### The Japan Household Panel Survey

Questionnaire about your family (Offprint)

#### Request for entry

We kindly request that you fill in the information of all those who live with you. Also, regardless of whether you live together or not, we request that you fill in the information referent to your family and relatives, including your spouse, parents, spouse's parents, children, children's spouse, grandchildren, and your siblings.

Information of family members, relatives and people living with you that were filled in the previous survey are already printed in this survey. Please, inform in case of any changes. Only the information of abovementioned family/relatives are required to be filled in (please refer to the explanation in the figure below). By obtaining a clear picture of your family members and relatives, we are able to carry out a more accurate statistical analysis about relationships between family members and relatives, concerning parenting, nursing care and caring for grandchildren over generations. We would appreciate your understanding on this point. If you do not know the answers to any of the questions concerning your relatives, please ask them and fill in the survey as far as you can.

The purpose of this survey is for statistical analysis. The individuals, family members or relatives will not be identified in the statical analysis results. Please answer the questions truthfully.

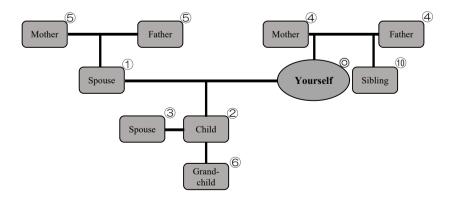
< Individuals within the scope of this survey>

(1) Anyone living with you (including yourself).

(2) In addition to (1), the following family and relative members, regardless of whether they live with you or not:

Your parents	Your spouse	Child	Grandchild
Your sibling	Parents of your spouse	Spouse of child	

◆The family and relatives members indicated in (2) are shown in the figure as follows (the number on the right-hand side is the relationship number):



Q1. Please fill in the following table with the information of your family, your relatives, and those who live with you.

○ Please fill in the information of all those living with you plus the following individuals: your parents, your sibling, your spouse, parents of your spouse, child, spouse of child, and grandchild.

\* For Family ID1 (Yourself) just answer the questions on the columns on the right side

 $\bigcirc$  Information of family members, relatives and people living with you that were filled in the previous survey are already printed in this survey. In case of no changes, please draw a  $\bigcirc$  over number 1 in column "Changes". In case of changes, please draw a  $\bigcirc$  over number 2 in column "Changes". In case of change or mistake in the filled information, please write the correct information in the correspondent column.

 $\bigcirc$  In case of no previous information of someone living with you or an individual of your family, please fill in their information.

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					Changes		l acadei ckgroun		Chan	ges in f lationsh	amily iip	Ma	arital	Stat	us	Li	iving	situation	W	/orki	ng si	ituation	Sch	oolin	g situ	ation	Circ	le the	applio ion	able
Family ID	Relationship to you	Relationship codes (Use codes below)	Sex	Year and month of birth * Please write the birth year in AD * Please fill in the birth year in the case of birth month unknown * Circle "unknown" in the case of birth year unknown	1 - No changes 2 - Any change of status	Type of school (Use codes below)		l don't know ( Circle "unknown" )	Divorced 1	Deceased 2	Neither 1 nor 2 3	Single 1	Married 2	( If you have not submitted a marriage notification $arDelta$ )	I don't know 3	Living together with you 1	Not living with you 2	How many hours does it take from your house to the following eligible person's house ( One-way / hours min )	Not working 1			I don't know 3 Employment form ( Use codes below )	Not in schol 1	In school 2	Type of shool ( Use codes below )	I don't know 3	Not keeping in contact with you or your spouse	Sharing household expenses with you	Chronic restrictions on daily activities (%1)	Certified as needing support/nursing care/disability support
No. 1	Yourself																													
No. 2			M F	Y unknown	1 2		Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	1 2	2	3	1	2 L	•	3				
No. 3			М	Y unknown M	1 2		Not	unknown	1	2	3	1	2		3	1	2	hrs	1		2	3	1	2 L	-	3				
No. 4			F	Y unknown M	1 2		Not	unknown	1	2	3	1	2		3	1	2	hrs min	1		2	3	1	2		3				
No. 5			М	YN	1 2		Not	unknown	1	2	3	1	2		3	1	2	hrs	1		2	3	1	2 L	-	3				
No. 6			F	Y unknown M	1 2		Not	unknown	1	2	3	1	2		3	1	2	hrs min	1		2	3	1	2 L	•	3				
No. 7			М	Y unknown	1 2		Not	unknown	1	2	3	1	2		3	1	2	hrs	1		2	3	1	2 L		3				
No. 8			М	Y unknown	1 2		Not	unknown	1	2	3	1	2		3	1	2	hrs	1	1 2	2	3	1	2 L	-	3				
No. 9			М	Y un known M	1 2		Not	unknown	1	2	3	1	2		3	1	2	hrs	1		2	3	1	2 L	-	3				
No. 10			M F	Y unknown M	1 2		Not	unknown	1	2	3	1	2		3	1	2	hrs	1		2	3	1	2 L	•	3				
No. 11			M F	Y unknown	1 2		Not	unknown	1	2	3	1	2		3	1	2	hrs			2		1	2 L		3				

\* 1: "Restrictions on daily activities" refers to the restrictions of daily activities due to chronic mental and physical health problems, illness, and disability.

	0
Re	02
atio	0
Relationship	04
	0:
Code	0

#### Child 2 03

- Spouse of child 04 Parent
- 05 Parent of spouse

Spouse

- 06 Grandchild
- Spouse of grandchild 07
- 08 Grandparent 09
- Grandparent of spouse 10 Sibling
- Sibling of spouse 11
- 12 Spouse of sibling
- 13 Other relative 14 Other
- Self-employed worker 1
- 2 Professional
- 3 Family employee 4 Executive officer
- 5 Full-time employee
- 6 Part-time employee
- Employment Form Code 7 Temporary employee
  - 8 Contracted/Commisioned employee
  - 9 Other

- Nursery (childcare center)
- 2 Kindergarten
- 3 Elementary school School type Code

1

- 4 Junior high school
- 5 Senior high school 6 Junior college or specialized school
- 7 Four-year university
- 8 Graduate school

Special training school (incl. preparatory school) 9

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					Changes		l acad ckgroi			nanges family ations		М	arital	Stat	us	L	iving	situation	Wo	rking s	ituation	Sch	ooling	situa	ation	Circl	e the opt	applie tion	cable
Family ID	Relationship to you	Relationship codes ( Use codes below )	Sex	Year and month of birth * Please write the birth year in AD * Please fill in the birth year in the case of birth month unknown * Circle "unknown" in the case of birth year unknown	1 - No changes 2 - Any change of status	Type of school (Use codes below)	Not in school / In school ( Circle "Not" )	I don't know ( Circle "unknown" )	Divorced 1	Deceased 2	Neither 1 nor 2 3	Single 1	Married 2	( If you have not submitted a marriage notification $arDelta$ )	I don't know 3	Living together with you 1	Not living with you 2	How many hours does it take from your house to the following eligible person's house ( One-way / hours min )	Not working 1	Working 2	I don't know 3 Employment form ( Use codes below )	Not in schol 1	In school 2	Type of shool ( Use codes below )	l don't know 3	Not keeping in contact with you or your spouse	Sharing household expenses with you	Chronic restrictions on daily activities (%1)	Certified as needing support/nursing care/disability support
No. 12			M F	Y M			Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2		3				
No. 13			M F	Y M			Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2		3				
No. 14			M F	Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2		3				
No. 15			M F	Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2		3				
No. 16			M F	Y nknown	Image: second secon																								
No. 17			M F	Y nknown		(	Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2		3				
No. 18			M F	Y nknown M			Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2		3				
				members in your fami							_			4≫								•						•	
The	se questions conce	ern y	our l	household (those w	ho sl	hare	hous	eholo	d exp	bense	s wi	th ye	ou).																

Q2. From the family members listed until page 4, who is the head of household? Please list the family ID.

2 Myself

(The head of household is the center of the family or the main earner)

No.

Q3. Among the family members listed in the table, are there any persons temporarily living separately for work?

1 Other than myself  $\overline{\mathbf{V}}$ 

SQ1. Which persons in the above table are temporarily living separately for work?Please list family ID. Please circle all the numbers that apply.

3 No one

No. No. No. No.

- 01 02 Relationship Code
  - Child 03
    - Spouse of child

Spouse

- 04 Parent

07

- 06
- 05 Parent of spouse
  - Grandchild
- 08 Grandparent Grandparent of spouse
  - Sibling
- 11 Sibling of spouse
- 12 Spouse of sibling 13 Other relative
  - Spouse of grandchild 14 Other

09

10

- 2 Professional Employment Form Code 3 Family employee 4
  - Executive officer 5 Full-time employee

Self-employed worker

- 6 Part-time employee
- 7 Temporary employee
- 8 Contracted/Commisioned employee 9 Other



- Kindergarten 2
- 3 Elementary school School type Code
  - 4 Junior high school 5 Senior high school
  - 6 Junior college or specialized school
  - 7 Four-year university
  - 8 Graduate school
  - 9 Special training school (incl. preparatory school)

					S							wer	the f	ollow	ving	item	s ba	sed on you	r ans	swer o	n colun	חn "C	Change	es"				
					Changes		l acad ckgrou		1	anges family ationsl		Ma	arital	Stat	us	Li	ving	situation	Wo	rking s	situation	Sch	ooling	situatio	n <sup>Circ</sup>		applic tion	able
Family ID	Relationship to you	Relationship codes ( Use codes below )	Sex	Year and month of birth * Please write the birth year in AD * Please fill in the birth year in the case of birth month unknown * Circle "unknown" in the case of birth year unknown	2 - Any change of s	Type of school (Use codes below)	Not in school / In school ( Circle "Not" )	I don't know ( Circle "unknown" )	Divorced 1	Deceased 2	Neither 1 nor 2 3	Single 1	Married 2	( If you have not submitted a marriage notification $ ot\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	I don't know 3	Living together with you 1	Not living with you 2	How many hours does it take from your house to the following eligible person's house ( One-way / hours min )	Not working 1	Working 2	I don't know 3 Employment form ( Use codes below )	Not in schol 1	In school 2	I don't know 3 Type of shool ( Use codes below )	00	Sharing household expenses with you	Chronic restrictions on daily activities (%1)	Certified as needing support/nursing care/disability support
No. 19			M F	Y unknown M n		[	Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2	3				
No. 20			M F	Y unknown M		[	Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2	3				
No. 21			M F	Y unknown M n			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2	3	1	2	3				
No. 22			M F	Y unknown		[	Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2	3	1	2	3				
No. 23			M F	Y unknown		[	Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2	3	1	2	3				
No. 24			M F	Y unknown M		[	Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2	3				
No. 25			M F	Y unknown M n		[	Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2	3				
No. 26			M F	Y N		[	Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2	3				
No. 27			M F	Y M			Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2	3	1	2	3				

«If there are more than 27 members in your family, please respond up to 27 members in order of the closeness to you. »

Thank you for participating in the Japan Household Panel Survey.

Please hand it over to the survey agent along with the questionnaire (booklet).

## The Japan Household Panel Survey

- This survey questionnaire is for respondents with spouses.
- 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.
- If you do not know the answers to any of the questions concerning your family, please consult your family before responding.
- Some of the questions concern figures for the month of January. Please respond to those questions when you know the answers.

Survey officer \_\_\_\_\_ will collect your answered survey form around \_\_\_\_\_ (time) on \_\_\_\_\_ (date). Thank you very much for your cooperation.

We begin by asking questions regarding yourself. Q1. (1) Sex 1 2 Male Female (2) What is your date of birth? Year Month Day

February 2021

Branc	h No.	Р	oint N	0.	Subje	ct No.		Р	anel No	о.	Inspector
							3				

Planned by Keio University Conducted by Central Research Services, Inc.

These questions concern your family.
Q1. How many family members do you live with, including yourself?
persons
Q2. Were you living at the same address one year ago?
<b>1</b> Yes, I was at the same address $\longrightarrow$ (to Q3 on the next page)
<b>2</b> No, I was at a different address (I moved here months ago)
[For respondents who answered "2 No, I was at a different address" in Q2]
SQ. Please tell us about your previous residence.
(1) Which of the following is the ownership relationship of your former residence? Please choose one
that applies to you.
1 Owner-occupied single-family homes or condominiums
<b>2</b> Rental housing (private rental housing, public housing, public housing,
public corporation rental housing, company housing, dormitories, etc.) -> (to Q3 on the next pag
<b>3</b> Other
[For respondents who answered 1 in (1)]
(2) Which of the following is your current ownership status? Please choose one that applies to you.
1 2
I continue to own the property Sold or transferred
(to Q3 on the next page)
[For respondents who answered 1 in (2)]
(3) Which of the following is your current use? Please choose one that applies to you.
<b>1</b> My family or relatives live there.
<b>2</b> It is used as a vacation home.
<b>3</b> The property is used for rental purposes (including cases where there are currently no tenants)
4 Planning to sell
<b>5</b> No one is currently living in the house and none of the above 1 to 4 apply (vacant house)
6 Other (Specify )
[For respondents who answered 5 in (3)]

(4) Which of the following is the current status of your residence? Please choose one that applies to you.

- **1** The building has been removed and only the site is retained.
- **2** The building of the previous dwelling remains.
- **3** Other

#### [To be answered by all respondents]

- Q3. Has your household experienced any of the following changes over the past one year (Feb. 2020 to Jan. 2021)? (Please circle all the numbers which apply)
  - **1** I had a child
  - 2 My parents or my spouse's parents moved in
  - **3** A household member returned home after temporarily living separately for work reasons
  - 4 Other (the number of household members increased for other reasons)
  - **5** A household member left to temporarily live separately for work reasons
  - 6 The number of household members decreased because a household member left
  - 7 The number of household members decreased because of death
  - **8** Other (the number of household members decreased for other reasons)
  - **9** I got married
  - **10** I got divorced
  - **11** I separated from my spouse
  - 12 I (and my family) left parent's home and formed a separate household
  - 13 I (and my family) moved into parent's home and formed a joint household
  - **14** No particular changes

The questions on the following pages 3-26 are for the respondent filling out the survey forms. Questions on pages 27-50 are for the respondent's spouse.

These questions concern your parents.

Q1. Are your parents alive?

1	Both parents are alive
2	Father alive, mother deceased
3	Mother alive, father deceased
4	Both parents deceased (to next page)

Q2. How much financial assistance did you give to your parents last year? Please include housing purchase, rent, land rent, living expenses and other financial assistance.

