input type="checkbox"/> (2) | ⇒Please go to I 34 |

*(Voluntary)***I 33 Would you say that you are...?**

- | | Col 86 | |
|---------------------------------|------------------------------|--|
| - Severely hampered..... | <input type="checkbox"/> (1) | |
| - Hampered to some extent | <input type="checkbox"/> (2) | |

(Voluntary)

ドイツ： 調査せず
フランス：3問調査
イギリス：3問調査

France

2010 Time Use and Decision-making Within Couples Survey

QUESTIONNAIRES



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HEALTH AND HABITS

“This questionnaire ends with a few questions about your health and habits”

Q169 How is your health in general?	SAN1A	
1. Very good	1	
2. Good	2	
3. Fair	3	
4. Bad	4	
5. Very bad	5	

Q170 Do you have any long-standing illness or health problem?	SAN2A	
1. Yes	1	
2. No	2	
2 or refusal ou NSP → Q172		

Q171 Are you limited in activities people usually do because of that illness or health problem?	SAN3A	
1. Yes, a lot	1	
2. Yes, a little	2	
3. No	3	

NatCen

Social Research that works for society

The UK Time Diary Study 2014 - 2015

Technical report

Authors: Sarah Morris, Alun Humphrey, Pablo Cabrera Alvarez, Olivia D'Lima
Date: 21/10/2016
Prepared for: University of Oxford

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General health

ASK ALL

BStart

NAME

INTERVIEWER: QUESTIONS ABOUT GENERAL HEALTH

1. Press 1 and <Enter> to continue.

ASK ALL

GenHlth

NAME

The next few questions are about [your/Name's] general health.

How is [your/his/her] general health? Would you say it was...

1. Very good
2. Good
3. Fair
4. Bad
5. Or very bad

ASK ALL

CutDown

NAME

In the last four weeks [have/has] [you/Name] had to cut down on any of the things [you/he/she] usually [do/does] (about the house/at work or in [your/his/her] free time) because of illness, disability or injury?

1. Yes
2. No

ASK ALL

LongIll

NAME

[Do/Does] [you/Name] have any health problems or disabilities that [you/he/she] [expect/expects] will last for more than one year?

1. Yes
2. No