

Education 2011 (ISCED 2011<sup>34</sup>).

The category "not applicable" should be used to count statistical units which are part of the population of the data source but for which it systematically does not report any information on that variable (e.g. persons below a certain age).

Joint Eurostat-OECD guidelines on the measurement of educational attainment in household surveys are available<sup>35</sup>.

Coding of the variable should be based on the ISCED integrated mapping which is elaborated in each country. An ISCED integrated mapping is a table including information on national educational programs and qualifications, their main characteristics and coding in ISCED. One column of this table provides coding of the educational attainment level to be used in the EU Labour Force Survey (at a high level of detail).

When determining the highest educational level, both general and vocational education should be taken into consideration. If a person has successfully completed more than one program at the same ISCED level, the most recent qualification should be reported (see ISCED 2011, § 87).

Persons who have attended but not successfully completed a formal education program should be coded according to the highest level of the formal program that they have (previously) successfully completed.

Qualifications from "old" educational programs (no longer existing) should be classified on the basis of their characteristics at the time of completion.

For ISCED levels 3, 4 and 5 the standard category "orientation unknown" should only be used if information on the orientation of the program is not available.

The standard category "ISCED 3 Upper secondary education, without possible distinction of access to tertiary education" should only be used when a distinction between different ISCED level 3 programs (giving or not giving access to tertiary education) is not possible.

A person having successfully completed an ISCED 2011 level 3 program of "partial level completion" (codes 342 and 352 of ISCED-P) is classified in the standard category "ISCED 3 Upper secondary education – partial level completion, without direct access to tertiary education" and her/his educational attainment level is considered as ISCED level 3. For further clarification see the Annex for EU countries of the joint Eurostat-OECD guidelines on the measurement of educational attainment.

All questions about implementation of ISCED in surveys may be addressed to the national ISCED coordinator who was nominated in each country to ensure coherence of the variable "educational attainment level" in different sources.

More details are found in Annex VI, variable (11).

## *State of health (I 27 to I 30)*

### **I 27 Self-perceived general health**

The concept of self-perceived health is, by its very nature, subjective. The notion is restricted to an assessment coming from the individual and as far as possible not from anyone else, whether an interviewer, healthcare professional or relative.

Self-perceived health might be influenced by impressions or opinions from others, but is the result after these impressions have been processed by the individual relative to his/her own beliefs and attitudes.

The reference is to health in general rather than the present state of health, as the question is not

<sup>34</sup> See <http://www.uis.unesco.org/Education/Pages/international-standard-classification-of-education.aspx> – ISCED-A for levels of educational attainment).

<sup>35</sup> See <https://circabc.europa.eu/w/browse/c2dc65ad-5163-4935-b0c2-e5ea1f44929b>.

intended to measure temporary health problems. It is expected to include the different dimensions of health (i.e. physical and emotional functioning, mental health, covering psychological well-being and mental disorders and biomedical signs and symptoms). It omits any reference to age as respondents are not specifically asked to compare their health with others of the same age or with their own previous or future health state.

Five answer categories are proposed. Two of them ("very good" and "good") are at the upper end of the scale and other two ("bad" and "very bad") are at the lower, while the intermediate category "fair" represents a neutral position (i.e. neither good nor bad).

The category "not applicable" should be used to count statistical units which are part of the population of the data source but for which it systematically does not report any information on that variable (e.g. persons below a certain age).

The model question for the variable should not be filtered by any preceding question.

The intermediate category "fair" should be translated into an appropriately neutral term as far as possible keeping in mind cultural interpretations in the various languages.

This variable is part of the Minimum European Health Module (MEHM), which was designed for a population aged 15 years old and over. The MEHM consists of two more variables on health status: long-standing health problem and limitation in activities because of health problems (also known as Global Activity Limitation Indicator - GALI). If the MEHM is implemented, all the questions should be asked in the recommended order (i.e. self-perceived general health, long-standing health problem, and limitation in activities because of health problems) and with no inclusion of any other health status related questions before or between the MEHM questions as it could have an impact on the results. The MEHM could be introduced to respondents using a short introduction: "I would now like to talk to you about your health".

In an interview mode, all possible answer categories should systematically be read to respondents.

More details are found in Annex VI, variable (25).