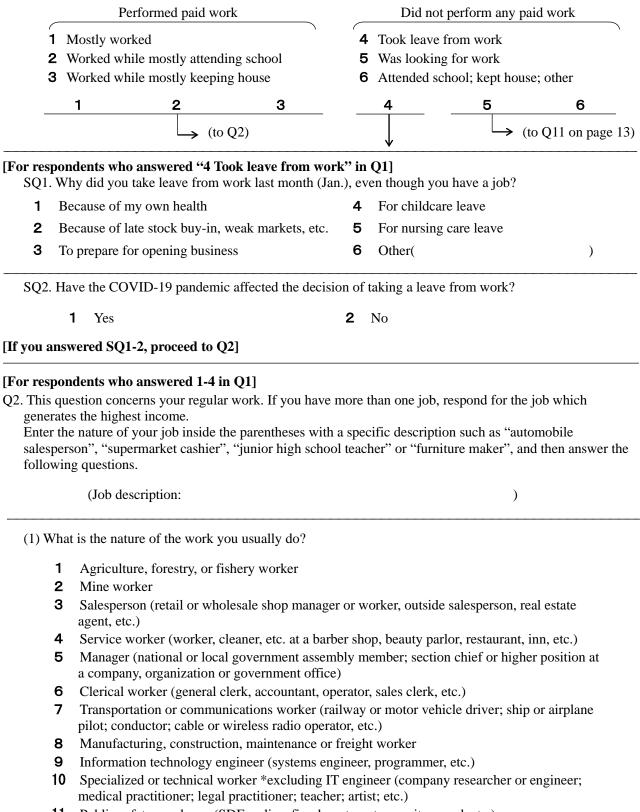
I lease mer	ude nousing purcha	ise, rent, rand rent,	11 V 111	ig exp	inses and other in	nanciai a	ssistance.
Last year		ten thousand yen		0	Did not give any	/ financia	1 assistance
							→ (to Q3)
SO. What	were the purposes of	of that financial ass	istan	ce? (N	fultiple responses	s permitte	
1	Living expenses			Rent	FFF	· · ·	)
2	Medical expenses			Other	(		)
3	Housing purchasin	g assistance		None			,
	h financial aggistan	a did you gooing			ananta laat waan?		
Please exc	h financial assistand lude inheritance ite ssistance and allow	ms, but include ho					expenses and other
initiational a		unces.					
Last year		ten thousand yen		0	Did not receive	any finan	cial assistance
							→ (to Q4)
SQ. What	were the purposes of	of that financial ass	istan	ce? (N	Iultiple responses	s permitte	ed)
1	Living expenses		4	Rent			
2	Medical expenses			Other	(		)
3	Housing purchasin	g assistance	6	None			
Q4. Do your p	arents own a house	or other real state	(thei	r own	property)?		
1	Yes <b>2</b> N			not ki			
		-					
Q5. Parents' li	ving situation.						
(1-A) With	n whom does your n	nother live? (Please	e circ	cle all	the items that app	oly)	
<b>1</b> L	iving alone	3	L	iving	with her child	_5	Deceased
<b>2</b> L	iving with her spou	se (your father) 4	0	Other			(to (2-A))
(1-B) Wha	t type of housing of	facility does your	motl	her us	ally live in? (Ple	ase circle	e just one item)
<b>1</b> D	etached House	З	Н	louse f	for elderly people	<b>5</b> 0	ther
<b>2</b> C	ollective housing	4	F	acilitie	es, hospital, group	o home	
(Co	ondominium, Aparti	ment, etc.)	(Nı	ursing	Home, Medical l	Long-Ter	m Care Sanatorium, etc.
(2-A) With	whom does your f	ather live? (Please	circl	e all th	e items that appl	y)	
	iving alone	3			with his child	5	Deceased
	iving with his spous	-		Other			→ (to next page)
(2-B) Wha	t type of housing of	facility does your	fathe	er usu:	ally live in? (Plea	se circle	iust one item)
	etached House	3 active			for elderly people	-	ther
	ollective housing	4			es, hospital, grou		
	ondominium, Apart	ment, etc.)				-	m Care Sanatorium, etc

These q	ques	tions concern you	r cur	rent schooling.	7						
Q1. Are	<ul> <li>Are you presently attending school?</li> <li>1 Yes</li> <li>School beactions 1. Some site much term anality.</li> </ul>										
1	1	Yes School location:	1 2 3	Same city, ward, t Same prefecture, Other prefecture (	other city, ward, to	own or village fecture)					
2	2	No		1		,					
(1) D	Juri	ng the year from l res, self-study, etc <b>1</b>	ast Fe ) of y	r learning activities ebruary until now, h your own will, to in	have you taken any aprove your skills a <b>2</b>	actions (attended and abilities for y <b>3</b>	d school, taken our own work?				
	Presently taking action Took action Did not take action										
	(to next page)										
	<ul> <li>(2) How did you learn? Please circle all the items that apply. (Multiple responses permitted)</li> <li>1 Attended vocational school or advanced vocational school</li> <li>2 Attended trade school</li> <li>3 Attended public vocational training</li> <li>4 Attended university (degree program)</li> <li>5 Attended graduate school (including adult education)</li> <li>6 Took correspondence course (including university courses)</li> <li>7 Attended university or other public lecture</li> <li>8 Learned from TV or radio course and books</li> <li>9 Attended lectures or seminars</li> <li>10 Participated in company voluntary study group</li> <li>11 Other ( )</li> </ul>										
$\hookrightarrow$ s	Q.	[Only for respon	dents	who answered [1	<b>-5] in (2)]</b> Did you	graduate from th	at program?				
		<b>1</b> Yes, completed	and g	raduated	Have not yet co	<b>2</b> ompleted or gradu	uated				
all em	exp plo	penses paid by yo	ı or y	did you spend per your family, but do d not spend any mo	not include public						

These questions concern your employment.

We begin by asking about your work.

Q1. Last month (January), 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).



- 11 Public safety employee (SDF, police, fire department, security guard, etc.)
- **12** Other (

)

(2) What is the legal structure of the company or office (store, office, factory, etc.) where you usually work? If you work at a family business, respond "proprietorship".

- 1 Proprietorship
- 2 Corporation
- 3 Non-profit corporation (educational corporation, medical corporation, foundation, association, NPO or other public benefit corporation)
- 4 Government organ

(3) What is the nature of the work of the company or office where you usually work?

- 1 Agriculture
- 2 Fishery, forestry, marine products
- 3 Mining
- 4 Construction
- 5 Manufacturing (including publishing and printing)
- Wholesale, retail (including department stores and supermarkets) 6
- 7 Restaurants, accommodations
- 8 Finance, insurance
- 9 Real estate
- 10 Transportation
- 11 Information services and surveys
- **12** Information & telecommunications other than information services and surveys (telephone and other communications, broadcasting, internet services)
- 13 Utilities (provision of electricity, gas, water, heat)
- **14** Medicine, welfare
- **15** Education, learning support
- **16** Other services
- 17 Public service
- 18 Other (

)

(4) How many employees does the company where you usually work have in total?

- 1 1-4 persons
- 2 5-29 persons 3
  - 30-99 persons

- 100-499 persons 4
- 5 500 persons or more 6 Government
- (5) Is the place where you usually work in the same city, town or village as your residence?
  - **1** Same city, ward, town or village
  - **2** Same prefecture, other city, ward, town or village
  - **3** Other prefecture ( Prefecture)

- (6) What is the form of your employment?
  - 1 Self-employed (restaurant; wholesale or retail shop; agriculture; etc.)
  - 2 Professional (doctor; lawyer; accountant; tax accountant; author; etc.)
  - **3** Worker at family business (restaurant; wholesale or retail shop; agriculture; etc.)
  - **4** Working at home without an employee relationship with a company
  - **5** Wage worker (working at a company, organization, etc.) (as an employee of an employer)

 $\rightarrow$  (Proceed to (9))

)

**6** Consigned work or subcontractor (without an employee relationship)

#### [If you answered 1, 2, 3, 4 or 6, proceed to (11) on the next page] [If you answered 5, proceed to (7)]

#### [(7) is for respondents who answered "5 Wage worker" in (6)]

- (7) What is your work status at your company?
  - **1** Full-time, regular employee no title
  - **2** Full-time, regular employee with title
  - **3** Full-time, regular employee manager
  - **4** Contract employee
  - **5** Part-time worker
  - **6** Subcontracted worker
  - **7** Specialized contract employee

#### [(8) is for respondents who answered 4-7 in (7)]

(8) Why do you work under that work status?

- 1 I wanted to work as a regular employee but no company would hire me
- **2** The wages and working terms and conditions are good
- **3** I could not work as a regular employee due to personal reasons
- 4 Other (

#### [(9) and (10) are for respondents who answered "5 Wage Worker" in (6)]

(9) What is your contract period at the place where you usually work?

- 1 Employment contract with no period specified
- 2 Employment contract with period specified (initial contract at this workplace)
- **3** Employment contract with period specified (renewed contract at this workplace)

 $\rightarrow$  Contract period:

months

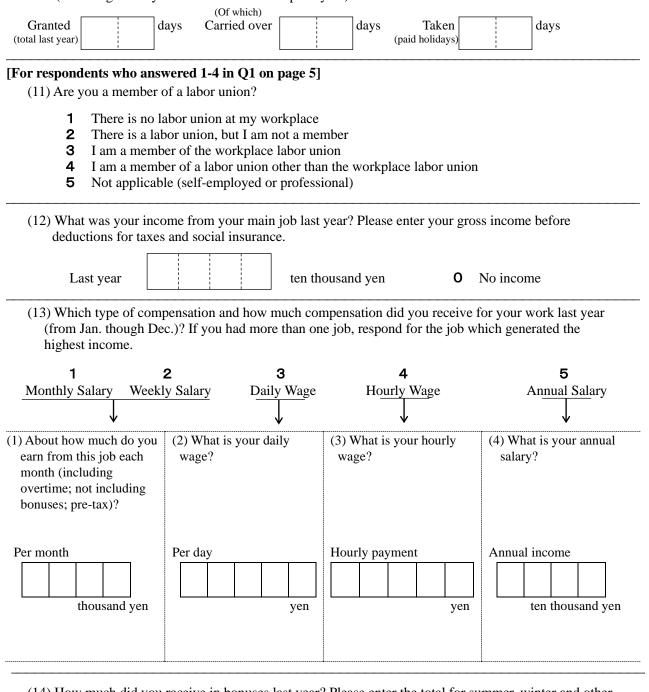
#### [For respondents who answered [3]]

SQ. How many times have you renewed your contract?

Contract renewed

times

(10) How many paid holidays did you take last year and how many paid holidays were you granted (including holidays carried over from the prior year)?



(14) How much did you receive in bonuses last year? Please enter the total for summer, winter and other bonuses.

ten thousand yen

**O** None

Q3. This question concerns your working hours. 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) Which of the following is closest to your work system (working hours system)?

- **1** Regular working hours system
- 2 Flex time system (self starting and ending time self-adjustment within certain hours)
- **3** Variable working hours system (different working hours during certain periods only); shift system (day & night shifts, etc.)
- **4** Discretionary working hours system; imputed working hours system (specialists, sales personnel, planners and home workers to whom the law applies)
- **5** No working hours management (managerial and other work with no overtime payments, other than discretionary working hours system and imputed working hours system)

(2) On average, how many days of paid work do you perform each month	?	days/month
(3) On average, how many hours of paid work do you perform each week (including overtime)?		hours/week
(4) Of those, how many are overtime hours? (Leave this blank if you are self-employed or otherwise do not receive overtime)		hours/week
(5) How many are overtime hours paid at increased wages for overtime work?		hours/week

(6) What is the monthly average share you worked from home? Please indicate the average share considering the last week of April and August, 2020, and January, 2021. If you did not work from home, please write "0." If you just worked from home, please write "10."

April, Week 4: 4/20-26 (during the nationwide Emergency Measures)	August, Week 5: 8/24-28 (after Obon vacation)	January, Week 4: 1/18-22 (two weeks after the New Year)

(7) Under your current circumstances and opinion, is it more efficient to work from home or in a regular office? Please circle the one that applies. 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
- **2** Not much will change

- **3** Working from home is not more efficient
- **4** I don't know/unsure

Q4. This question concerns the nature of your work.

(1) Did the nature of your work change since this time last year?

2	No						
owin	g types	s of sy	/stems?	)			
1	No	2	Yes	3	Have used	4	Do not know
1	No	2	Yes	3	Have used	4	Do not know
1	No	2	Yes	3	Have used	4	Do not know
stem							
1	No	2	Yes	3	Have used	4	Do not know
stem							
1	No	2	Yes	3	Have used	4	Do not know
ho re	etired f	or chi	ldcare c	or nurs	sing care		
1	No	2	Yes	3	Have used	4	Do not know
n-reg	ular to	regula	ar emplo	oyees			
1	No	2	Yes	3	Have used	4	Do not know
	owing 1 1 stem 1 stem 1 vho re 1	owing types 1 No 1 No 1 No stem 1 No stem 1 No who retired for 1 No n-regular to	owing types of sy 1 No 2 1 No 2 1 No 2 1 No 2 stem 1 No 2 stem 1 No 2 vho retired for chi 1 No 2 n-regular to regular	owing types of systems?         1       No       2       Yes         1       No       2       Yes         1       No       2       Yes         1       No       2       Yes         stem       1       No       2       Yes         stem       1       No       2       Yes         vho retired for childcare of 1       No       2       Yes         n-regular to regular emplor	INo2Yes31No2Yes31No2Yes31No2Yes3stem1No2Yes31No2Yes3vho retired for childcare or nurs1No2Yes3n-regular to regular employees	1       No       2       Yes       3       Have used         stem       1       No       2       Yes       3       Have used         stem       1       No       2       Yes       3       Have used         vho retired for childcare or nursing care       1       No       2       Yes       3       Have used         n-regular to regular employees       3       Have used       No       3       Have used	1       No       2       Yes       3       Have used       4         stem       1       No       2       Yes       3       Have used       4         vho retired for childcare or nursing care       1       No       2       Yes       3       Have used       4         n-regular to regular employees       1       No       2       Yes       3       Have used       4

Q5. Will you continue your present job in the future?

