

◎The JHPS COVID-19 Special Survey [Wave 2] ◎

< Instructions >

- This survey is anonymous. Since all the responses are processed statistically, each individual's response will never be made public or used for any purpose other than that of this survey.
- **This survey is addressed to the respondent.**
- Please answer the questions by circling the number of the applicable response, or by entering the applicable number in the blank square provided. When your answer is "other," circle the number and write the specific details inside the parentheses. (When the space is not sufficient, write outside the parentheses).
- Please answer the questions in order. Some questions only apply to certain people. In those cases, please follow the directions.
- The survey includes personal questions about yourself and your family. These will be used for statistical analyses, so please answer the questions truthfully.
- Please mail the completed survey questionnaire in the provided return envelope (no stamp necessary) by November 1 (Sun).

Q1. Please fill in today's date:

Today is

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 Month

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 Day

We begin by asking questions regarding yourself.

Q2. Sex

1
Male **2**
Female

Q3. What is your date of birth?

Year

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 Month

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 Day

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Q4. Do you currently reside in the same location as you did in June of this year when you answered the most recent survey?

- 1 Same address.
- 2 Different address (Please fill in the prefecture you moved to: _____).

Questions on COVID-19 (To all respondents)

Q1. Regarding the possibility of being vaccinated with a vaccine that lowers the risk of severe infection with COVID-19, please answer the following:

(1) Would you like to be vaccinated with the following vaccines?

Please encircle the appropriate number from the options below. (circle one)

	I want to be vaccinated voluntarily even if I have to pay for it	If it's free, I want to be vaccinated voluntarily	I don't want to be vaccinated	I don't know yet, neutral
(1) Vaccines with the same or a lower possibility for adverse reactions (e.g., pain, high fever, eczema, convulsions, etc.) immediately after vaccination or sequelae as the seasonal influenza vaccine.	1	2	3	4
(2) Vaccines that are more serious than seasonal influenza vaccines in terms of the frequency and severity of adverse reactions and sequelae immediately following vaccination.	1	2	3	4

(2) If the government were to make vaccination compulsory for vaccines such as the one stated in (1) in the table above, would you support it?

1 Yes

2 No

3 Unsure

Q2. There are various recommendations for how to behave in everyday life and in public to prevent the spread of the novel coronavirus. Did you implement the following measures to prevent the spread of the coronavirus? Please answer each of the following items recalling the situation in last September: (circle one)

	Yes	No	Not Applicable
(1) avoided contact with elderly or chronically ill people	1	2	/
(2) avoided using public transport	1	2	/
(3) refrained from travel, including travel within Japan	1	2	/
(4) regularly aired out the living areas of your home	1	2	/
(5) avoided doing your shopping at peak shopping times	1	2	/
(6) avoided places where the Three Cs (closed spaces, crowded places, and closed-contact settings) overlapped	1	2	/
(7) kept your distance from people who have a cough, cold, or fever	1	2	/
(8) avoided forms of physical contact such as shaking hands or hugging	1	2	/
(9) washed your hands regularly (for at least 20 seconds with soap and water)	1	2	/
(10) decreased your opportunities for contact with people by 70% or more	1	2	/
(11) refrained from going to gatherings, events, or dinners with many people (other than your family members)	1	2	/
(12) refrained from unnecessary outings	1	2	/
(13) refrained from outings, if you had flu-like symptoms	1	2	3
(14) refrained from going to the clinic right away, if you had flu-like symptoms	1	2	3
(15) prepared alternative consultation areas or methods of transportation in case your health condition worsened	1	2	/
(16) attempted to eat nutritiously and get enough sleep	1	2	/
(17) worn a mask or cover your face with a handkerchief or your sleeve instead of your hand when you felt like coughing or sneezing	1	2	/
(18) used the national contact verification application (COCOA)?	1	2	/
(19) used an infection control application from your local government other than COCOA?	1	2	3

Q3. Have you applied for or are you thinking of applying for any of the following financial support measures from the national or local government since June because of hardships encountered in your life caused by COVID-19? Please encircle all that apply.