### I 28 Longstanding health problem

The concept of long-standing illnesses and long-standing health problems is subjective. The notion is restricted to an assessment coming from the individual and as far as possible not from anyone else, whether an interviewer, healthcare professional or relative.

Health problems cover different physical, emotional, behavioural and mental dimensions of health. They may also include, for example, pain, ill-health caused by accidents and injuries, congenital conditions and so on.

The main characteristics of a long-standing/ chronic condition are that it is permanent and may be expected to require a long period of supervision, observation or care. Longstanding illnesses or health problems should have lasted (or recurred) or are expected to last (recur) for 6 months or more; therefore temporary problems are not included.

Two answer categories are proposed: "yes" referring to the occurrence of one or more long-standing/chronic health problems and "no" referring to the absence of any long-standing/chronic health problem as perceived by the respondent.

The category "not applicable" is to be used to count statistical units which are part of the population of the data source but for which it systematically does not report any information on that variable (e.g. persons below a certain age).

The model question for the variable should not be filtered by any preceding question.

This variable is part of the Minimum European Health Module (MEHM), which was designed for a population aged 15 years old and over. The MEHM consists of two more variables on health status: self-perceived general health and limitation in activities because of health problems (also known as Global Activity Limitation Indicator - GALI). If the MEHM is implemented, all the questions should be asked in the recommended order (i.e. self-perceived general health, long-standing health problem, and limitation in activities because of health problems) and with no inclusion of any other health status related questions before or between the MEHM questions as it could have an impact on the

results. The MEHM could be introduced to respondents using a short introduction: "I would now like to talk to you about your health".

Regarding the implementation of the reference question (see section 'reference question'), it is important to keep in mind that the recommended wording allows for possible adaptations. For instance:

- "chronic" or "long-standing" should be chosen according to what is "best understood" in a country/language.
- the intention is to ask if people "have" (i.e. been diagnosed with or consider themselves to have) a chronic condition, not if they "suffer" from it. However, the verb "suffer" can be used in countries/ languages where it is considered more suitable for the question formulation and still retains the same meaning as the verb "have" in English.
- "health problem" seems not to be understood in some countries/languages and therefore "illness or condition" is the alternative.

The terms "disability, handicap, impairment" should not be included in the question as synonyms for "illness or health problem".

Rather than adding further details to the question wording, interviewees should be instructed to be as inclusive as possible when considering the prevalence of a long-standing health problem. This means that the following could be considered as long-standing health problems (i.e. the corresponding answer category would be "yes"):

- problems that are seasonal or intermittent, even when they "flare up" for less than six months at a time (e.g. allergies);
- chronic problems not considered by the respondent as very serious (severity is not included in this variable);
- problems that have not been diagnosed by a doctor (to exclude these could result in respondents with better access to medical services to declare more problems);
- a long-standing disease that is kept under control with medication or does not "worry" or overly "concern" the respondent (e.g. people with high blood pressure);
- pain as well as ill-health caused by accidents and injuries, congenital conditions, birth defects, and so on.

Specifying the concepts presented above or providing concrete examples of diseases or chronic conditions in the question should be avoided.

More details are found in Annex VI, variable (26).

### I 29 Limitation in activities because of health problems

This variable reports on restrictions people experience when participating in "activities people normally do" because of long-standing (6 months or more) health problems, and the severity of those health problems.

It measures the respondent's self-assessment of whether he/she is limited (in "activities people usually do") by any on-going physical, mental or emotional health problem, including disease or impairment, and old age. Consequences of injuries/ accidents, congenital conditions, and so on are also included. Only the limitations directly caused by or related to one or more health problems should be considered. Limitations due to financial, cultural or other none health-related causes should not be included.

An activity is defined as: "the performance of a task or action by an individual" and thus activity limitations are defined as "the difficulties the individual experiences in performing an activity". People with long-standing limitations due to health problems have passed through a process of adaptation which may have resulted in a reduction of their activities. In order to identify existing limitations a reference is necessary and therefore the activity limitations are assessed against a generally accepted population standard, relative to cultural and social expectations by referring only to "activities people usually do". Usual activities cover all spectra of activities: work or school, home and

leisure activities.