- **1** I want to continue (including changing position or location within the same company)
- **2** I want to do other work in addition to my present job
- **3** I want to change to another job
- **4** I want to quit working altogether

#### [For respondents who answered 3 in Q5]

- SQ. Why do you want to change to another job? Circle the one main reason only.
  - **1** Because I was just doing the job temporarily
  - **2** Because the compensation is low
  - **3** Because of business declining and anxiety about the future
  - 4 In preparation for retirement or expiration of employment contract0
  - **5** Because I want to become a regular employee
  - **6** Because of the large time and psychological burden
  - 7 Because I want to make use of my knowledge and skills
  - 8 Because I want more free time
  - 9 Other (

#### [For respondents who answered 1-4 in Q1 on page 5]

Q6. To what extent do you agree or disagree with the following statements related to your job or workplace?

)

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not applicable
①My job description is clear	1	2	3	4	5	6
②I can choose the order and method of task	1	2	3	4	5	6
③I can choose the volume of task	1	2	3	4	5	6
④I work as a team in cooperation with others	1	2	3	4	5	6
⑤ I often deal with unforeseen interruptions	1	2	3	4	5	6
<sup>(6)</sup> People who respond to overtime and holiday work are highly appreciated	1	2	3	4	5	6
⑦ I have to achieve high quotas and goals	1	2	3	4	5	6
8 Evaluation varies greatly depending on the achievement	1	2	3	4	5	6
(9) Job responsibility and authority is heavy	1	2	3	4	5	6
<sup>(1)</sup> I feel it difficult to leave the company if people around me are working overtime	1	2	3	4	5	6
(1) If overtime or holiday work continues, some late arrival is allowed	1	2	3	4	5	6
D Communication between colleagues is good	1	2	3	4	5	6
<sup>(13)</sup> Colleagues tend to share work knowledge	1	2	3	4	5	6
(4) The boss gives proper feedback as part of my evaluation	1	2	3	4	5	6
(15) Communication between boss and subordinates is good	1	2	3	4	5	6
(f) The boss circulates the necessary information among the members in the workplace	1	2	3	4	5	6
(1) The boss has a sharp way of working	1	2	3	4	5	6

#### Q7. This question concerns the kinds of tasks that you regularly do on your job.

	Almost all the time	More than half the time	Less than half the time	Almost none of the time
①Carrying out short, repetitive tasks	1	2	3	4
② Doing physical tasks such as standing, handling objects, operating machinery or vehicles, or making or fixing things with your hands	1	2	3	4
<sup>3</sup> Managing or supervising other workers	1	2	3	4

(1) How much of your workday involves doing the following tasks?

(2) How often do you have to solve the following problems at your job?

	Never	Less than once a month	At least once per month	At least once a week
①Those taking at least 30 minutes to find a good solution	1	2	3	4
<sup>(2)</sup> Those using advanced mathematics such as algebra, geometry, trigonometry, probability, or calculus	1	2	3	4

#### (3) How often do you have a face-to-face contact with the following type of person?

	Almost Always	To a Considerable Degree	Occasionally	Seldom
①Managers, colleagues, or subordinates	1	2	3	4
②Students or trainees	1	2	3	4
③Customers, clients, suppliers or contractors	1	2	3	4

(4) What is the longest document that you typically read as part of your job?

1	Never read at job	3	6 to 10 pages	5	More than 25 pages
2	less than 6 pages	4	11 to 25 pages		

(5) How often does your job involve the following statements?

	All of the time	Almost all of the time	Around 3/4 of the time	Around half of the time	Around 1/4 of the time	Almost never	Never
①Working at very high speed	1	2	3	4	5	6	7
<sup>(2)</sup> Working to tight deadline	1	2	3	4	5	6	7
③Not having enough time to get the job done	1	2	3	4	5	6	7
④Hiding your feeling	1	2	3	4	5	6	7
<sup>(5)</sup> Handling angry clients, customers, patients, pupils etc.	1	2	3	4	5	6	7
<sup>(6)</sup> Being in situations that are emotionally disturbing for you	1	2	3	4	5	6	7

Q8. This question concerns new technologies.

(1) In y	your workplace,	how is the	adoption	of the	following	technologies?
(1) 11	your workprace,	now is the	adoption	or the	10110 willig	teennologies.

	Already adopted	Now planning for adoption	Adoption is now under consideration	No plan or consideration	I don't know
(1)Cloud	1	2	3	4	5
2 Robotics	1	2	3	4	5
③ RPA (Robotics Process Automation)	1	2	3	4	5
④ Artificial Intelligence (AI)	1	2	3	4	5
<sup>(5)</sup> Wearable device	1	2	3	4	5
6 Telework or remote work	1	2	3	4	5

(2) To what extent do you feel resistance to the occurrence of the following after the spread of new technology?

	Very great resistance	Some resistance	Not sure	Not much resistance	No resistance at all
①Work hours become halved with the same income	1	2	3	4	5
<sup>(2)</sup> Work hours become zero with the same income	1	2	3	4	5
③Both work hours and income become halved	1	2	3	4	5
④ Both work hours and income become zero	1	2	3	4	5

(3) To what extent do you feel resistance if AI becomes your boss, colleague, or subordinate in the future?

	Very great resistance	Some resistance	Not sure	Not much resistance	No resistance at all
①Boss	1	2	3	4	5
2 Colleague, or subordinate	1	2	3	4	5

Q9. This question concerns job performance.

(1) 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 the usual performance of most workers in a job similar to yours?

Worst												Тор
Performance	0	1	2	3	4	5	6	7	8	9	10	Performance

(2) Using the same 0 to 10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)?

Worst												Тор
Performance	0	1	2	3	4	5	6	7	8	9	10	Performance

Q10. The following 9 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.

	Never	Almost never (A few times a year or less)	(Once a	Sometimes (A few times a month)	Often (Once a week)	Very often (A few times a week)	Always (Every day)
①At my work, I feel bursting with energy	0	1	2	3	4	5	6
②At my job, I feel strong and vigorous	0	1	2	3	4	5	6
③I am enthusiastic about my job	0	1	2	3	4	5	6
(4) My job inspires me	0	1	2	3	4	5	6
<sup>(5)</sup> When I get up in the morning, I feel like going to work	0	1	2	3	4	5	6
<sup>(6)</sup> I feel happy when I am working intensely	0	1	2	3	4	5	6
$\bigcirc I$ am proud of the work that I do	0	1	2	3	4	5	6
⑧I am immersed in my work	0	1	2	3	4	5	6
<sup>(9)</sup> Time flies when I am working	0	1	2	3	4	5	6

#### [To be answered by all respondents]

Q11. Are you working at the same job you were working at one year ago?

- 1 I am at the same company or organization as 1 year ago, and at the same workplace (continuous employment with no transfer)
- **2** I am at the same company or organization as 1 year ago, but at a different workplace (continuous employment with transfer)
- **3** I remain an employee of the same company or organization as 1 year ago, but I am working at a different company or organization (temporary transfer)
- **4** I am at a different company or organization from 1 year ago (job switch)
- **5** I was newly employed during the past year (new employment)
- **6** I quit the job I had 1 year ago, and became unemployed (left employment)
  - I was on leave for childcare, nursing care, etc. during the past year (on leave)
- 8 I was unemployed 1 year ago and I am still unemployed (continued unemployment)

#### [For respondents who answered 4 or 6 in Q11]

SQ1. Why did you quit the company or organization where you were working 1 year ago?

- 1 Business establishment closed; company went bankrupt; discontinued own business
- 2 Layoff or personnel shake-up
- **3** Anxiety about the future (business declining, etc.)
- **4** For other employer or business reasons
- **5** For retirement or commensurate reasons
- **6** To look for work with better terms
- **7** To get married
- 8 For birth and/or childcare
- **9** To give nursing care
- **10** For housework; to attend school
- **11** For health reasons
- **12** Other (

SQ2. Have the COVID-19 pandemic affected the decision of quitting the company or organization where you were working 1 year ago?

)

#### [To be answered by all respondents]

Q12. (1) Please circle all of the following items that apply concerning your employment status last year (Jan.-Dec.). (Multiple responses permitted)

- **1** Worked all year long
- 2 Had a job, but took leave all year long
- **3** Looked for work all year long
- 4 Did not work all year long
- **5** Did not take any leave
- 6 Did not look for work at all, all year long

(2) <u>During the last year, if there were any specific periods when you</u> (a) worked, (b) took leave from work, or (c) looked for work, circle all of the following months that apply. If there were months when you both worked and looked for work, or both took leave from work and looked for work, then circle the months for both. However, do not circle the same month for both worked and took leave from work.

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1	2	3	4	5	6	7	8	a	10	11	12

(b) Months when I took leave from work while still keeping a main job

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
_	1	2	3	4	5	6	7	8	9	10	11	12

(c) Months when I primarily looked for work

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	10	11	12

Q13. During last year (Jan.-Dec.) did you ever have a side job in addition to your main job?

1

2

**3** Side job allowed, but did not have one

Had a side job

Side job prohibited

These questions concern information technologies

#### Q1. Do you use the following new home appliances at home?

	Yes	No, but want to use	No	I don't know
①Robot vacuum cleaner	1	2	3	4
②AI speaker	1	2	3	4
③Watching or crime prevention robot	1	2	3	4

#### Q2. How much knowledge do you have about the following information technologies?

	I have used and know it very well	I know it to the extent of the specific contents	I know it to the extent of the outline	I have heard about it only to some extent	
①IoT	1	2	3	4	5
2 Cloud	1	2	3	4	5
3AI	1	2	3	4	5
(4) RPA	1	2	3	4	5
<sup>(5)</sup> Machine learning	1	2	3	4	5
<sup>(6)</sup> Deep learning	1	2	3	4	5

Q3. How much computer skills do you have to perform your job?

	I can do without trouble	I can do to some extent	I can hardly do	I cannot do	I don't know
①Basic processing using a spreadsheet software	1	2	3	4	5
Processing using a macro function (recording and iteration) of spreadsheet software	1	2	3	4	5
③Data processing and analyzing using a programming language	1	2	3	4	5

Q4. How do you respond and prepare to acquire knowledge and skills related to new technologies?

1 Participating in training programs offered by your company or organization to acquire knowledge and skills

- 2 Implementing self-development to acquire knowledge and skills
- **3** Striving to acquire knowledge through news, etc.
- 4 No response and preparation

Q5. Last year, have you lost your jobs or tasks due to the introduction of IT system, AI, Robotics, etc., and organizational reforms accompanying the introduction?

**1** Part of jobs or tasks were lost

- 5 No introduction or reform took place6 I don't know
- 2 Most of jobs or tasks were lost
- 3 No jobs or tasks were lost4 No jobs or tasks were lost
  - No jobs or tasks were lost, but I know people in my workplace who lost their jobs or tasks

#### [For respondents who answered 1 or 2 in Q5]

SQ. What happened when your job or tasks were lost?

- **1** Experienced no major change
- **2** Tasks were changed
- **3** Jobs were changed or was transferred to other department or workplace
- 4 Lost jobs

From here, we ask you about your thoughts, lifestyle, and health. First we would like to ask you about your feeling of happiness.

\*This page must be answered by the person requested to complete the questionnaire.

Q1. Please provide answers as to how your feeling of happiness was during the following periods, 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."

(1) This	(1) This week.												
0	1	2	3	4	5	6	7	8	9	10			
(2) This	(2) This year.												
0	1	2	3	4	5	6	7	8	9	10			
(3) Your entire life.													
0	1	2	3	4	5	6	7	8	9	10			

Q2.Do the following items apply to you? Circle the appropriate number. 1 indicates "inapplicable," and 5 indicates "applicable."

	Inapplicable	Not really applicable	I cannot say either way	Somewhat applicable	Applicable
(1) I have something to live for.	1	2	3	4	5
(2) I have hopes in my life.	1	2	3	4	5

These questions concern your thoughts regarding the future and uncertain matters.

# Q1. <u>Instead of receiving 10 thousand yen one month later</u>, at least how much would you like to receive <u>13</u> months later? Please choose one option from the following options 1–8.

Option	1	2	3	4	5	6	7	8
Amount	9,500 yen	10,000 yen	10,200 yen	10,400 yen	10,600 yen	11,000 yen	12,000 yen	14,000 yen
Annual interest	-5%	0%	2%	4%	6%	10%	20%	40%

Q2. When you go out to a place you have never been to before with your family or friends, what percentage

of chance of rain makes you decide to take an umbrella?

2



I always take a folding umbrella.

\*This page must be answered by the person requested to complete the questionnaire.

Q1. How is your health normally?

1	2	3	4	5
Good	Pretty good	Normal	Not so good	Bad

Q2. How often did you eat these foods below in the last one month? Please circle the numbers that apply.

	3 times per day	Twice per day	Once per day	4-6 times per week	2-3 times per week	Once per week	1-3 times per month	I didn't eat
Rice • Bread • Noodles	1	2	3	4	5	6	7	8
Meat • Fish and shellfish • Egg • Soy beans and soy beans products	1	2	3	4	5	6	7	8
Vegetables • seaweed • mushroom	1	2	3	4	5	6	7	8
Fish and shellfish	1	2	3	4	5	6	7	8
Vegetables	1	2	3	4	5	6	7	8
Fruits	1	2	3	4	5	6	7	8
Milk and milk products	1	2	3	4	5	6	7	8

Q3. How often did this experience below happen in the last one year? Please circle the numbers that apply.

	Often applicable	Sometimes applicable	Not applicable
I did not eat nutritious meals*, because I had no time to go shopping for ingredients and cook them.	1	2	3
I did not eat nutritious meals*, because I had no enough money to buy ingredients.	1	2	3

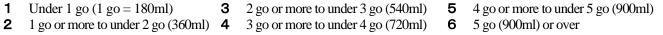
\*Nutritious meal mean well balanced meal with various foods such as a staple food (Shushoku: rice and noodles), a main dish (Shusai: meat, fish, soy bean, and soy bean products) and side dishes (Fukusai: Vegetables, mushroom and seaweed)

Q4. (1) Please circle the number that corresponds to your recent alcohol drinking habits.

1	Never drink ——	▶	1-1 I don't/can	't dri	ink <b>1–2</b> I	used t	o drink, but I quitted.	• (to Q5)
2	Few times/month	3	1-2 times/week	4	3+ times/weel	5	Every day	

(2) How much do you drink per day? Please convert the amount of alcohol you drink to sake, and circle the numbers that apply.