- | | |
|---|--|
| 1 Special cash payments (100,000 yen per person). | 7 Payment postponements for utility bills, etc. |
| 2 Unemployment insurance allowance. | 8 Tax exemption. |
| 3 COVID-19 response, leave, support, and benefits. | 9 Housing security benefit. |
| 4 Occupational training allowance. | 10 Public assistance. |
| 5 Loan of living funds at counters for persons in need. | 11 New system for school attendance assistance and study support. |
| 6 Exemption from national pension and national health insurance premiums (tax). 12 Other (). | |
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Q4. How do you think the government should provide financial support to individuals? (Circle one only)

- | | |
|---|--|
| 1 Provide benefits to those with the greatest loss | 4 Uniform benefit to all |
| 2 Provide benefits to people with low income. | 5 No benefit should be provided |
| 3 Benefits as compensation for closures or shutdowns | |
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Q5. How satisfied are you with crisis management by government or others? Please answer on a scale from **0** (completely dissatisfied) to **10** (completely satisfied). (circle one)

	Completely dissatisfied ← → Completely satisfied										Not applicable	
	0	1	2	3	4	5	6	7	8	9	10	
(1) Government	0	1	2	3	4	5	6	7	8	9	10	/
1. Details of measures to request self-restraint of individuals and companies	0	1	2	3	4	5	6	7	8	9	10	/
2. Speed of measures to request self-restraint of individuals and companies	0	1	2	3	4	5	6	7	8	9	10	/
3. Details of financial support measures	0	1	2	3	4	5	6	7	8	9	10	/
4. Speed of financial support measures	0	1	2	3	4	5	6	7	8	9	10	/
(2) Local governments (prefectures, cities, towns, and villages)	0	1	2	3	4	5	6	7	8	9	10	/
(3) Company that you work for (only if applicable)	0	1	2	3	4	5	6	7	8	9	10	11
(4) Your child's school, nursery school, or other school for children (Only if applicable)	0	1	2	3	4	5	6	7	8	9	10	11
(5) Welfare and nursing care facilities (only if applicable)	0	1	2	3	4	5	6	7	8	9	10	11

Q6. Please indicate your implementation and preference for PCR and antigen tests for COVID-19: (circle one)

- 1** I have been tested. **3** No desire to be tested and have not been tested.
2 I want to be tested, but have not been able to do so. **4** Prefer not to say.

Q7. Have any of the following already happened to you because of the COVID-19 epidemic? If you answered "No" to **3**, to what extent do you think it could occur in the next 12 months? Please indicate a percentage between "0" and "100."

A. Has this already occurred?				B. Future possibilities			
	Not applicable, I prefer not to say	Yes	No	Please answer this question if you answered "No" to 3.			
(1) become critically ill	1	2	3	→ <table border="1"><tr><td></td><td></td><td></td></tr></table> %			
(2) lose your job as the result of layoffs or company closure	1	2	3	→ <table border="1"><tr><td></td><td></td><td></td></tr></table> %			
(3) be forced to drastically lower your standard of living given a decrease in the income and earnings	1	2	3	→ <table border="1"><tr><td></td><td></td><td></td></tr></table> %			
(4) have difficulties paying your bills and be forced to use your savings or take out loans	1	2	3	→ <table border="1"><tr><td></td><td></td><td></td></tr></table> %			
(5) encounter serious financial difficulties and possibly have to apply for social welfare benefits	1	2	3	→ <table border="1"><tr><td></td><td></td><td></td></tr></table> %			

Regarding your health and anxiety, please answer the following:(To be answered by all respondents)

Q1. How would you describe your current health? (Circle one only)