The purpose of the variable is to measure the presence of long-standing limitations, as the consequences of such long-standing limitations (e.g. care, dependency) are more serious. Temporary or short-term limitations are excluded.

The period "at least the past 6 months" is related to the duration of the activity limitation and NOT to the duration of the health problem. The limitations must have begun at least six months earlier and still exist at the time of the interview. This means that a positive answer ("severely limited" or "limited but not severely") should be recorded only if the person is currently limited and has been limited in activities for at least the past 6 months.

New limitations which have not yet lasted 6 months but are expected to continue for more than 6 months should not be taken into consideration, even if usual medical knowledge would suggest that the health problem behind a new limitation is very likely to continue for a long time or for the rest of the life of the respondent (such as for diabetes type 1). The justification for this is that in terms of activity limitation it may be possible to counteract at some point negative consequences for activity limitations by using special devices or personal assistance. The activity limitations of the same health problem may also depend on the individual person and circumstances, and only past experience can provide a reliable answer.

The response categories include three levels to better differentiate the severity of activity limitations: severely limited (severe limitations), limited but not severely (moderate limitations), not limited at all (no limitations).

"Severely limited" means that performing or accomplishing an activity cannot be done or only done with extreme difficulty, and that this situation has been ongoing for at least the past 6 months. Persons in this category usually cannot perform the activity alone and need help from other people.

"Limited but not severely" means that performing or accomplishing a usual activity can be done but only with some difficulties and that this situation has been ongoing for at least the past 6 months. Persons in this category usually do not need help from others. When help is provided it is usually less often than daily.

Persons with recurring or fluctuating health conditions should refer to the most common (most frequent) situation impacting their usual activities. People with conditions where several activity domains are affected but differ in their extent (less impact in some domains but more impact in some others) should make an overall (i.e. "on balance") evaluation of their situation and prioritise more common activities.

"Not limited at all" means that performing or accomplishing usual activities can be done without any difficulties, or that any possible activity limitation has NOT been going on for at least the past 6 months (i.e. it is not a long-standing limitation).

The category "not applicable" is to be used to count statistical units which are part of the population of the data source but for which it systematically does not report any information on that variable (e.g. persons below a certain age).

The questions corresponding to the variable should not be filtered by any preceding question.

This variable is part of the Minimum European Health Module (MEHM), which was designed for a population aged 15 years old and over. The MEHM consists of two more variables on health status: self-perceived general health and long-standing health problem. If the MEHM is implemented, all the questions should be asked in the recommended order (i.e. self-perceived general health, long-standing health problem, and limitation in activities because of health problems) and with no inclusion of any other health status related questions before or between the MEHM questions as it could have impact on results. The MEHM, or a part of it, could be introduced to respondents using a short introduction: "I would now like to talk to you about your health".

The question should clearly show that the reference is to the activities people usually do and not to respondent's "own activities". Neither a list with examples of activities (for example work or school, home or leisure activities) nor a reference to the age group of the subject is included in the question. As such it gives no restrictions by culture, age, gender or the subjects own ambition. Specification of health concepts (e.g. physical and mental health) should be avoided.

In an interview mode, all possible answer categories should systematically be read to respondents.

Information on "limitation in activities because of health problems" is collected through two questions (see section "reference question"). However, the data should always be transmitted to Eurostat as a single variable. The final variable for data transmission is constructed as follows:

- TRANSMITTED\_VARIABLE\_CATEGORY = "severely limited" if QUESTION\_1 = "severely limited" and QUESTION\_2 = "Yes"
- TRANSMITTED\_VARIABLE\_CATEGORY = "limited but not severely" if QUESTION\_1 = "limited but not severely" and QUESTION\_2 = "Yes"
- TRANSMITTED\_VARIABLE\_CATEGORY = "not limited at all" if QUESTION\_1 = "not limited at all" or QUESTION\_2 = "No"
- TRANSMITTED\_VARIABLE\_CATEGORY = "not stated" if QUESTION\_1 is missing or [(QUESTION\_1 = "severely limited" or "limited but not severely") and (QUESTION\_2 is missing)]

More details are found in Annex VI, variable (27).

### *Time use (I 31)*

#### **I 31 How often do you feel rushed?**

This question does not apply to respondents aged less than 15 years. A filter on top of question I 31 moves that population on to question I 33.