% Sake 1 Go (180ml) is equivalent to beer and light beer M-size (approx. 500ml), Shochu 20 degrees (134ml), shochu 25 degrees (110ml), Shochu 35 degrees (80ml), Chühai 7 degrees (350ml), Double Whiskey 1 glass (60ml), Wine 2 glasses (240ml).



1       2       3       4         Every day       Sometimes       Used to smoke but do not now       Never smoked         ight of the second sec	)
→(to SQ3)       →(to Q6)         [SQ1-2 is to be answered by those who chose [1] or [2] for Q5]         SQ1. At what age did you start smoking, and how many cigarettes do you smoke per day?         Age       Presently         Cigarettes/day         SQ2. Please provide answers about the cigarettes you currently smoke         Brand :       Amount of tar :         Amount of nicotine :       mg         Price       yen per pack         Number of cigarettes       per day         **Please write the brand name as specifically as possible (e.g. 'MILD SEVEN AQUA menthol super light box', etc.). The amount of tar and nicotine is shown on the package.         **For the case of electronic cigarretes: please write the brand name as specifically as possible; the amount of nicotine and tar can be	)
[SQ1-2 is to be answered by those who chose [1] or [2] for Q5]         SQ1. At what age did you start smoking, and how many cigarettes do you smoke per day?         Age       Presently         Image       Cigarettes/day         SQ2. Please provide answers about the cigarettes you currently smoke         Image       Amount of tar :         Image       mg         Price       yen per pack         Number of cigarettes       per day         **Please write the brand name as specifically as possible (e.g. 'MILD SEVEN AQUA menthol super light box', etc.). The amount of tar and nicotine is shown on the package.         **For the case of electronic cigarretes; please write the brand name as specifically as possible; the amount of nicotine and tar can be	, 
SQ1. At what age did you start smoking, and how many cigarettes do you smoke per day?         Age       Presently       cigarettes/day         SQ2. Please provide answers about the cigarettes you currently smoke         Brand :       Amount of tar :       mg         Amount of nicotine :       img       Price       yen per pack       Number of cigarettes       per day         *Please write the brand name as specifically as possible (e.g. 'MILD SEVEN AQUA menthol super light box', etc.). The amount of tar and nicotine is shown on the package.       *For the case of electronic cigarretes: please write the brand name as specifically as possible; the amount of nicotine and tar can be	
Age       Presently       cigarettes/day         SQ2. Please provide answers about the cigarettes you currently smoke       Image: Cigarettes/day         Brand :       Amount of tar :       mg         Amount of nicotine :       mg       Price       yen per pack         Number of cigarettes       per day         *Please write the brand name as specifically as possible (e.g. 'MILD SEVEN AQUA menthol super light box', etc.). The amount of tar and nicotine is shown on the package.         *For the case of electronic cigarretes: please write the brand name as specifically as possible; the amount of nicotine and tar can be	
SQ2. Please provide answers about the cigarettes you currently smoke         Brand :       Amount of tar :       mg         Amount of nicotine :       img       Price       yen per pack       Number of cigarettes       per day         *Please write the brand name as specifically as possible (e.g. 'MILD SEVEN AQUA menthol super light box', etc.). The amount of tar and nicotine is shown on the package.       *For the case of electronic cigarretes: please write the brand name as specifically as possible; the amount of nicotine and tar can be	]
Brand :       Amount of tar :       mg         Amount of nicotine :       .       mg         Price       yen per pack       Number of cigarettes       per day         **Please write the brand name as specifically as possible (e.g. 'MILD SEVEN AQUA menthol super light box', etc.). The amount of tar and nicotine is shown on the package.       **For the case of electronic cigarretes: please write the brand name as specifically as possible; the amount of nicotine and tar can be	]
Amount of nicotine :       mg       Price       yen per pack       Number of cigarettes       per day         %Please write the brand name as specifically as possible (e.g. 'MILD SEVEN AQUA menthol super light box', etc.). The amount of tar and nicotine is shown on the package.       **For the case of electronic cigarretes: please write the brand name as specifically as possible; the amount of nicotine and tar can be	]
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tar and nicotine is shown on the package. *For the case of electronic cigarretes: please write the brand name as specifically as possible; the amount of nicotine and tar can be	
icit Ulalik.	
[If you answered SQ1-2, proceed to Q6]	
SQ3. From what age to what age did you smoke cigarettes? From age To age	
[ <b>To be answered by all respondents</b> ] Q6. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitted)	
<ul> <li>1 No health problems</li> <li>2 Had symptoms, but took no action</li> <li>3 Treatment at hospital or clinic</li> <li>4 Was hospitalized</li> </ul>	
<ul> <li>[SQ is to be answered by those who chose [3] or [4] for Q6]</li> <li>SQ. Did you apply for a High-Cost Medical Care Benefit or High Aggregate Cost for Long-term Care Service during the last year? Did you apply for Medical Expenses Deduction at the time of year-end adjustment last year?</li> </ul>	
(a) Applied for High-Cost Medical Care Benefit? [ <b>1</b> . Yes · <b>2</b> . No ]	
(b) Applied for High Aggregate Cost for Long-term Care [1. Yes · 2. No] Service?	
(c) Applied for Medical Expenses Deduction? [ <b>1</b> . Yes · <b>2</b> . No ]	
Q7. Did you pay for the treatment of disease or injury last year? Please circle the numbers that apply. If yo please write the amount of payment for the last year. (* Even if you received a high-cost medical care benefit, please write the amount that you paid at the medical institution	
Paid? How much did you pay on your own last ye	n.)

	Paid?	How much did you pay on your own last year?
<ul><li>(a) Expenses for treatment at hospital/clinic</li><li>(Expenses paid at hospital/clinic, prescription charge, etc.)</li></ul>	<ol> <li>Yes</li> <li>No</li> </ol>	thousand yen
(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))	<ol> <li>Yes</li> <li>No</li> </ol>	thousand yen

Q8. Please circle the a examination. (Mult			you remember the da	te when you red	ceived the medical
<ul> <li>1 No exam or sc</li> <li>2 Periodic company</li> <li>3 Multiphase heat</li> <li>4 Lung cancer sc</li> <li>5 Uterine cancer sc</li> <li>6 Breast cancer sc</li> <li>7 Colon cancer sc</li> <li>8 Other (</li> </ul>	y or municipa alth screening creening screening ( screening	g	Time of visiting (Bef Time of visiting (Bef	ore April 2020 or ore April 2020 or ore April 2020 or ore April 2020 or	after March 2020) after March 2020) after March 2020) after March 2020)
[SQ1 is for responden					
<b>1</b> Blood pr	ressure related nsity related lated related ated related	ed	<ul> <li>mination results? (Mu</li> <li>8 Electrolyte rel</li> <li>9 Prostrate relat</li> <li>10 Metabolism relate</li> <li>11 Obesity relate</li> <li>12 No problems</li> </ul>	lated ed elated d	permitted)
[ <b>SQ2 is for responden</b> SQ2. Did you go to		vered [1-11] in SQ1]			
<b>1</b> Yes	<b>2</b> P	lan to go	<b>3</b> Did not (and will	not) go	
[ <b>To be answered by al</b> Q9. What is your heigh Height	-			۲	
minutes per day of With regard to the a	e exercise or exercise, as amount of tin	<u>a regular basis</u> , plea well as how many ye ne spent exercising,	e listed below on a reg ase answer how many ears you have continue please answer in <u>units</u> <u>ake most frequently</u> (e ing this exercise. <b>2</b>	days per month a ed to undertake th of 10 minutes. I	nis exercise. n the "Other"
Ex	ercise regula	urly	Do not exercise regula	arly	
	↓		(Ple	ease move on to i	next page)
Type of exercise	Exercise regularly	Number of days per month exercise is undertaken	Number of minutes per day exercise is undertaken	Number of year exercise has bee undertaken on continual basis	a Main places where exercise is carried out
(a) Walking/strolling	1 Yes — 2 No	→ days	0 minutes	years	2 Other
(b) Running/jogging	1 Yes — 2 No	→	0 minutes	years	2 Other
(c) Radio calisthenics	1 Yes	→	0 minutes	years	<b>2</b> Other
(d) Swimming	1 Yes — 2 No	➤ days	0 minutes	years	2 Other
(e) Cycling	1 Yes	→ days	0 minutes	years	2 Other
(f) Other ( )	1 Yes — 2 No	→	0 minutes	years	1 Facilities requiring fee payment 2 Other

\*This page must be answered by the person requested to complete the questionnaire.

[To be answered by all respondents]

1

2

3

Q11. (1) On average, how many minutes do you walk per day in commuting to school or work? (Circle one only)

	       	minutes	0	do not walk	

4 days

(2) How many days do you exercise (exercise which makes you sweat) each week, outside of work? (Circle one only)

- 1 day 4 5 2 days 3 days
- 7 days (daily) 7 8 Do not exercise
- 5 days 6 6 days

Q12. 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.

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
anervous?	1	2	3	4	5
bhopeless?	1	2	3	4	5
crestless or fidgety?	1	2	3	4	5
dso depressed that nothing could cheer you up?	1	2	3	4	5
ethat everything was an effort?	1	2	3	4	5
fworthless?	1	2	3	4	5

These questions concern social insurance.

- Q1. Circle the public pension to which you subscribe. (Everyone between 20 and 60 subscribes to one of these public pensions).
  - Employee pension or mutual aid pension (full-time employees at companies, public servants, or 1 those receiving old-age pensions for active employees, etc.)
  - Third-party insured spouses (spouse of a member of Employees' pension insurance or mutual aid 2 associations)
  - 3 National pension only (Those other than 1 or 2, such as persons under the age of 60 and self-employed, unemployed, or are students. Or, are over the age of 60 and still paying insurance premiums.)
    - 4 Do not subscribe (Persons over the age of 60 and currently finished to pay insurance premiums, receiving disability pension, or that have not joined the national pension plan, etc.)

#### [This sub-question is to be answered by those who join the national pension plan only]

SQ. Are you paying your contributions to the national pension?

- I am paying the full contributions 1
- I am receiving an exemption (including partial exemptions) 2
- Student or youth deferment 3
- 4 I am not paying any contributions

#### [To be answered by all respondents]

Q2. Do you subscribe to employment insurance?

Yes **2** No 1

#### [Q3 is for respondents 65 and over]

Q3. What is your nursing care insurance premium category?

\*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

1	2	3	4	5	6	7	0	
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Over Level 7	Do not know	

#### [To be answered by all respondents]

Q4. Do you and other family members you live with subscribe to National Health Insurance (to an NHI municipality association)? Circle the numbers for all family members who subscribe.

- Myself 1
- 5 Grandparent/grandparents
- 2 Spouse
- Grandchild/grandchildren
- 6 7 Other family members
- 3 Child/children 4 Parent/parents
- No one subscribes 8
- SQ. How much in total does your household pay per month for the national health insurance premiums for all the family members who join the national health insurance?



thousand yen per month

These questions concern long-term care, disability, and your use of time.

Q1. Does any member of your family need nursing care? If yes, please specify where that person lives. If there are two or more such members, please answer with regard to the person whose long-term care requirment certification is the severest.

	1		2	3	}	4		
Ye	Yes (in nursing home) Yes (li		Yes (living toge	ether) Yes (	other)	No		
						<b>→</b> (P	roceed to Q5)	
Q2. Ho	ow is the per	rson wh	o needs long-term c	are related to you	u?			
1 2	Yourself Spouse		Your Parent5pouse's Parent6	Your grandpare Spouse's grand		Sibling Other relative	<b>9</b> Other	
Q3. W	hat is the lo	ng-term	care requirment cer	tification of that	person?			
<b>1</b> . Pr	ovisional care	required	<b>3</b> . Support 2	<b>5</b> . Care level 2	7. Care leve	14 <b>9</b> . Never	applied for certification	
<b>2.</b> Support 1 <b>4.</b> Care level 1				6. Care level 3	8. Care level	are level 5 <b>10.</b> Self-reliance certified		
					Note: Ref	er to the long-tern	n care insurance card, etc.	

Q4. Are you providing nursing care/assistance to your family members currently living with you or elsewhere? What kind of nursing care are you providing? Please circle those that are applicable.

Providing nursing care	Relatives receiving your nursing care (Circle all that are applicable)	The types of nursing care (Circle all that are applicable)
<ol> <li>Yes</li> <li>No</li> </ol>	1Your father7Spouse2Your mother8Your siblings3Spouse's father9Spouse's siblings4Spouse's mother10Child5Your grandparents11Grandchild6Spouse's grandparents12Others	<ol> <li>Bathing</li> <li>Dressing</li> <li>Eating</li> <li>Using the toilet</li> <li>Indoor movement</li> <li>Going out</li> <li>Supervising</li> </ol>

#### [To be answered by all respondents]

Q5. This question concerns your use of time. 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. (Please answer to the first decimal point, except for "Commute to school or work")

Example: 1.0	hour $\rightarrow$ 1.0 hrs	30 minutes $\rightarrow$ 0	.5 hrs		
Frequency	Almost every day	A few times per week	Once a week	Almost never	Never
Commute to school or work (one-way)	Avg. min	Avg min	Avg. min	4	5
Housework (prepare meals, laundry, grocery shopping, cleaning)	1 Avg. hrs/day	<b>2</b> Avg. hrs/wk	3 Avg. hrs/wk	4	5
Childcare	1 Avg. hrs/day	2 Avg. hrs/wk	3 Avg. hrs/wk	4	5
Training or study for work	1 Avg. hrs/day	<b>2</b> Avg. hrs/wk	Avg. hrs/wk	4	5
Volunteer activities	1 Avg. hrs/day	<b>2</b> Avg. hrs/wk	3 Avg. hrs/wk	4	5
Nursing Care*1	1 Avg. hrs/day	<b>2</b> Avg. hrs/wk	<b>3</b> Avg. hrs/wk	4	5

\*1 Please include the travel time

Q6. Please write your usual sleeping hours.

(Please answer to the first decimal point.
For example: 7 hours $\rightarrow$ 7.0 hours, 8 hours and 30 minutes $\rightarrow$ 8.5 hours.)
Weekdays hours per night on average
Weekends and holidays hours per night on average

Q7. How would you rate the overall quality of your sleep over the past month?