1 Good	2 Pretty Good	3 Normal	4 Not so good	5 Bad
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Q2. The following questions ask about how you have been feeling during the past 30 days. For each question, please circle the number that best describes how often you had this feeling. (circle one)

During the past 30 days, about how often did you feel ...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
1. ...nervous?	1	2	3	4	5
2. ...hopeless?	1	2	3	4	5
3. ...restless or fidgety?	1	2	3	4	5
4. ...so depressed that nothing could cheer you up?	1	2	3	4	5
5. ...that everything was an effort?	1	2	3	4	5
6. ...worthless?	1	2	3	4	5

Q3. For each feeling, please state how often you have felt that way in the last 30 days. (circle one)

	Very rarely	Rarely	Occasionally	Often	Very often
1. Angry	1	2	3	4	5
2. Worried	1	2	3	4	5
3. Happy	1	2	3	4	5
4. Sad	1	2	3	4	5
5. Lonely	1	2	3	4	5

Q4. To what extent do you agree with the following statements? (circle one)

	disagree completely	disagree somewhat	partly agree, partly disagree	agree somewhat	agree completely
1. I expect that I will learn something positive from the corona crisis for my life.	1	2	3	4	5
2. I think that society and the way we live with other people will change for the better in the long term as a result of the corona crisis.	1	2	3	4	5
3. This situation is an opportunity for us to spend more time with our child.	1	2	3	4	5

Q5. Regarding the coronavirus infection, how concerned are you about the following? (circle one)

	Very concerned	somewhat concerned	Neither	Not too concerned	not concerned at all
1. the economy in general	1	2	3	4	5
2. You or a family member losing a job	1	2	3	4	5
3. your own financial situation	1	2	3	4	5
4. whether you will receive the necessary medical treatment if you do contract the coronavirus	1	2	3	4	5
5. not been able to buy important products like food, hygiene products, and medicine	1	2	3	4	5
6. That you might get infected	1	2	3	4	5
7. That your family member might get infected	1	2	3	4	5
8. That there is no cure	1	2	3	4	5
9. That the infection is spreading within Japan and abroad	1	2	3	4	5
10. That it will interfere with your daily life	1	2	3	4	5
11. No mask available	1	2	3	4	5
12. Not knowing when it will end	1	2	3	4	5
13. Worrying about the collapse of the healthcare system	1	2	3	4	5
14. No particular reason, but still feeling vague anxiety	1	2	3	4	5

Regarding your lifestyle (To be answered by all respondents):

Q1. Compared to the month of June this year (after the declaration of the state of emergency was lifted), to which extent have the following aspects changed? (circle one)

	Increased a lot	Increased a little	No change	Decreased a little	Decreased a lot	Not applicable
<To be answered by all respondents>						
1. Interactions with family	1	2	3	4	5	6
2. Interactions with friends and acquaintances	1	2	3	4	5	6
3. Online get-togethers, drinks, and conversations	1	2	3	4	5	6
4. Conflicts, arguments, or quarrels with your spouse	1	2	3	4	5	6
5. Conflicts, arguments, or quarrels with children/grandchildren	1	2	3	4	5	6
6. Conflicts, arguments, or quarrels with other family members living with you	1	2	3	4	5	6
7. Meals mainly consisting of frozen, packaged, and instant foods	1	2	3	4	5	6
8. Number of times you cook at home	1	2	3	4	5	6
9. Frequency of dietary supplement use (e.g., supplements)	1	2	3	4	5	6
10. Shopping frequency	1	2	3	4	5	6
11. Frequency of home deliveries and online shopping	1	2	3	4	5	6
<To be answered by those who are working>						
12. Workload and quotas	1	2	3	4	5	6
13. Work discretion	1	2	3	4	5	6
14. Working late at night, early in the morning, etc.	1	2	3	4	5	6
15. Online (web) and telephone conferences and business meetings	1	2	3	4	5	6
16. Level of satisfaction with and attachment to current employer	1	2	3	4	5	6
17. Desire to change jobs, leave to other companies, etc.	1	2	3	4	5	6