### *Own children under 18 not living in the dwelling (I 32)*

#### **I 32 Do you have any children under 18 who do not live with you and with whom you have contact?**

To be answered by people aged 18 or more.

### *Other information (I 33 – I 34)*

#### **I 33 Type of interview**

#### **I 34 End time**

【調査票 A・B】「慢性的な健康問題 日常生活への支障の程度」修正イメージ

修正案	当初案
<p><b>7 慢性的な病気や長期的な健康問題</b></p> <p>・慢性的・長期的とは 6 か月以上続いているまたは続くと予想されることをいいます</p> <p>慢性的な病気や長期的な健康問題</p> <p>あ <input checked="" type="radio"/>      ない <input checked="" type="radio"/></p> <hr/> <p><b>8 日常生活への支障の程度</b></p> <p>・健康上の理由による支障に限定して記入してください</p> <p>・もっとも当てはまるものを記入してください</p> <p>日常生活に非常に支障がある <input checked="" type="radio"/>      日常生活に支障がある <input checked="" type="radio"/>      日常生活に支障はない <input checked="" type="radio"/></p> <p>支障は 6 か月以上 継続している <input checked="" type="radio"/>      支障は 6 か月以上 継続していない <input checked="" type="radio"/>      支障はない <input checked="" type="radio"/></p>	<p><b>7 慢性的な健康問題 日常生活への支障の程度</b></p> <p>・もっとも当てはまるものを記入してください</p> <p>慢性的な病気や健康問題</p> <p>あ <input checked="" type="radio"/>      ない <input checked="" type="radio"/></p> <p>日常生活に非常に支障がある <input checked="" type="radio"/>      日常生活に支障がある <input checked="" type="radio"/>      日常生活に支障はない <input checked="" type="radio"/></p> <p>支障は 6 か月以上 継続している <input checked="" type="radio"/>      支障は 6 か月以上 継続していない <input checked="" type="radio"/>      支障はない <input checked="" type="radio"/></p>

欧州統計局の設問（抜粋）と修正案の対応関係

HEALTH	
ALL RESPONDENTS (I 27 — I 30)	
I 27 How is your health in general? Is it ...	Col 61 - Very good ..... <input type="checkbox"/> (1) => Please go to I 28 - Good ..... <input type="checkbox"/> (2) => Please go to I 28 - Fair (neither good nor bad)..... <input type="checkbox"/> (3) => Please go to I 28 - Bad ..... <input type="checkbox"/> (4) => Please go to I 28 - Very bad ..... <input type="checkbox"/> (5) => Please go to I 28
I 28 Do you have any longstanding illness or [long-standing] health problem? Longstanding means illnesses or health problems which have lasted, or are expected to last, for 6 months or more.	Col 62 - Yes ..... <input type="checkbox"/> (1) => Please go to I 29 - No ..... <input type="checkbox"/> (2) => Please go to I 29
I 29 Are you limited because of a health problem in activities people usually do? Would you say you are ...?	Col 63 - severely limited ..... <input type="checkbox"/> (1) => Please go to I 30 - limited but not severely ..... <input type="checkbox"/> (2) => Please go to I 30 - not limited at all ..... <input type="checkbox"/> (3) => Please go to I 31
I 30 Have you been limited for at least the past 6 months?	Col 64 - Yes ..... <input type="checkbox"/> (1) => Please go to I 31 - No ..... <input type="checkbox"/> (2) => Please go to I 31

  