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

Q8. Please copy the "Family ID" number from No.1 to No. 27 for "You," "Your parents," "Parents of your spouse," or "Other family members living with you" who were classified as having "Chronic restrictions in daily activities" or as "An individual who is certified as needing support/nursing care/disability support" in question 1 on pages 2-4 of "Questionnaire about your family (Offprint)".

If you were classified in one of the aforementioned categories, please fill ID number 1 for you.

Please fill in the "Family ID" of those who were classified as having "Chronic restrictions in daily activities" or as "An individual who is certified as needing	D (use c	How long h	(]	Affecte Acti Please ropriat	vities circle	the	Disability Certificate Yes/No		Clinical diagnosis of dementia Yes/No		Condition ( (use cc
support/nursing care/disability support".	č 8. k		The activity of daily life (getting up, dressing, eating, bathing)	Going out (restricted time, workload. etc.)	Work, Housework, Schooling (restricted time, workload, etc.)	Exercise (including sports)	Yes	No	Yes	No	Condition of long-term care/disability (use codes in Table B below)
(Entry Example) No. 3 (Your Father)	1	0 year(s) 5month(s)	1	2	3	4	1	2	1	2	15
Family ID $\rightarrow$ No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID $\rightarrow$ No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID $\rightarrow$ No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID $\rightarrow$ No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID $\rightarrow$ No.		year(s) month(s)		2	3	4	1	2	1	2	
Family ID $\rightarrow$ No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID $\rightarrow$ No.		year(s) month(s)	1	2	3	4	1	2	1	2	

\*The Disability Certificate refers to Physical Disability Certificate, Rehabilitation Certificate (e.g. *Aigo-Techo*, *Ai-no-Techo*, *Midori-Techo*), and Health and Welfare Certificate of Mental Disorders.

Table A. Daily life situation code	<ul> <li>3 A bedridden patient with the ability to maintain a sitting position during the day and nursing care is required at home</li> <li>4 A bedridden patient who needs nursing care in using the toilet, eating, and dressing</li> </ul>										
Table B. Condition of long-term care/disability code	2 3 4 5	Provisional care required Support 1 Support 2 Care level 1 Care level 2 Care level 3		<ul> <li>13 Disability support type5</li> <li>14 Disability support type6</li> <li>15 Never applied for certification</li> <li>16 Self-reliance certified</li> <li>Note: Codes refer to the long-term care</li> <li>insurance card, disability support types, etc.</li> </ul>							

\*This page must be answered by the person requested to complete the questionnaire.

These questions	concern trade liberaliza	ation.			
- · · •	nany free trade agreeme le toward trade liberaliz		RCEP and EU-Japan E	(PA) are ratified	l. What is
1	<b>2 3 4</b> Weakly agree Neutral Weakly disagree D		5	6	
Agree	Weakly agree	Neutral	Weakly disagree	e Disagree	I don't know
	ality and variety of goods and services)?				
1	2	3	4	5	6
<b>1</b> Improve	<b>2</b> Slightly improve	<b>3</b> No change	<b>4</b> Slightly worsen	<b>5</b> Worsen	<b>6</b> I don't know
	_	No change	Slightly worsen	•	•
	Slightly improve	No change	Slightly worsen	•	•

These questions concern your satisfaction level with everyday life.

Q1. Please provide answers as to how you feel about the present situation regarding the following, on a scale of 1 to 10, with 0 "not at all satisfied," 5 is "neither satisfied nor dissatisfied," and 10 is "fully satisfied" (circle one).

().	]	Dissatis	fied <	<u> </u>				⇒	Sa	tisfied	
Household income	0	1	2	3	4	5	6	7	8	9	10
Your employment	0	1	2	3	4	5	6	7	8	9	10
Housing	0	1	2	3	4	5	6	7	8	9	10
Neighborhood and disaster safety	0	1	2	3	4	5	6	7	8	9	10
Convenience of commuting and shopping	0	1	2	3	4	5	6	7	8	9	10
Natural environment	0	1	2	3	4	5	6	7	8	9	10
Amount of leisure time	0	1	2	3	4	5	6	7	8	9	10
The way you spend your leisure time	0	1	2	3	4	5	6	7	8	9	10
Your health	0	1	2	3	4	5	6	7	8	9	10
Life overall	0	1	2	3	4	5	6	7	8	9	10

These questions concern your thoughts and behaviors regarding the COVID-19 pandemic.

Q1. 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 question considering the situation in January. (circle one)

		Yes	No	Not Applicable
1	Refrained from travel, including travel within Japan	1	2	
2	Avoided places where the Three Cs (closed spaces, crowded places, and closed-contact settings) overlapped	1	2	
3	Washed your hands regularly (for at least 20 seconds with soap and water)	1	2	
4	Decreased your chances of contact with people by 70% or more	1	2	
5	Refrained from going to gatherings, events, or dinners with many people (other than your family members)	1	2	
6	Used the national contact verification application (COCOA)?	1	2	3
7	Used an infection control application from your local government other than COCOA?	1	2	3

Q2. Have any of the following already happened to you because of the COVID-19 epidemic? If you answered "3 No", to what extent do you think it could occur in the next 12 months? Please indicate a percentage between "0" and "100."

	A. Has tl	his already oo	ccurred?	B. Future possibilities						
	Not applicable, I prefer not to say	Yes No			Please answer this question if you answered "3 No"					
① Become critically ill	1	2	3	$\rightarrow$			%			
② Lose your job as the result of layoffs or company closure	1	2	3	$\rightarrow$			%			
③ Be forced to drastically lower your standard of living given a decrease in the income and earnings	1	2	3	$] \rightarrow$			%			
④ Have difficulties paying your bills and be forced to use your savings or take out loans	1	2	3	$\rightarrow$			%			
<ul> <li>Encounter serious financial difficulties and possibly have to apply for social welfare benefits</li> </ul>	1	2	3	$] \rightarrow$			%			

Q3. Regarding the coronavirus infection, how concerned are you about the following? (circle one)

	Very concerned	somewhat concerned	Neither	Not too concerned	Not too concerned
① You or a family member losing a job	1	2	3	4	5
② your own financial situation	1	2	3	4	5
③ whether you will receive the necessary medical treatment if you do contract the coronavirus	1	2	3	4	5
④ That you might get infected	1	2	3	4	5
(5) Worrying about the collapse of the healthcare system	1	2	3	4	5
6 No particular reason, but still feeling vague anxiety	1	2	3	4	5

Q4. Compared to the month of January from the previous year, 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
① Interactions with family	1	2	3	4	5	6
② Interactions with friends and acquaintances	1	2	3	4	5	6
③ Conflicts, arguments, or quarrels with family	1	2	3	4	5	6

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)

		mple satisf	•	Ļ				-	1	mple atisfi	•	Not appli cable
① Government	0	1	2	3	4	5	6	7	8	9	10	
<ul> <li>2 Local governments (prefectures, cities, towns, and villages)</li> </ul>	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

#### [Lastly]

Q. For the questions on pages 3-26, please indicate who answered, and to what extent they answered the questions? Please circle the applicable option in each case (A-E). If your answer was "3. Other person," please provide specific information about your relationship to the questionnaire subject. (Please circle one answer (1, 2, or 3) for each section.)

A	Page 16 (Feeling of happiness)	1 Questionnaire subject	2	Spouse (Spouse of questionnaire subject)	3	Other person (Please specify:
В	Page 16 (Future and uncertain matters)	1 Questionnaire subject	2	Spouse (Spouse of questionnaire subject)	3	Other person (Please specify:
C	Page 17-20 (Health)	1 Questionnaire subject	2	Spouse (Spouse of questionnaire subject)	3	Other person (Please specify:
D	Pages 24 (Feeling of satisfaction)	1 Questionnaire subject	2	Spouse (Spouse of questionnaire subject)	3	Other person (Please specify:
E	Pages other than A-D	1 Questionnaire subject	2	Spouse (Spouse of questionnaire subject)	3	Other person (Please specify:

This is the end of the questions to the respondent. Thank you very much.

The questions on pages 28-50 are for the spouse of the respondent who is filling out the survey.

In the following questions, "you" refers to the spouse of the respondent who is filling out the survey.

Thank you very much for your cooperation.

					_			
These qu	iesti	ons concern your pa	arents.					
Q1. Are ye	our	parents alive?						
	1	Both parents are	alive					
<b></b>	2	Father alive, mo	ther deceased					
	3	Mother alive, fa	ther deceased					
	4	Both parents dee	ceased —		• (to nex	at page)		
	muo	h financial assistan	ce did you give to	VOU	ir parante	last year?		
		lude housing purch					ncial assis	stance.
Last	yeaı		ten thousand yer	n	0	Did not give any f	inancial as	ssistance
								► (to Q3)
SO W	/hat	were the purposes of	of that financial as	sist	ance? (M	ultiple responses r		
52. 11			fr that infancial us	_		uniple responses p	(erinitied)	
	1	Living expenses		4		(	``	
	2 3	Medical expenses	accistonaa	5 6	Other None		)	
	3	Housing purchasir	ig assistance	0	None			
	ial a	elude inheritance ite				ases, rent, land ren Did not receive an	-	-
	<sup>7</sup> hat 1 2 3	were the purposes of Living expenses Medical expenses Housing purchasing		sista 4 5 6	ance? (M Rent Other None			► (to Q4)
Q4. Do yo	our p	parents own a house	or other real state	(th	eir own p	property)?		
	1	Yes <b>2</b> N	Io <b>3</b>	Ľ	Do not kn	ow		
O5 Daran	ta' 1;	ving situation.						
		n whom does your i	nother live? (Pleas		ircle all f	he items that apply	d)	
		•						. 1
1		iving alone iving with her spou		3 4	Living v Other	with her child	<b>5</b> D	Deceased $($ to (2-A) $)$
		at type of housing o				ally live in? (Pleas	e circle ju	
1	D	etached House	;	3	House fo	or elderly people	5 Other	r
2		collective housing		4		s, hospital, group l		L
-		ondominium, Apart		-				Care Sanatorium, etc.)
	(0)			(.				
(2-A)	Witl	n whom does your f	ather live? (Please	e cir	cle all th	e items that apply)		
1	L	iving alone	;	3	Living v	vith his child	<b>5</b> D	Deceased
2	L	iving with his spou	se (your mother)	4	Other		L	→ (to next page)
(2-B)	Wha	at type of housing o	r facility does you	r fat	ther usua	lly live in? (Please	circle just	t one item)
1	D	etached House	;	3	House for	or elderly people	5 Other	r
2		collective housing	4	4		s, hospital, group l		
		ondominium, Apart	ment, etc.)	(				Care Sanatorium, etc.)
		-		L.	-		-	,

- •	ou presently attendin	g school	?			
<ol> <li>Yes School location:</li> <li>Same city, ward, town or village Same prefecture, other city, ward, town or village Other prefecture (Prefecture)</li> <li>No</li> </ol>						
2. These	questions ask about	your lear	ming activities to improve yo	ur skills and abilities.		
				any actions (attended school, taken ills and abilities for your own work?		
	<b>1</b> Presently taking a	action	<b>2</b> Took action	<b>3</b> Did not take action		
_				(to next page)		
	<ul> <li>Took correspond</li> <li>Attended univers</li> <li>Learned from TV</li> <li>Attended lectures</li> <li>Participated in co</li> </ul>	ence coun ity or oth 7 or radio 8 or semin	course and books	rses) )		
1	) [Only for respond	lents who	o answered [1-5] in (2)] Did	you graduate from that program?		
	2. [Only for respond					
	Yes, completed a		ated Have not y	<b>2</b> vet completed or graduated		
(3) Ho	1 Yes, completed a w much time and mo expenses paid by yo	nd gradu oney did y u or your	you spend per month, on ave	—		

These questions concern your employment.	
------------------------------------------	--

We begin by asking about your work.

Q1. Last month (January), 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).

Pe	erformed paid wo	rk	Did not perform any paid work					
<b>1</b> Mostly wor	ked	Y	<b>4</b> Took leave from work					
2 Worked wh	ile mostly attendi	ng school	<b>5</b> Was looking for work					
<b>3</b> Worked wh	<b>3</b> Worked while mostly keeping house			6 Attended school; kept house; other				
1	2	3	4	5	6			
	(to	Q2)	v		(to Q11 on page38)			

[For respondents who answered "4 Took leave from work" in Q1] SQ1. Why did you take leave from work last month (Jan.), even though you have a job?							
1	Because of my own health	4	For childcare leave				
2	Because of late stock buy-in, weak markets, etc.	5	For nursing care leave				
З	To prepare for opening business	6	Other(	)			

SQ2. Have the COVID-19 pandemic affected the decision of taking a leave from work?

1 Yes

**2** No

#### [If you answered SQ1-2, proceed to Q2]

#### [For respondents who answered 1-4 in Q1]

Q2. This question concerns your regular work. If you have more than one job, respond for the job which generates the highest income.

Enter the nature of your job inside the parentheses with a specific description such as "automobile salesperson", "supermarket cashier", "junior high school teacher" or "furniture maker", and then answer the following questions.

(Job description:

)

)

(1) What is the nature of the work you usually do?

- **1** Agriculture, forestry, or fishery worker
- **2** Mine worker
- **3** Salesperson (retail or wholesale shop manager or worker, outside salesperson, real estate agent, etc.)
- 4 Service worker (worker, cleaner, etc. at a barber shop, beauty parlor, restaurant, inn, etc.)
- **5** Manager (national or local government assembly member; section chief or higher position at a company, organization or government office)
- **6** Clerical worker (general clerk, accountant, operator, sales clerk, etc.)
- 7 Transportation or communications worker (railway or motor vehicle driver; ship or airplane pilot; conductor; cable or wireless radio operator, etc.)
- 8 Manufacturing, construction, maintenance or freight worker
- **9** Information technology engineer (systems engineer, programmer, etc.)
- **10** Specialized or technical worker \*excluding IT engineer (company researcher or engineer; medical practitioner; legal practitioner; teacher; artist; etc.)
- 11 Public safety employee (SDF, police, fire department, security guard, etc.)
- 12 Other (

#### (For the spouse of the respondent who is filling out the survey)

- (2) What is the legal structure of the company or office (store, office, factory, etc.) where you usually work? If you work at a family business, respond "proprietorship".
  - Proprietorship
  - Corporation
  - Non-profit corporation (educational corporation, medical corporation, foundation, association, NPO or other public benefit corporation)
  - Government organ

(3) What is the nature of the work of the company or office where you usually work?