Q2. This question concerns your use of time in September. How frequently do you perform each of the following daily activities? Also, please specify the time you spend for those activities you perform at least once a week. (circle one) (Please answer to the first decimal point, except for "Commute to school or work")

Example: 1.0 hour → 1 hrs 30 minutes → 0 hrs

Frequency	Almost every day	A few times per week	Once a week	Almost never	Never
Commute to school or work (one-way)	1 Avg. <input type="text"/> <input type="text"/> min	2 Avg. <input type="text"/> <input type="text"/> min	3 Avg. <input type="text"/> <input type="text"/> min	4	5
Housework (prepare meals, laundry, grocery shopping, cleaning)	1 Avg. <input type="text"/> <input type="text"/> hrs/day	2 Avg. <input type="text"/> <input type="text"/> hrs/wk	3 Avg. <input type="text"/> <input type="text"/> hrs/wk	4	5
Childcare	1 Avg. <input type="text"/> <input type="text"/> hrs/day	2 Avg. <input type="text"/> <input type="text"/> hrs/wk	3 Avg. <input type="text"/> <input type="text"/> hrs/wk	4	5
Training or study for work	1 Avg. <input type="text"/> <input type="text"/> hrs/day	2 Avg. <input type="text"/> <input type="text"/> hrs/wk	3 Avg. <input type="text"/> <input type="text"/> hrs/wk	4	5
Volunteer activities	1 Avg. <input type="text"/> <input type="text"/> hrs/day	2 Avg. <input type="text"/> <input type="text"/> hrs/wk	3 Avg. <input type="text"/> <input type="text"/> hrs/wk	4	5
Nursing Care*1	1 Avg. <input type="text"/> <input type="text"/> hrs/day	2 Avg. <input type="text"/> <input type="text"/> hrs/wk	3 Avg. <input type="text"/> <input type="text"/> hrs/wk	4	5

*1Please include the travel time

Q3. Please write your sleeping hours last month (September).

(Please answer to the first decimal point.

For example: 7 hours → 7 hours, 8 hours and 30 minutes → 8 hours.)

Weekdays hours per night on average

Weekends and holidays hours per night on average

Q4. How would you rate the overall quality of your sleep over the past month?

1 Excellent **2** Good **3** Bad **4** Very bad

Q5. How often did you eat these foods below last month (September)? Please circle the numbers that apply. (circle one)

	Almost every meal	About once a day	A few times a week	A few times a month	I didn't eat
1. Rice • Bread • Noodles	1	2	3	4	5
2. Meat • Fish and shellfish • Egg • Soy beans and soy beans products	1	2	3	4	5
3. Vegetables • seaweed • mushroom	1	2	3	4	5
4. Fish and shellfish	1	2	3	4	5
5. Vegetables	1	2	3	4	5
6. Fruits	1	2	3	4	5

Q6. In the last month (September), how many days per week did you exercise (i.e., engage in physical activity where you perspire) outside of work? (Circle one only)

1 3 days or more

2 2 days or less

3 Do not exercise

Q7. Please circle the number that corresponds to your alcohol drinking habits last month(September).

- | | | |
|--------------------------|--------------------------------|--|
| 1 Never drink → | 1-1 I don't/can't drink | 1-2 I used to drink, but I quitted. |
| 2 Few times/month | 4 3+ times/week | |
| 3 1-2 times/week | 5 Every day | |

Q8. Please circle the number that corresponds to your smoking habits last month (September). (Circle one only)

1 Every day	2 Sometimes	3 Used to smoke but do not now	4 Never smoked			
→ Number of cigarettes: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> per day						

Q9. Have you tried to change the amount that you drink or smoke after the outbreak of COVID-19? For each category, please choose the option that applies to you:

	Tried to stop	Tried to decrease	No change	Tried to increase
1) Drinking	1	2	3	4
2) Smoking	1	2	3	4

Q10. What was your weight in April and September? If you don't remember your exact weight, please give us your approximate weight by considering your usual weight, lifestyle, and the condition of your body in April and September.

