

年 月 日

Survey for Residents from Different Cultural Background

We are conducting this survey to find out what kind of daily life problems foreign residents may experience and how they obtain necessary information about living in Japan.

Please answer the questions as best as you can. We greatly appreciate your cooperation.

NPO SYMPHONY— Survey collector : HONG YUYING

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Q1 Please answer the following questions possible.

Nationality	
Gender	<input type="checkbox"/> female <input type="checkbox"/> male
Age	<input type="checkbox"/> 10's <input type="checkbox"/> 20's <input type="checkbox"/> 30's <input type="checkbox"/> 40's <input type="checkbox"/> 50's <input type="checkbox"/> 60's <input type="checkbox"/> 70's and above
Length of stay	<input type="checkbox"/> ~6 months <input type="checkbox"/> 6 months~1year <input type="checkbox"/> 1year~3years <input type="checkbox"/> 3years~5years <input type="checkbox"/> 5years~10years <input type="checkbox"/> 10years~20years <input type="checkbox"/> 20years~
Area Resident	<input type="checkbox"/> Amagasaki City <input type="checkbox"/> Nishinomiya City <input type="checkbox"/> Ashiya City <input type="checkbox"/> Itami City <input type="checkbox"/> Kobe City <input type="checkbox"/> Osaka City <input type="checkbox"/> Other

Q2 Do you know where to evacuate when there is an emergency?

<input type="checkbox"/> No	
<input type="checkbox"/> Yes	(Where?)

Q3 Do you know how to obtain real-time in?

<input type="checkbox"/> No	
<input type="checkbox"/> Yes	(How?)

Q4 Have you experienced an evacuation earthquake?

<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

Q5 Do you know the meaning of seismic intensity level?

<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

Q6 How much do you interact with your Japanese neighborhood?

<input type="checkbox"/> A. I have a friendship with a Japanese neighbor.
<input type="checkbox"/> B. I can visit my Japanese neighborhood home from time to time
<input type="checkbox"/> C. I don't have the chance to socialize with my Japanese neighbors.

Q7 Have you ever been to an event in the community where you live?

<input type="checkbox"/> Yes	
<input type="checkbox"/> No→Go to the Q9	

Q8 What kind of local community event did you attend? (Select all that apply)

<input type="checkbox"/> A. An event where people from the same country gather
<input type="checkbox"/> B. Local community festivals, Bon dances, and athletic meet
<input type="checkbox"/> C. Children's school and nursery events
<input type="checkbox"/> D. Child care salon, Gathering open space (that is, parenting)
<input type="checkbox"/> E. Interact cafe (place for drinking and eating)
<input type="checkbox"/> F. Ward office events (lectures, concerts, stage announcements, etc.)
<input type="checkbox"/> G. Inhabitant of a ward festival
<input type="checkbox"/> H. Other

Q9 Which languages of the information do you want.

<input type="checkbox"/> A. Easy Japanese (few Chinese character, short sentences and no honorific)
<input type="checkbox"/> B. English
<input type="checkbox"/> C. Native language (words used since birth)

Q10 What kind of method do you want to convey important information? (Select all that apply)

<input type="checkbox"/> A. Internet
<input type="checkbox"/> B. Email updates
<input type="checkbox"/> C. TV or radio
<input type="checkbox"/> D. Paper

Q11 What do you want to know when a disaster (earthquake, typhoon) occurs??

<input type="checkbox"/> A. Where can I consult in foreign languages??
<input type="checkbox"/> B. Where is the Evacuation Shelter?
<input type="checkbox"/> C. What kind of damage?
<input type="checkbox"/> D. Trains and roads?
<input type="checkbox"/> E. Electricity and water?
<input type="checkbox"/> F. Other

Q12 What kind of disaster drills will you participate in?

<input type="checkbox"/> A. Japanese disaster drill
<input type="checkbox"/> B. Disaster drills with interpreters
<input type="checkbox"/> C. Disaster drill for foreigners
<input type="checkbox"/> D. I do not want to do it

If you wish to provide information on events from our corporation, please fill in the following.

Name :

Addres :

TEL :

Email :