- Agriculture
- Fishery, forestry, marine products
- Mining
- Construction
- Manufacturing (including publishing and printing)
- 6 Wholesale, retail (including department stores and supermarkets)
- 7 Restaurants, accommodations
- 8 Finance, insurance
- Real estate
- Transportation
- **11** Information services and surveys
- **12** Information & telecommunications other than information services and surveys (telephone and other communications, broadcasting, internet services)
- Utilities (provision of electricity, gas, water, heat)
- Medicine, welfare
- Education, learning support
- Other services
- Public service
- Other (

)

(4) How many employees does the company where you usually work have in total?

- 1-4 persons
- 5-29 persons

500 persons or more

30-99 persons

Government

100-499 persons

(5) Is the place where you usually work in the same city, town or village as your residence?

- **1** Same city, ward, town or village
- Same prefecture , other city, ward, town or village
- **3** Other prefecture ( Prefecture)

 $\rightarrow$  (Proceed to (9))

)

(6) What is the form of your employment?

- 1 Self-employed (restaurant; wholesale or retail shop; agriculture; etc.)
- 2 Professional (doctor; lawyer; accountant; tax accountant; author; etc.)
- **3** Worker at family business (restaurant; wholesale or retail shop; agriculture; etc.)
- 4 Working at home without an employee relationship with a company
- **5** Wage worker (working at a company, organization, etc.) (as an employee of an employer)
- **6** Consigned work or subcontractor (without an employee relationship)

#### [If you answered 1, 2, 3, 4 or 6, proceed to (11) on the next page]

#### [If you answered 5, proceed to (7)]

#### [(7) is for respondents who answered "5 Wage worker" in (6)]

(7) What is your work status at your company?

- **1** Full-time, regular employee no title
- **2** Full-time, regular employee with title
- **3** Full-time, regular employee manager
- **4** Contract employee
- **5** Part-time worker
- **6** Subcontracted worker
- 7 Specialized contract employee

#### [(8) is for respondents who answered 4-7 in (7)]

(8) Why do you work under that work status?

- 1 I wanted to work as a regular employee but no company would hire me
- 2 The wages and working terms and conditions are good
- **3** I could not work as a regular employee due to personal reasons
- 4 Other (

#### [(9) and (10) are for respondents who answered "5 Wage Worker" in (6)]

(9) What is your contract period at the place where you usually work?

- \_ Employment contract with no period specified
- 2 Employment contract with period specified (initial contract at this workplace)
- **3** Employment contract with period specified (renewed contract at this workplace)

➤ Contract period:

months

#### [For respondents who answered [3]]

SQ. How many times have you renewed your contract?

Contract renewed

times

(10) How many paid holidays did you take last year and how many paid holidays were you granted (including holidays carried over from the prior year)?

(inclu	uding holidays	s carried ove	r from the pric	r year)?		
Granted (total last year)	Ċ		which) ied over		Taken nolidays)	days
[For respond	lents who ans	wered 1-4 ir	n Q1 on page	30]		
	ou a member			-		
1	There is no l	abor union a	t my workplac	e e		
2			ut I am not a m			
3	I am a memb	per of the wo	orkplace labor	union		
4				han the workplace la	bor union	
5	Not applicab	le (self-emp	loyed or profe	ssional)		
deduc	t was your inco ctions for taxes 1st year		insurance.	st year? Please enter thousand yen		s income before No income
highest <b>1</b> Monthly S		<b>2</b> ly Salary	<b>3</b> Daily Wag	<b>4</b> e Hourly W	202	<b>5</b> Annual Salary
Monthly 5		iy Salary			age	
(1) About how you earn fro each month overtime; n bonuses; pr	om this job (including ot including	(2) What is wage?	s your daily	(3) What is your wage?	hourly	(4) What is your annual salary?
Per month		Per day	yen	Hourly payment	yen	Annual income
	thousand yen		Ş		,	

(14) How much did you receive in bonuses last year? Please enter the total for summer, winter and other bonuses.

	1	1		
	1	1	1	
1 1	1	1		
ten thousa	1	1		
ten mouse	1	1	1	
	1	1		

thousand yen

**O** None

- Q3. This question concerns your working hours. 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) Which of the following is closest to your work system (working hours system)?
    - Regular working hours system 1
    - 2 Flex time system (self starting and ending time self-adjustment within certain hours)
    - 3 Variable working hours system (different working hours during certain periods only); shift system (day & night shifts, etc.)
    - 4 Discretionary working hours system; imputed working hours system (specialists, sales personnel, planners and home workers to whom the law applies)
    - 5 No working hours management (managerial and other work with no overtime payments, other than discretionary working hours system and imputed working hours system)

(2) On average, how many days of paid work do you perform each month	?	days/month
(3) On average, how many hours of paid work do you perform each week (including overtime)?		hours/week
(4) Of those, how many are overtime hours? (Leave this blank if you are self-employed or otherwise do not receive overtime)		hours/week
(5) How many are overtime hours paid at increased wages for overtime work?		hours/week

(6) What is the monthly average share you worked from home? Please indicate the average share considering the last week of April and August, 2020, and January, 2021. If you did not work from home, please write "0." If you just worked from home, please write "10."

April, Week 4: 4/20-26 (during the nationwide Emergency Measures)	August, Week 5: 8/24-28 (after Obon vacation)	January, Week 4: 1/18-22 (two weeks after the New Year)		

- (7) Under your current circumstances and opinion, is it more efficient to work from home or in a regular office? Please circle the one that applies. 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
  - **2** Not much will change
- З Working from home is not more efficient
- 4 I don't know/unsure

Q4. This question concerns the nature of your work.

(1) Did the nature of your work change since this time last year?

1	Yes	2

(2) Does your company have the following types of systems?

• Reduced working hours system	1	No	2	Yes	З	Have used	4	Do not know
• Working at home system	1	No	2	Yes	3	Have used	4	Do not know
• Half-day or hourly leave system	1	No	2	Yes	3	Have used	4	Do not know
• Long-term refreshment leave sys	tem							
	1	No	2	Yes	З	Have used	4	Do not know
• In-house transfers advertising sy	stem							
	1	No	2	Yes	З	Have used	4	Do not know
• System for rehiring employees w	ho r	etired f	or chi	ldcare o	or nur	sing care		
	1	No	2	Yes	З	Have used	4	Do not know
Reclassification system from nor	1-reg	ular to	regula	ar empl	oyees			
	1	No	2	Yes	<b>ं</b> 3	Have used	4	Do not know

No

)

Q5. Will you continue your present job in the future?

- **1** I want to continue (including changing position or location within the same company)
- **2** I want to do other work in addition to my present job
- **3** I want to change to another job
- **4** I want to quit working altogether

#### [For respondents who answered 3 in Q5]

SQ. Why do you want to change to another job? Circle the one main reason only.

- **1** Because I was just doing the job temporarily
- **2** Because the compensation is low
- **3** Because of business declining and anxiety about the future
- 4 In preparation for retirement or expiration of employment contract0
- **5** Because I want to become a regular employee
- **6** Because of the large time and psychological burden
- 7 Because I want to make use of my knowledge and skills
- 8 Because I want more free time
- 9 Other (

#### [For respondents who answered 1-4 in Q1 on page 30]

Q6. To what extent do you agree or disagree with the following statements related to your job or workplace?

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not applicable
① My job description is clear	1	2	3	4	5	6
② I can choose the order and method of task	1	2	3	4	5	6
③I can choose the volume of task	1	2	3	4	5	6
④ I work as a team in cooperation with others	1	2	3	4	5	6
⑤ I often deal with unforeseen interruptions	1	2	3	4	5	6
<sup>(6)</sup> People who respond to overtime and holiday work are highly appreciated	1	2	3	4	5	6
⑦ I have to achieve high quotas and goals	1	2	3	4	5	6
⑧Evaluation varies greatly depending on the achievement	1	2	3	4	5	6
(9) Job responsibility and authority is heavy	1	2	3	4	5	6
10 I feel it difficult to leave the company if people around me are working overtime	1	2	3	4	5	6
(1) If overtime or holiday work continues, some late arrival is allowed	1	2	3	4	5	6
D Communication between colleagues is good	1	2	3	4	5	6
<sup>(13)</sup> Colleagues tend to share work knowledge	1	2	3	4	5	6
(4) The boss gives proper feedback as part of my evaluation	1	2	3	4	5	6
(5) Communication between boss and subordinates is good	1	2	3	4	5	6
(b) The boss circulates the necessary information among the members in the workplace	1	2	3	4	5	6
The boss has a sharp way of working	1	2	3	4	5	6

Q7. This question concerns the kinds of tasks that you regularly do on your job.

(1) How much of your workday involves doing the following tasks?

	Almost all the time	More than half the time	Less than half the time	Almost none of the time
①Carrying out short, repetitive tasks	1	2	3	4
② Doing physical tasks such as standing, handling objects, operating machinery or vehicles, or making or fixing things with your hands	1	2	3	4
<sup>3</sup> Managing or supervising other workers	1	2	3	4

(2) How often do you have to solve the following problems at your job?

	Never	Less than once a month	At least once per month	At least once a week
①Those taking at least 30 minutes to find a good solution	1	2	3	4
<sup>(2)</sup> Those using advanced mathematics such as algebra, geometry, trigonometry, probability, or calculus	1	2	3	4

(3) How often do you have a face-to-face contact with the following type of person?

	Almost Always	To a Considerable Degree	Occasionally	Seldom
①Managers, colleagues, or subordinates	1	2	3	4
②Students or trainees	1	2	3	4
③Customers, clients, suppliers or contractors	1	2	3	4

(4) What is the longest document that you typically read as part of your job?

1	Never read at job	З	6 to 10 pages	5	More than 25 pages
2	less than 6 pages	4	11 to 25 pages		

(5) How often does your job involve the following statements?

	All of the time	Almost all of the time	Around 3/4 of the time	Around half of the time	1/4 of	Almost never	Never
①Working at very high speed	1	2	3	4	5	6	7
② Working to tight deadline	1	2	3	4	5	6	7
③Not having enough time to get the job done	1	2	3	4	5	6	7
④Hiding your feeling	1	2	3	4	5	6	7
<sup>(5)</sup> Handling angry clients, customers, patients, pupils etc.	1	2	3	4	5	6	7
<sup>(6)</sup> Being in situations that are emotionally disturbing for you	1	2	3	4	5	6	7

Q8. This question concerns new technologies.

(1) In your workplace, how is the adoption of the following technologies?

	Already adopted	Now planning for adoption	Adoption is now under consideration		I don't know
①Cloud	1	2	3	4	5
2 Robotics	1	2	3	4	5
③ RPA (Robotics Process Automation)	1	2	3	4	5
④ Artificial Intelligence (AI)	1	2	3	4	5
<sup>(5)</sup> Wearable device	1	2	3	4	5
6 Telework or remote work	1	2	3	4	5

(2) To what extent do you feel resistance to the occurrence of the following after the spread of new technology?

	Very great resistance	Some resistance	Not sure	Not much resistance	
①Work hours become halved with the same income	1	2	3	4	5
<sup>(2)</sup> Work hours become zero with the same income	1	2	3	4	5
③Both work hours and income become halved	1	2	3	4	5
④ Both work hours and income become zero	1	2	3	4	5

(3) To what extent do you feel resistance if AI becomes your boss, colleague, or subordinate in the future?

	Very great resistance	Some resistance	Not sure	Not much resistance	No resistance at all
(1)Boss	1	2	3	4	5
2 Colleague, or subordinate	1	2	3	4	5

Q9. This question concerns job performance.

(1) 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 the usual performance of most workers in a job similar to yours?

Worst Performance	0	1	2	3	4	5	6	7	8	9	→ 10	Top Performance
----------------------	---	---	---	---	---	---	---	---	---	---	---------	--------------------

(2) Using the same 0 to 10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)?

Worst												Тор
Performance	0	1	2	3	4	5	6	7	8	9	10	Performance

Q10. The following 9 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

	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)
①At my work, I feel bursting with energy	0	1	2	3	4	5	6
② At my job, I feel strong and vigorous	0	1	2	3	4	5	6
③I am enthusiastic about my job	0	1	2	3	4	5	6
(4) My job inspires me	0	1	2	3	4	5	6
<sup>(5)</sup> When I get up in the morning, I feel like going to work	0	1	2	3	4	5	6
<sup>(6)</sup> I feel happy when I am working intensely	0	1	2	3	4	5	6
$\bigcirc I$ am proud of the work that I do	0	1	2	3	4	5	6
⑧I am immersed in my work	0	1	2	3	4	5	6
<sup>(9)</sup> Time flies when I am working	0	1	2	3	4	5	6

#### [To be answered by all respondents]

Q11. Are you working at the same job you were working at one year ago?

- 1 I am at the same company or organization as 1 year ago, and at the same workplace (continuous employment with no transfer)
- **2** I am at the same company or organization as 1 year ago, but at a different workplace (continuous employment with transfer)
- **3** I remain an employee of the same company or organization as 1 year ago, but I am working at a different company or organization (temporary transfer)
- **4** I am at a different company or organization from 1 year ago (job switch)
- **5** I was newly employed during the past year (new employment)
- **6** I quit the job I had 1 year ago, and became unemployed (left employment)
- **7** I was on leave for childcare, nursing care, etc. during the past year (on leave)
- 8 I was unemployed 1 year ago and I am still unemployed (continued unemployment)

#### [For respondents who answered 4 or 6 in Q11]

SQ1. Why did you quit the company or organization where you were working 1 year ago?

- 1 Business establishment closed; company went bankrupt; discontinued own business
- **2** Layoff or personnel shake-up
- **3** Anxiety about the future (business declining, etc.)
- **4** For other employer or business reasons
- **5** For retirement or commensurate reasons
- **6** To look for work with better terms
- 7 To get married
- **8** For birth and/or childcare
- **9** To give nursing care
- **10** For housework; to attend school
- 11 For health reasons
- **12** Other (
- SQ2. Have the COVID-19 pandemic affected in the decision of quitting the company or organization where you were working 1 year ago?