April

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 kg September

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 kg

Regarding your household income and expenses (To be answered by all respondents):

Q1. How much did your entire household income (amount before taxation and social insurance premiums are deducted, including overtime allowances) and spend on living expenses (including purchases on credit and loans, and withdrawals from banks and post offices) in September of this year? Please indicate the amount for each category:

September of this year income

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 ten thousand yen expenses

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 ten thousand yen

Q2. In the aftermath of the COVID-19 pandemic, did your household take any of the following measures to maintain the household budget? Please encircle all that apply (as many as applicable).

If you withdrew your savings, please indicate the amount.

1 We cut back on our overall September living expenses compared to our usual monthly living expenses because of uncertainty about the future and reduced income caused by COVID-19.

2 We cut back on our September food expenses compared to our usual monthly food expenses because of uncertainty about the future and reduced income caused by COVID-19.

3 Withdrawal of savings due to reduced income because of COVID-19:

→Withdrawn

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 ten thousand

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 thousand yen in September

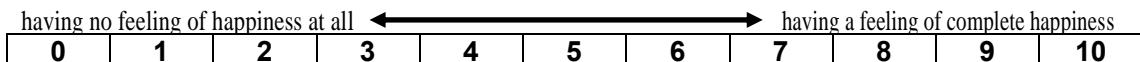
4 We received support for living expenses from our parents, grandparents, or siblings because our income was reduced owing to COVID-19 (money borrowed, gifted, etc.).

5 We received support for living expenses from our children or grandchildren because our income was reduced owing to COVID-19 (money borrowed, gifted, etc.).

6 Options from **1** to **5** not applicable.

Regarding your feeling of happiness and satisfaction level (To be answered by all respondents):

Q1. Please provide answers as to how your feeling of happiness was during this week, on a scale of **0** to **10**, with **0** being “having no feeling of happiness at all,” and **10** being “having a feeling of complete happiness.” (Circle one only)



Q2. How satisfied are you right now with the following areas of your life? Please answer on a scale from **0** (completely dissatisfied) to **10** (completely satisfied). (circle one)

	Completely dissatisfied									Completely satisfied			Not Applicable
(1) Life overall	0	1	2	3	4	5	6	7	8	9	10	/	
(2) The way you spend your leisure time	0	1	2	3	4	5	6	7	8	9	10	/	
(3) Your employment	0	1	2	3	4	5	6	7	8	9	10	11	
(4) Childcare	0	1	2	3	4	5	6	7	8	9	10	11	
(5) Your health	0	1	2	3	4	5	6	7	8	9	10	/	

You will also be asked about your thoughts on social cohesion, trust, etc.(To be answered by all respondents)

Q1. What is your opinion about the following statements? (circle one)

	Does not apply at all	Does not apply somewhat	Partly applies, partly not	Applies somewhat	Applied perfectly
1. The way people are dealing with the coronavirus shows that we can rely on social cohesion in Japan.	1	2	3	4	5
2. Every resident of Japan has the same chances of receiving the necessary treatment.	1	2	3	4	5

Q2. With regard to the restrictions on public life to curb the spread of the coronavirus, what is your opinion about the following statements? (circle one)

	Does not apply at all	Does not apply somewhat	Partly applies, partly not	Applies somewhat	Applied perfectly
1. I accept personal restrictions to help my fellow human beings.	1	2	3	4	5
2. People in Japan accept personal restrictions to help their fellow human beings.	1	2	3	4	5
3. People <u>should</u> accept personal restrictions in the future to help their fellow human beings.	1	2	3	4	5

Q3. When you think about the area where you live, how strong is social cohesion there. Please inform us of your current situation. (circle one)