<p><b>6 ふだんの健康状態</b></p> <p>・ふだんの生活への影響の有無などにより もっとも当てはまるものを記入してください</p> <p>良 <input type="checkbox"/> ま <input type="checkbox"/> あ <input type="checkbox"/> ふ <input type="checkbox"/> 良 <input type="checkbox"/> あ <input type="checkbox"/> 良 <input type="checkbox"/> ま <input type="checkbox"/> 良 <input type="checkbox"/> 悪 <input type="checkbox"/> くない <input type="checkbox"/> くない <input type="checkbox"/> くない <input type="checkbox"/> くない <input type="checkbox"/></p>	<p><b>7 慢性的な病気や長期的な健康問題</b></p> <p>・慢性的・長期的とは 6 か月以上続いているまたは続くと予想されることをいいます</p> <p>慢性的な病気や長期的な健康問題</p> <p>あ <input type="checkbox"/> る <input type="checkbox"/> ない <input type="checkbox"/></p>
<p><b>8 日常生活への支障の程度</b></p> <p>・健康上の理由による支障に限定して記入してください</p> <p>・もっとも当てはまるものを記入してください</p> <p>日常生活に非常に支障がある <input type="checkbox"/> 日常生活に支障がある <input type="checkbox"/> 日常生活に支障はない <input type="checkbox"/></p> <p>支障は 6 か月以上 継続している <input type="checkbox"/> 支障は 6 か月以上 継続していない <input type="checkbox"/></p>	

## 令和3年社会生活基本調査 集計区分及び集計事項一覧

## ＜集計区分＞

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(注1) サンプルサイズが10未満の場合は、結果精度の観点から「…」表章とする。

(注2) Oの付与されている事項が分類又は表章されているものである。

















































































(2) 生活時間に関する集計 (地域)

結果表 番号	集計対象	曜日	分類事項												分類事項		表章事項																				
			[個人属性]						[世帯属性]						[地域区分]				分類事項		表章事項																
			男女	年齢	教育	慢性的な病気や長期的な健康問題の有無	日常生活への支障の程度	介護を受けているか否か及びその状況	介護をしているか否か及びその介護を受けている家族の住んでいる場所	ふだんの就業状態	従業上の地位	雇用形態	勤務形態	職業	週間就業時間、希望週間就業時間	ふだんの健康状態	仕事からの個人の年間収入・収益	ライフステージ	世帯の家族類型	世帯の収入	6歳未満の子供の有無・育児支援の利用	末子の年齢	全国	全国人口集中地区・人口集中地区以外	都道府県	都道府県人口集中地区・人口集中地区以外	14地域	11大都市圏・11大都市圏以外	都市階級	サンプルサイズ	推定人口	総平均時間	行動者平均時間	行動者率			
70 1	15歳以上	○	○																																		
70 2	15歳以上	○	○																																		
70 3	15歳以上	○	○																																		
70 4	15歳以上	○	○																																		
70 5	15歳以上	○	○																																		
70 6	15歳以上	○	○																																		
71 1	15歳以上	○	○																																		
71 2	15歳以上	○	○																																		
71 3	15歳以上	○	○																																		
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71 6	15歳以上	○	○																																		
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72 8	15歳以上	○	○																																		
72 9	15歳以上	○	○																																		
72 10	15歳以上	○	○																																		
72 11	15歳以上	○	○																																		
72 12	15歳以上	○	○																																		
72 13	15歳以上	○	○																																		
72 14	15歳以上	○	○																																		
72 15	15歳以上	○	○																																		
72 16	15歳以上	○	○																																		
72 17	15歳以上	○	○																																		
72 18	15歳以上	○	○																																		
73 1	15歳以上	○	○																																		
73 2	15歳以上	○	○																																		
73 3	15歳以上	○	○																																		
73 4	15歳以上	○	○																																		
73 5	15歳以上	○	○																																		
73 6	15歳以上	○	○																																		













3 時間帯編(全国、地域)

結果表 番号	曜日	集計対象	分類事項										分類事項		分類事項		分類事項		表章事項																			
			〔個人属性〕					〔世帯属性〕					〔地域区分〕					〔行動関係〕	〔時間関係〕	サンプルサイズ	推定人口	行動者率	スマートフォン・パソコンなどの使用率															
15 1	○	有業者	介護を受けているか否か及びその介護を受けている家族の住んでいる場所	介護を受けているか否か及びその状況	日常生活への支障の程度	有無的な病気や長期的な健康問題の有無	教育	配偶関係	年齢	男女	世帯の家族類型	共働きか否か	利用の状況	6歳未満の子供の有無・育児支援の有無	6歳未満の子供の有無・人数・在園状況	末子の年齢	全国	全国人口集中地区・人口集中地区以外	都道府県	都道府県人口集中地区・人口集中地区以外	11大都市圏・11大都市圏以外	3大都市圏・3大都市圏以外	都市階級	この日の行動の種類	一緒にいた人	時刻	サンプルサイズ	推定人口	行動者率	スマートフォン・パソコンなどの使用率								
15 2	○	有業者																																				
15 3	○	有業者																																				
15 4	○	有業者																																				
16	○	35歳未満、未婚で通学以外の無業者																																				
17 1	○	子供のいる世帯の夫・妻																																				
17 2	○	子供のいる世帯の夫・妻																																				
18	○	子供のいる世帯の夫・妻																																				
19	○	子供のいる世帯の夫・妻																																				
20	○	子供のいる世帯の夫・妻																																				
21	○	高齢者夫婦世帯の夫・妻																																				
22	○	単身世帯の世帯主																																				

