**2** No

)

#### [To be answered by all respondents]

Q12. (1) Please circle all of the following items that apply concerning your employment status last year (Jan.-Dec.). (Multiple responses permitted)

- **1** Worked all year long
- 2 Had a job, but took leave all year long
- **3** Looked for work all year long
- 4 Did not work all year long
- **5** Did not take any leave
- **6** Did not look for work at all, all year long

(2) <u>During the last year, if there were any specific periods when you</u> (a) worked, (b) took leave from work, or (c) looked for work, circle all of the following months that apply. If there were months when you both worked and looked for work, or both took leave from work and looked for work, then circle the months for both. However, do not circle the same month for both worked and took leave from work.

(a) Months when I primarily worked

	1	5									
Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	10	11	12

(b) Months when I took leave from work while still keeping a main job

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
 1	2	З	4	5	6	7	8	9	10	11	12

(c) Months when I primarily looked for work

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	10	11	12

Q13. During last year (Jan.-Dec.) did you ever have a side job in addition to your main job?

1

2

3

Had a side job

Side job prohibited

Side job allowed, but did not have one

These questions concern information technologies

Q1. Do you use the following new home appliances at home?

	Yes	No, but want to use	No	I don't know
①Robot vacuum cleaner	1	2	3	4
②AI speaker	1	2	3	4
③Watching or crime prevention robot	1	2	3	4

Q2. How much knowledge do you have about the following information technologies?

	I have used and know it very well	I know it to the extent of the specific contents	I know it to the extent of the outline	I have heard about it only to some extent	
①IoT	1	2	3	4	5
2 Cloud	1	2	3	4	5
3AI	1	2	3	4	5
(4) RPA	1	2	3	4	5
<sup>(5)</sup> Machine learning	1	2	3	4	5
<sup>(6)</sup> Deep learning	1	2	3	4	5

Q3. How much computer skills do you have to perform your job?

	I can do without trouble		I can hardly do	I cannot do	I don't know
①Basic processing using a spreadsheet software	1	2	3	4	5
②Processing using a macro function (recording and iteration) of spreadsheet software	1	2	3	4	5
③Data processing and analyzing using a programming language	1	2	3	4	5

Q4. How do you respond and prepare to acquire knowledge and skills related to new technologies?

- Participating in training programs offered by your company or organization to acquire knowledge and skills 1
- 2 Implementing self-development to acquire knowledge and skills
- З Striving to acquire knowledge through news, etc.
- 4 No response and preparation

Q5. Last year, have you lost your jobs or tasks due to the introduction of IT system, AI, Robotics, etc., and organizational reforms accompanying the introduction?

- Part of jobs or tasks were lost 1
- 2 Most of jobs or tasks were lost
- 3 No jobs or tasks were lost 4
  - No jobs or tasks were lost, but I know people in my workplace who lost their jobs or tasks

#### [For respondents who answered 1 or 2 in Q5]

SQ. What happened when your job or tasks were lost?

- 1 Experienced no major change
- 2 Tasks were changed
- 3 Jobs were changed or was transferred to other department or workplace
- 4 Lost jobs

- 40 -

- 5 No introduction or reform took place
- 6 I don't know

From here, we ask you about your thoughts, lifestyle, and health.

First we would like to ask you about your feeling of happiness.

\* This page must be answered by the spouse of the person requested to complete the questionnaire.

Q1. Please provide answers as to how your feeling of happiness was during the following periods, 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."

(1) This week.										
0	1	2	3	4	5	6	7	8	9	10
(2) This	(2) This year.									
0	1	2	3	4	5	6	7	8	9	10
(3) Your entire life.										
0	1	2	3	4	5	6	7	8	9	10

Q2.Do the following items apply to you? Circle the appropriate number. 1 indicates "inapplicable," and 5 indicates "applicable."

	Inapplicable	Not really applicable	I cannot say either way	Somewhat applicable	Applicable
(1) I have something to live for.	1	2	3	4	5
(2) I have hopes in my life.	1	2	3	4	5

\* This page must be answered by the spouse of the person requested to complete the questionnaire.

Q1. How is your health normally?

1	2	3	4	5
Good	Pretty good	Normal	Not so good	Bad

Q2. How often did you eat these foods below in the last one month? Please circle the numbers that apply.

3	3 times per day	Twice per day	Once per day	4-6 times per week	2-3 times per week	Once per week	1-3 times per month	
Rice • Bread • Noodles	1	2	3	4	5	6	7	8
Meat • Fish and shellfish • Egg • Soy beans and soy beans products	1	2	3	4	5	6	7	8
Vegetables • seaweed • mushroom	1	2	3	4	5	6	7	8
Fish and shellfish	1	2	3	4	5	6	7	8
Vegetables	1	2	3	4	5	6	7	8
Fruits	1	2	3	4	5	6	7	8
Milk and milk products	1	2	3	4	5	6	7	8

Q3. How often did this experience below happen in the last one year? Please circle the numbers that apply.

	Often applicable	Sometimes applicable	Not applicable
I did not eat nutritious meals*, because I had no time to go shopping for ingredients and cook them.	1	2	3
I did not eat nutritious meals*, because I had no enough money to buy ingredients.	1	2	3

\*Nutritious meal mean well balanced meal with various foods such as a staple food (Shushoku: rice and noodles), a main dish (Shusai: meat, fish, soy beans and soy bean products) and side dishes (Fukusai: Vegetables, mushroom and seaweed)

Q4. (1) Please circle the number that corresponds to your recent alcohol drinking habits.

Never drink - 1-1 I don't/can't drink 1-2 I used to drink, but I quitted. (to Q5)
 Few times/month 3 1-2 times/week 4 3+ times/week 5 Every day

(2) How much do you drink per day? Please convert the amount of alcohol you drink to sake, and circle the numbers that apply.

% Sake 1 Go (180ml) is equivalent to beer and light beer M-size (approx. 500ml), Shochu 20 degrees (134ml), shochu 25 degrees (110ml), Shochu 35 degrees (80ml), Chūhai 7 degrees (350ml), Double Whiskey 1 glass (60ml), Wine 2 glasses (240ml).

 1
 Under 1 go (1 go = 180ml)
 3
 2 go or more to under 3 go (540ml)
 5
 4 go or more to under 5 go (900ml)

 2
 1 go or more to under 2 go (360ml)
 4
 3 go or more to under 4 go (720ml)
 6
 5 go (900ml) or over

Q5. Do you smoke cigarettes?									
Every day Sometir	nes Used to s	<b>3</b> smoke but do no	ot now Ne	<b>4</b> ever smoked					
			$\sim SQ3)$	(to Q6)					
[SQ1-2 is to be answered by those who c	hose [1] or [2] for <b>Q</b>	<b>)</b> 5]							
SQ1. At what age did you start smoking	g, and how many cig	arettes do you	smoke per d	lay?					
Age	Prese	ntly	cigare	ettes/day					
SQ2. Please provide answers about the	SQ2. Please provide answers about the cigarettes you currently smoke								
Brand :		Amount	of tar :	mg					
Amount of nicotine : mg Pr	ice yen	per pack Number	of cigarettes	per day					
tar and nicotine is shown on the package.	*For the case of electronic cigarretes: please write the brand name as specifically as possible; the amount of nicotine and tar can be left blank.								
[SQ3 is to be answered by those who cho	se [3] for Q5]								
SQ3. From what age to what age did yo	ou smoke cigarettes?	,	l						
From age	To age								
[ <b>To be answered by all respondents</b> ] Q6. Did you receive medical treatment or w	were you hospitalize	d last year? (M	ultiple respo	onses permitted)					
<ul> <li>1 No health problems</li> <li>2 Had symptoms, but took no</li> <li>3 Treatment at hospital or clin</li> <li>4 Was hospitalized</li> </ul>	action 6	Purchased ove Other (	r-the-counte	er medicine )					
[SQ is to be answered by those who chose SQ. Did you apply for a High-Cost Me Service during the last year? Did you adjustment last year?	dical Care Benefit of								
(a) Applied for High-Cost Medical	Care Benefit?	[ <b>1</b> . Yes	s · 2.	No ]					
(b) Applied for High Aggregate Cost for Long-term Care [1. Yes · 2. No ] Service?									
(c) Applied for Medical Expenses Deduction? $(1. \text{ Yes } \cdot 2. \text{ No })$									
Q7. Did you pay for the treatment of disease or injury last year? Please circle the numbers that apply. If you did, please write the amount of payment for the last year.         (* Even if you received a high-cost medical care benefit, please write the amount that you paid at the medical institution.)         Paid?       How much did you pay on your own last year?									
(a) Expenses for treatment at hospital/clinic (Expenses paid at hospital/clinic, prescription char	c 1. Yes			thousand yen					
<ul> <li>(b) Expenses for treatment other than abov (Purchase of non-prescription medicines (cold medicin stomach medicine, etc.))</li> </ul>	e <b>1</b> Ves			thousand yen					

Q8. Please circle the approximate time of visiting if you remember the date when you receiv	ved the medical
examination. (Multiple responses permitted)	

1 2 3 4 5 6 7 8	No exam or screening Periodic company or municipal government screening Multiphase health screening Lung cancer screening Uterine cancer screening (Women only) Breast cancer screening Colon cancer screening Other (	Time of visiting (Before April 2020 or after March 2020) Time of visiting (Before April 2020 or after March 2020) Time of visiting (Before April 2020 or after March 2020) Time of visiting (Before April 2020 or after March 2020) Time of visiting (Before April 2020 or after March 2020) Time of visiting (Before April 2020 or after March 2020)						
	[SQ1 is for respondents who answered [2] or [3] in Q8] SQ1. What types of problems were noted in the examination results? (Multiple responses permitted)							
	<b>1</b> Blood pressure related	8	Electrolyte related					
		9	Due studte unlated					
	<b>2</b> Bone density related	9	Prostrate related					

4

Anemia related

1

11 Obesity related

2

- 12 No problems noted -
- 5 Liver related Kidney related 6 7 Diabetes related [SQ2 is for respondents who answered [1-11] in SQ1] SQ2. Did you go to a medical institution after the problem was noted? 1 Yes 2 З Plan to go Did not (and will not) go [To be answered by all respondents] Q9. What is your height and weight? Weight Height cm kg

Q10. Do you undertake a form of exercise such as those listed below on a regular basis? <u>If you undertake the exercise on a regular basis</u>, please answer how many days per month and how many minutes per day of exercise, as well as how many years you have continued to undertake this exercise. With regard to the amount of time spent exercising, please answer in <u>units of 10 minutes</u>. In the "Other" section, please write the <u>type of exercise you undertake most frequently</u> (e.g. baseball, golf, etc.) and provide the amount of time you have spent performing this exercise.

	•		<b>-</b>				
Exer	cise regular	<u>ly</u>	Do not exercise regularly				
	$\downarrow$		$\longrightarrow$ (Ple	ease move on to next	t page)		
Type of exercise	Exercise regularly	Number of days per month exercise is undertaken	Number of minutes per day exercise is undertaken	Number of years exercise has been undertaken on a continual basis	Main places where exercise is carried out		
(a) Walking/strolling	1 Yes — 2 No	days	0 minutes	years	<ol> <li>Facilities requiring fee payment</li> <li>Other</li> </ol>		
(b) Running/jogging	1 Yes — 2 No	days	0 minutes	years	<ol> <li>Facilities requiring fee payment</li> <li>Other</li> </ol>		
(c) Radio calisthenics	1 Yes — 2 No	days	0 minutes	years	<ol> <li>Facilities requiring fee payment</li> <li>Other</li> </ol>		
(d) Swimming	1 Yes — 2 No	→	0 minutes	years	<ol> <li>Facilities requiring fee payment</li> <li>Other</li> </ol>		
(e) Cycling	1 Yes — 2 No	days	0 minutes	years	<ol> <li>Facilities requiring fee payment</li> <li>Other</li> </ol>		
(f) Other ( )	1 Yes — 2 No	→	0 minutes	years	<ol> <li>Facilities requiring fee payment</li> <li>Other</li> </ol>		

\* This page must be answered by the spouse of the person requested to complete the questionnaire. [To be answered by all respondents]

Q11. (1) On average, how many minutes do you walk per day in commuting to school or work? (Circle one only)

			minutes	0	do not walk
--	--	--	---------	---	-------------

(2) How many days do you exercise (exercise which makes you sweat) each week, outside of work? (Circle one only)

1	1 day	4	4 days	7	7 days (daily)
2	2 days	5	5 days	8	Do not exercise
3	3 days	6	6 days		

Q12. 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.

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
anervous?	1	2	3	4	5
bhopeless?	1	2	3	4	5
crestless or fidgety?	1	2	3	4	5
dso depressed that nothing could cheer you up?	1	2	3	4	5
ethat everything was an effort?	1	2	3	4	5
fworthless?	1	2	3	4	5

#### These questions concern social insurance.

- O1. Circle the public pension to which you subscribe. (Everyone between 20 and 60 subscribes to one of these public pensions).
  - 1 Employee pension or mutual aid pension (full-time employees at companies, public servants, or those receiving old-age pensions for active employees, etc.)
  - 2 Third-party insured spouses (spouse of a member of Employees' pension insurance or mutual aid associations)
  - 3 National pension only (Those other than 1 or 2, such as persons under the age of 60 and self-employed, unemployed, or are students. Or, are over the age of 60 and still paying insurance premiums.)
  - 4 Do not subscribe (Persons over the age of 60 and currently finished to pay insurance premiums, receiving disability pension, or that have not joined the national pension plan, etc.)

#### [This sub-question is to be answered by those who join the national pension plan only]

SQ. Are you paying your contributions to the national pension?

- I am paying the full contributions 1
- 2 I am receiving an exemption (including partial exemptions)
- 3 Student or youth deferment
- 4 I am not paying any contributions

#### [To be answered by all respondents]

Q2. Do you subscribe to employment insurance?

1 Yes 2 No

#### [O3 is for respondents 65 and over]

O3. What is your nursing care insurance premium category?

\*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

1	2	3	4	5	6	7	0
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Over Level 7	Do not know

#### [To be answered by all respondents]

- Q4. Do you and other family members you live with subscribe to National Health Insurance (to an NHI municipality association)? Circle the numbers for all family members who subscribe.
  - 1 Myself
- Grandparent/grandparents 5
- 2 Spouse
- Grandchild/grandchildren
- 6 7 Other family members
- 3 Child/children 4 Parent/parents
- 8 No one subscribes
- SQ. How much in total does your household pay per month for the national health insurance premiums for all the family members who join the national health insurance?

thousand yen per month

These questions concern your use of time.