	Very good	Rather good	Partly bad	Rather bad	Very bad
1. in the current situation	1	2	3	4	5

Q4. What is your opinion about the following three statements? (circle one)

	Agree completely	Rather agree	Rather disagree	Totally disagree
1. People can generally be trusted.	1	2	3	4
2. Nowadays you can't rely on anyone.	1	2	3	4
3. When dealing with strangers, it's better to be careful before trusting them.	1	2	3	4

Q5. Please provide your opinion on the following regarding measures to prevent the spread of COVID-19 and various other policies? (circle one)

	Opposed to	Somewhat opposed to	Neutral	Somewhat in favor of	In favor of	Unsure
1. Request by the government to refrain from leaving the house in emergencies	1	2	3	4	5	6
2. Prohibition of going out, with penalties incurred from the government in emergencies	1	2	3	4	5	6
3. Restrictions on individual behavior and control of goods and the economy by the government during emergencies	1	2	3	4	5	6
4. Return of production bases to Japan (after convergence)	1	2	3	4	5	6
5. Free trade of goods and services across national borders (free trade/globalization) (after convergence)	1	2	3	4	5	6
6. Free international movement of people and utilization of human resources overseas (after convergence)	1	2	3	4	5	6

Regarding your child's education, please answer the following questions:

(If you do not have a child in junior high school or younger, please proceed to page 11 (Employment) Q1).

* If you do not have any pre-elementary school children, but only elementary or junior high school children, please proceed to Q2 of this section.

Q1. Please answer the following questions if you have a child who has not yet entered elementary school as of April 2020. If you have more than one child who has not yet entered elementary school, please answer this section for the oldest child.

(1) How do you feel about each of the following items regarding your child's behavior during September? (circle one)

	Definitely not	No	Neither	Yes	Definitely
1. He/she can maintain a regular life	1	2	3	4	5
2. He/she can move around enough to maintain his/her physical fitness	1	2	3	4	5
3. He/she complains increasingly of anxiety and stress	1	2	3	4	5

Q2. Please answer the following questions if you have a child in elementary school or junior high school as of April 2020. If you have more than one child in elementary or junior high school, please answer this section for the oldest child.

(1) How do you feel about each of the following items regarding your child's behavior during September? (circle one)

	Definitely not	No	Neither	Yes	Definitely
1. He/she can maintain a regular life	1	2	3	4	5
2. He/she can move around enough to maintain his/her physical fitness	1	2	3	4	5
3. He/she complains increasingly of anxiety and stress	1	2	3	4	5
4. I can support home study for what he/she was supposed to study at school	1	2	3	4	5

Please ensure that all respondents answer this question.

Please answer the following regarding your employment (To be answered by all respondents):

Q1. Last month (September), did you perform any paid work (including paid work at family businesses)? Please circle the item that most closely matches your activity (answer including part-time work). (Circle one only)

I completed some work (including working from home).
(If you took a leave of absence in the middle of September,
encircle your status before such leave)

Did not perform any paid work

- 1** Mostly worked
2 Worked while mostly attending school
3 Worked while mostly keeping house

- 4** Took leave from work for a month
5 Was looking for work
6 Attended school; kept house; other

Q2. In the last month (September), how many days were you not able to work (including when job searching) because of the COVID-19 pandemic*? If you did not work at all, please write “0”. Please count the days that you worked from home as workdays.

* Including instructions from your employer (e.g., to stay home), suspension of business, closure of children's preschool or school, suspension of nursing care services, etc.