結果表番号	集計対象	曜日	分類事項		分類事項		分類事項		分類事項		家事事項		同時行動		同時行動	
			[個人属性]	[世帯属性]	[行動関係]	[行動関係]	[世帯属性]	[行動関係]	[行動関係]	[行動関係]	[行動関係]	[行動関係]	[行動関係]	[行動関係]	[行動関係]	[行動関係]
男女	年齢	配偶関係	教育	慢性な病気や長期的な健康問題の有無	日常生活への支障の程度	介護を受けているか否か及びその状況	介護を受けている場所	小児のいる世帯の有無	夫・妻の就業状況	夫・妻の収入	世帯の収入	世帯の就業状況	夫・妻の就業状況	夫・妻の収入	世帯の収入	世帯の就業状況
20 1	10歳未満の子供のいる世帯の夫・妻	○														
20 2	10歳未満の子供のいる世帯の夫・妻	○														
20 3	10歳未満の子供のいる世帯の夫・妻	○														
20 4	10歳未満の子供のいる世帯の夫・妻	○														
20 5	10歳未満の子供のいる世帯の夫・妻	○														
20 6	10歳未満の子供のいる世帯の夫・妻	○														
20 7	10歳未満の子供のいる世帯の夫・妻	○														
20 8	10歳未満の子供のいる世帯の夫・妻	○														
20 9	10歳未満の子供のいる世帯の夫・妻	○														
20 10	10歳未満の子供のいる世帯の夫・妻	○														
20 11	10歳未満の子供のいる世帯の夫・妻	○														
20 12	10歳未満の子供のいる世帯の夫・妻	○														
21 1	子供のうち在学者	○	○													
21 2	子供のうち在学者	○	○													
21 3	子供のうち在学者	○	○													
22 1	子供のうち在学者	○	○													
22 2	子供のうち在学者	○	○													
22 3	子供のうち在学者	○	○													
22 4	子供のうち在学者	○	○													
22 5	子供のうち在学者	○	○													
22 6	子供のうち在学者	○	○													
23 1	単身世帯の主	○														



2 時間帯編 (全国)

結果表 番号	集計対象	曜日	分類事項 〔個人属性〕				分類事項 〔行動関係〕				分類事項 〔時間関係〕		表章事項			
			男女	年齢	ふだんの就業状態	職業	ライフスタイル	この日の行動の種類	行動の種類	行動の場所	一緒にいた人	スマートフォン・パソコンなどの使用	時間帯	サンプルサイズ	推定人口	行動者率 (主行動)
1	10歳以上	○	○										○	○		
2	10歳以上	○	○										○	○		
3 1	10歳以上	○	○					○		○			○	○		
3 2	10歳以上	○	○					○		○			○	○		
4 1	10歳以上	○	○					○		○			○	○		
4 2	10歳以上	○	○					○		○			○	○		
5 1	15歳以上	○	○					○		○			○	○		
5 2	15歳以上	○	○					○		○			○	○		
5 3	15歳以上	○	○					○		○			○	○		
5 4	15歳以上	○	○					○		○			○	○		
5 5	15歳以上	○	○					○		○			○	○		
5 6	15歳以上	○	○					○		○			○	○		
6 1	15歳以上	○	○					○		○			○	○		
6 2	15歳以上	○	○					○		○			○	○		
6 3	15歳以上	○	○					○		○			○	○		
7 1	15歳以上	○	○					○		○			○	○		
7 2	15歳以上	○	○					○		○			○	○		
8	有業者	○	○					○		○			○	○		