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day(s)

Q3. Why were you unable to work (including having to job search) during the last month (September) because of the COVID-19 pandemic? (Please circle all the numbers which apply)

- 1** No days off work due to the COVID-19 pandemic (including those without jobs).
2 [For employees only] Paid holidays (including temporary layoffs and leave of absences) at the direction or request of the employer.
3 [For employees only] Leave without pay at the direction or request of the employer (including temporary layoffs and leave of absences).
4 [For employees only] Time off at your own discretion, not your employer's discretion (including paid leave and leave of absences).
5 [Self-employed (including family employees) only] Suspension of work based on a voluntary decision.
6 Voluntary time off due to child's absence from school or school closure.
7 Voluntary time off due to closures of elderly care services.
8 Other (Specify: _____).

Q4. Have you changed jobs or resigned since June this year (when you answered the most recent survey)? Please encircle all that apply. (Circle one only)

- 1** I changed jobs from the company or organization I was working for in June because of the COVID-19 pandemic (job change).
2 I changed jobs from the company or management organization I was working for in June for reasons other than the COVID-19 pandemic (job change).
3 I quit my job and became unemployed because of the COVID-19 pandemic (job separation).
4 I quit my job and became unemployed for reasons other than the COVID-19 pandemic (job separation).
5 Numbers **1** to **4** above are not applicable (i.e., continuous employment, continuous unemployment, new employment).

Q5. What was your monthly income from your primary job for the previous month (September) per month?
Please include overtime and other allowances, and state the amount before taxation and social insurance premiums are deducted:

* Please do not include your household's income

September
this year | | ten thousand thousand yen **0** No income

Q6. What was your spouse's employment situation like last month (September)? Please encircle all that apply:
(Please circle all the numbers which apply)

- 1** I do not have a spouse.
- 2** He/she did not work at all.
- 3** He/she lost his/her job because of the COVID-19 pandemic.
- 4** There were days when he/she was unable to work because of the COVID-19 pandemic (including leave of absence due to school closure).
- 5** He/she spent more days than usual working from home because of the COVID-19 pandemic.
- 6** He/she was kept busy and worked for more days because of the COVID-19 pandemic.
- 7** There was no change, and he/she worked as he/she usually did.
- 8** None of the above are applicable.

For those who "did not work at all" in September
(those who answered 4, 5, or 6 to question 1 on page 11), the survey ends here.
Thank you very much for your cooperation.
Please insert this form into the enclosed return envelope and mail it to us.

Please answer the following regarding your employment (Only for those who "did some work" in September)

Q1. In September, how much income did you earn from your job? If you have more than one job, respond for the job which generates the highest income. Include overtime provided for free in items concerning overtime.

(1) How many days of paid work do you perform in September? days/month

(2) **On average**, how many hours of paid work do you perform each week in September? (including overtime). hours/week

(3) Of those, how many were overtime hours?
(Leave this blank if you are self-employed or otherwise do not receive overtime) hours/week

Q2. Please indicate the number of days and hours you worked from home per week in 5th week for July, 5th week for August, and 3rd week for September. If this is not applicable, please write "0."

	July 5 th Week: 7/27-31 (before Obon vacation)	August 5 th Week: 8/24-28 (after Obon vacation)	September 3 rd Week: 9/14-18 (before 4 consecutive holidays)
(1) Work from home days/week	<input type="text"/> week <input type="text"/> day	<input type="text"/> week <input type="text"/> day	<input type="text"/> week <input type="text"/> day
(2) Work from home hours/week	<input type="text"/> week <input type="text"/> hrs.	<input type="text"/> week <input type="text"/> hrs.	<input type="text"/> week <input type="text"/> hrs.

Q3. Please complete the history of your company's work from home and staggered work schedule owing to COVID-19. Please encircle all that apply: (circle one)

	Not implemented		Implemented	
	Did not prefer	Preferred, but wasn't allowed	Implemented at the request/order of the company	Implemented at my own discretion
1. Work from home	1	2	3	4
2. Staggered work hours	1	2	3	4

Q4. Please select all that apply regarding the challenges/difficulties that you encountered when working from home. If you never worked from home, please select the challenges or difficulties you foresee:
(Please circle all the numbers which apply)

- 1** Difficulty in communication and information exchange at work.
- 2** Difficulty accessing work materials.
- 3** Concern about whether my working hours will be managed and evaluated appropriately.
- 4** Lack of WiFi, PC, and other software at home and in other places.
- 5** Lack of space, desks, and other hardware for working at home and in other places.
- 6** I can't concentrate because of my family and pets.
- 7** I can't concentrate because I do things other than work, such as hobbies or watching TV/using the internet.
- 8** The separation between work and my private life becomes unclear.
- 9** There will be a tendency to get less exercise.
- 10** There will be a tendency to suppress my feelings.

Q5. Please select all the advantages of working from home that apply to you. If you have no experience working from home, please select the advantages that you expect it will have: (Please circle all the numbers which apply)

- | | |
|--|--|
| 1 Reduces the risk of infection. | 4 Improved work efficiency. |
| 2 Shorter/no commute time. | 5 Can work in a relaxed manner. |
| 3 Easily maintain a good work-life balance. | |
-

Q6. Under your current circumstances and opinion, is it more efficient to work from home or in a regular office?

Please encircle all that apply. If you have never worked from home, please answer based on what you think would happen if working from home were to be introduced to your current work environment: (Circle one only)

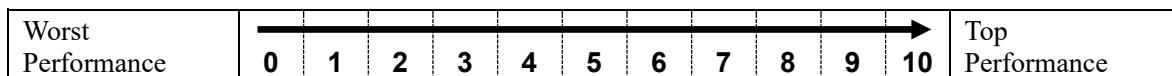
- | | |
|--|--|
| 1 Working from home is more efficient | 3 Working from home is not more efficient |
| 2 Not much will change | 4 I don't know/unsure |
-

Q7. The following 3 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you felt it by crossing the number (from **1** to **6**) that best describes how frequently you feel that way. (circle one)

	Never	Almost never (A few times a year or less)	Rarely (Once a month or less)	Sometimes (A few times a month)	Often (Once a week)	Very often (A few times a week)	Always (Every day)
1. At my work, I feel bursting with energy	0	1	2	3	4	5	6
2. I am enthusiastic about my job	0	1	2	3	4	5	6
3. I am immersed in my work	0	1	2	3	4	5	6

Q8. This question concerns job performance last month (September).

On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)? (circle one)



For those who are not self-employed, a family employee, freelancer, or sole proprietor, the survey ends here.

Thank you very much for your cooperation.

Please insert this form into the enclosed return envelope and mail it to us.

Regarding your business (only if you are self-employed, a family employee, freelancer, or sole proprietor):

Q1. By what percentage did the September sales of your business increase or decrease because of COVID-19 compared to February 2020? If there has been little change, please write “0”.

--	--	--

%

- 1** Increase
2 Decrease

Q2. How long will your cash liquidity last to keep your business afloat?

1 No problem for the time being.

2 Can only continue for:

--

year(s)

--

month(s)

Q3. Is your business using the following management support measures related to COVID-19 infections?

(circle one)

	Used	Wish to use in future	Do not plan to use	Not applicable
1 Employment adjustment subsidy	1	2	3	4
2 Emergency employment security subsidy	1	2	3	4
3 Subsidy for elementary school leave, etc.	1	2	3	4
4 Deferment system for social insurance premiums (welfare pension, employment, nursing care insurance, etc.)	1	2	3	4
5 Cash management support by governmental and private financial institutions (e.g., unsecured loans, interest rate reduction/exemption, etc.)	1	2	3	4
6 Sustainable government benefits for SMEs and private businesses	1	2	3	4
7 Rent support for SMEs and private businesses	1	2	3	4
8 Subsidies, grants, and financial support by prefectures and municipalities	1	2	3	4
9 Deferment of payment for corporate and consumption taxes	1	2	3	4

The survey ends here.
Thank you very much for your cooperation.
Please insert this form into the enclosed return envelope and mail it to us.