Q1. This question concerns your use of time. 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. (Please answer to the first decimal point, except for "Commute to school or work")

Example: 1.0	hour $\rightarrow$ 1.0 hrs	30 minutes $\rightarrow$ 0	.5 hrs							
Frequency	Almost every day	A few times per week	Once a week	Almost never	Never					
Commute to school or work (one-way)	Avg. min	Avg min	Avg. min	4	5					
Housework (prepare meals, laundry, grocery shopping, cleaning)	1 Avg. hrs/day	<b>2</b> Avg. hrs/wk	3 Avg. hrs/wk	4	5					
Childcare	1 Avg. hrs/day	<b>2</b>	3	4	5					
Training or study for work	1 Avg. hrs/day	<b>2</b> Avg. hrs/wk	<b>3</b> Avg. hrs/wk	4	5					
Volunteer activities	1 Avg. hrs/day	Avg. hrs/wk	<b>3</b> Avg. hrs/wk	4	5					
Nursing Care*1	1 Avg. hrs/day	Avg. hrs/wk	<b>3</b> Avg. hrs/wk	4	5					
			*1 Please include	the travel	time					
Q2. Please write your usual sleeping hours. (Please answer to the first decimal point. For example: 7 hours $\rightarrow$ 7.0 hours, 8 hours and 30 minutes $\rightarrow$ 8.5 hours.) Weekdays hours per night on average										
Weekends and holiday	ys hours p	er night on average								
O3. How would you rate th	ne overall quality of you	r sleep over the past m	onth?							

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

\* This page must be answered by the spouse of the person requested to complete the questionnaire.

These questions	concern trade liberaliza	ation.			
-	nany free trade agreeme le toward trade liberaliz	-	, RCEP and EU-Japan E	EPA) are ratified	l. What is
<b>1</b> Agree	<b>2</b> Weakly agree	<b>3</b> neutral	<b>4</b> Weakly disagre	<b>5</b> e Disagree	<b>6</b> I don't knov
•	our life quality be, due variety of goods and so	ervices)?	zation (in terms of const	-	
<b>1</b> Improve	<b>2</b> slightly improve	<b>3</b> no change	<b>4</b> slightly worsen	<b>5</b> worsen	<b>6</b> I don't know
(3) What will y 1 Increase	our income be due to the <b>2</b> slightly increase	rade liberalizatio <b>3</b> no change	on? <b>4</b> slightly decrease	<b>5</b> decrease	<b>6</b> I don't knov

These questions concern your satisfaction level with everyday life.

Q1. Please provide answers as to how you feel about the present situation regarding the following, on a scale of 1 to 10, with 0 "not at all satisfied," 5 is "neither satisfied nor dissatisfied," and 10 is "fully satisfied" (circle one).

().	]	Dissatis	fied <	<u></u>				<b>&gt;</b>	Sa	tisfied	
				I	I	I	I			I	
Household income	0	1	2	3	4	5	6	7	8	9	10
Your employment	0	1	2	3	4	5	6	7	8	9	10
Housing	0	1	2	3	4	5	6	7	8	9	10
Neighborhood and disaster safety	0	1	2	3	4	5	6	7	8	9	10
Convenience of commuting and shopping	0	1	2	3	4	5	6	7	8	9	10
Natural environment	0	1	2	3	4	5	6	7	8	9	10
Amount of leisure time	0	1	2	3	4	5	6	7	8	9	10
The way you spend your leisure time	0	1	2	3	4	5	6	7	8	9	10
Your health	0	1	2	3	4	5	6	7	8	9	10
Life overall	0	1	2	3	4	5	6	7	8	9	10
									1		

These questions concern your thoughts and behaviors regarding the COVID-19 pandemic.

Q1. 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 question considering the situation in January. (circle one)

	Yes	No	Not Applicable
① Refrained from travel, including travel within Japan	1	2	
② Avoided places where the Three Cs (closed spaces, crowded places, and closed-contact settings) overlapped	1	2	
③ Washed your hands regularly (for at least 20 seconds with soap and water)	1	2	
4 Decreased your opportunities for contact with people by 70% or more	1	2	
<sup>(5)</sup> Refrained from going to gatherings, events, or dinners with many people (other than your family members)	1	2	
(6) Used the national contact verification application (COCOA)?	1	2	3
⑦ Used an infection control application from your local government other than COCOA?	1	2	3

Q2. Have any of the following already happened to you because of the COVID-19 epidemic? If you answered "3 No", to what extent do you think it could occur in the next 12 months? Please indicate a percentage between "0" and "100."

	A. Has t	ccurred?	B. Future possibilities					
	Not applicable, I prefer not to say	Yes	No		Please answer this quite if you answered "3			
① Become critically ill	1	2	3	$\rightarrow$				%
② Lose your job as the result of layoffs or company closure	1	2	3	$\rightarrow$				%
③ Be forced to drastically lower your standard of living given a decrease in the income and earnings	1	2	3	$] \rightarrow$				%
④ Have difficulties paying your bills and be forced to use your savings or take out loans	1	2	3	$\rightarrow$				%
⑤ Encounter serious financial difficulties and possibly have to apply for social welfare benefits	1	2	3	$\rightarrow$				%

\_\_\_\_\_

Q3. Regarding the coronavirus infection, how concerned are you about the following? (circle one)
--------------------------------------------------------------------------------------------------

	Very concerned	somewhat concerned	Neither	Not too concerned	Not too concerned
① You or a family member losing a job	1	2	3	4	5
② your own financial situation	1	2	3	4	5
③ whether you will receive the necessary medical treatment if you do contract the coronavirus	1	2	3	4	5
④ That you might get infected	1	2	3	4	5
<sup>(5)</sup> Worrying about the collapse of the healthcare system	1	2	3	4	5
⑥ No particular reason, but still feeling vague anxiety	1	2	3	4	5

Q4. Compared to the month of January from the previous year, to which extent have the following aspects changed? (circle one)

	Increased a lot	Increased a little	No change	Decreased a little		Not applicable
① Interactions with family	1	2	3	4	5	6
② Interactions with friends and acquaintances	1	2	3	4	5	6
③ Conflicts, arguments, or quarrels with family	1	2	3	4	5	6

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)

		mple satist	•	•				-		mple atisfi	•	Not appli cable
① Government	0	1	2	3	4	5	6	7	8	9	10	
<ul> <li>2 Local governments (prefectures, cities, towns, and villages)</li> </ul>	0	1	2	3	4	5	6	7	8	9	10	
<ul><li>③ Company that you work for (only if applicable)</li></ul>	0	1	2	3	4	5	6	7	8	9	10	11

### [Lastly]

Q. For the questions on pages 28-50, please indicate who answered, and to what extent they answered the questions? Please circle the applicable option in each case (A-D). If your answer was "3. Other person," please provide specific information about your relationship to the questionnaire subject. (Please circle one answer (1, 2, or 3) for each section.)

A Page 41 (Feeling of happiness)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify:	)
B Page 42-45 (Health)	1 Spouse (Spouse of questionnaire subject)	<b>2</b> Questionnaire subject	3 Other person (Please specify:	)
C Pages 48 (Feeling of satisfaction)	1 Spouse (Spouse of questionnaire subject)	<b>2</b> Questionnaire subject	3 Other person (Please specify:	)
D Pages other than A-C	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify:	)

This is the end of the questions to the spouse of the respondent. Thank you very much.

# This section concerns the household finances and housing of the entire household.

These questions concern savings, assets and liabilities.

We ask about savings separately for "deposits" and "securities".

•Deposits refer to the following types of items

Postal savings certificates, time deposits, installment savings and ordinary deposits
Bank, *shinkin bank*, etc. time deposits, installment savings and ordinary deposits
Company deposits, gold investment accounts, gold savings accounts, medium-term government bond funds, etc.

•Securities refer to the following types of items

Shares (market value), bonds (par value) and stock investment trusts (market value),Corporate and public bond investment trusts (market value), loans in trust and money in trust (par value), etc.

Also, in this survey "savings" refers to monetary assets and does not include real estate, housing and other real assets. Write the value in yen for any foreign currency denominated financial products.

Q1. About how much savings does your household have in deposits and securities?

(1) About how much does your household presently have in deposits?

ten thousand yen <b>O</b> Does not have any deposits $\longrightarrow$ (to (2))	
SQ. These questions concern a breakdown of the current amount of deposits and savings.	
(A) Gold investment account/Gold saving account	
ten thousand yen <b>0</b> Does not have any deposits	
(B) Medium-term government bond	
ten thousand yen <b>0</b> Do not have one.	
(2) About how much does your household presently have in securities?	
ten thousand yen <b>O</b> Does not have any securities $\rightarrow$ (to next p	age)
SQ. These questions concern a breakdown of the current amount of securities held.	
(A) Stocks, Stock investment trust (market value, Yen denominated only)	
ten thousand yen <b>0</b> Do not have one.	
(B) Foreign currency denominated financial products	
ten thousand yen <b>0</b> Do not have one.	

Q2. Does <u>your household</u> presently have borrowings for any of the purposes or reasons in the following table? Please include borrowings from relatives and other sources aside from financial institutions. Include any unpaid monthly installment payments or revolving loans<sup>\*</sup>, but do not include any credit card charges to be settled within 1-2 months.

#### (Circle either 1 or 2 to indicate present borrowings for each of the following purposes)

\*Revolving loans are a loan format which can be used any number of times within a preset credit limit, with a fixed monthly repayment amount determined at the start.

Purpose or Reason	Presently have any borrowings?
To acquire housing or land, or for remodeling housing	<b>1</b> Yes <b>2</b> No
To buy durable consumer goods (automobiles, furniture, home appliances, etc).	<b>1</b> Yes <b>2</b> No
For child/children's education	<b>1</b> Yes <b>2</b> No
For marriage (including child/children's marriage)	<b>1</b> Yes <b>2</b> No
For travel, sports or other leisure	<b>1</b> Yes <b>2</b> No
For independence and self-support	<b>1</b> Yes <b>2</b> No
For illness, disaster, etc.	<b>1</b> Yes <b>2</b> No
For living expenses	<b>1</b> Yes <b>2</b> No
Other	<b>1</b> Yes <b>2</b> No

#### [For respondents who answered "1 Yes" for at least one item in Q2]

SQ. Please enter your present household borrowings balance.

Total present household borrowings balance

0

ten thousand yen

These questions concern inheritance and advancement

Q1. Answer the following questions regarding your household's thoughts on inheritance and advancement. Do you want to leave your assets to someone other than your spouse? Please circle the answer that best applies to you for each of the following items.

	Want to leave assets	Do not want to leave assets	Do not have assets to leave	Do not know	
Financial assets	1	2	3	4	
Real estate	1	2	3	4	

Q2. How do you and your spouse think about passing your wealth to your children? (Multiple responses permitted)

- 1 Want to bequeath more to children those who have supported me in my old age.
- **2** Want to bequeath more to children those who are economically disadvantaged.
- **3** Want to bequeath wealth according to our family traditions.
- 4 Want to bequeath wealth in order to keep family lineage/business.
- **5** Want to bequeath wealth to children so that they will also bequeath wealth to their children.
- 6 Think that bequeathing wealth is a way to show devotion to my parents.
- 7 Want to bequeath financial wealth more than real estate.
- **8** Want to bequeath real estate more than financial wealth.
- **9** Have no intention to bequeath wealth to children.
- 10 Don't know/have no idea11 Others (Please specify:

)

These questions cocern income.

Q1. About how much was your household's annual (pre-tax) income last year (Jan.-Dec.)? Do not include any income from the sale of assets (financial assets or real assets). Include retirement benefits.

Total annual before-tax income last year	ten thousand yen
	te-home income (total take-home income of all family tax and social insurance deductions) last year (JanDec.)? receipts or the sale of assets (financial assets or real
Total annual after-tax income last year	ten thousand yen
SQ. Among them, what percentage of your incom	ne do you save? Please answer as a percentage.
Saving	approximate percentage
Q3. Did your household receive any of the following t year (JanDec.)? If so, please enter the approxima	ypes of insurance benefits or asset income over the past te amounts below.
(1) Insurance benefits (enter the amount of life, fir include social insurance benefits).	e or other insurance benefits received below; do not
<b>1</b> Yes $\rightarrow$ ten the	ousand yen <b>2</b> No
(2) Sales of land, housing, automobiles or other as	sets
<b>1</b> Yes $\rightarrow$ ten the	ousand yen <b>2</b> No
(3) Retirement benefits	
<b>1</b> Yes $\rightarrow$ ten the	ousand yen <b>2</b> No
(4) Securities sales profits and losses	
<b>1</b> Profits received <b>2</b> Losses incu	rred <b>3</b> No
	(to next page)
SQ. Enter the amount of the profits or loss	28
	thousand yen

- Q4. For each of the following items, enter the amount of income your household earned **last year (Jan. 2020 to Dec. 2020)**. (Enter "0" for items for which you had no income).
  - © Enter the husband's income in Column A, and enter the wife's income in Column B.
  - Enter the approximate total income of other family members excluding the husband and wife in Column C.
     (Do not include the income of parents and children living separately).
  - Do not include personal insurance receipts, retirement benefits, or the sales of securities, land, automobiles, etc.
     Include any income whose attribution is not clear in the amount for the respondent or spouse with the higher income.

	<b>A</b> Husband	<b>B</b> Wife	C Other Family Total (Approx)
<ul> <li>(1) Annual employment income<sup>*1</sup></li> <li>(2) Self-employment, business, home work income (including agriculture, forestry &amp; fishery income)<sup>*2</sup></li> <li>(3) Rent &amp; land rent income</li> </ul>	(Unit: ten thousand yen)	(Unit: ten thousand yen)	(Unit: ten thousand yen)
(4) Interest & dividends <sup>*3</sup>			
(5) Remittances & gifts			
(6) Public pension			
(7) Corporate & personal pensions			
(8) Unemployment benefits & child-care leave benefits			
(9) Child allowances and childcare allowances <sup>*4</sup> (Household total)	(Ple	ase enter the total amount receiv	l red by your household)
(10) Welfare benefits (Household total)	(Ple	ase enter the total amount receiv	red by your household)
(11) Other income			

- \* 1 Refer to the withholding certificate and enter the total income from the employer including monthly base salary, bonuses, dependent allowances, housing allowances, overtime payments and other extraordinary income. If you are self-employed or a business owner but employed at a side job, please enter the income from that employer.
- \*2 Please enter the **net profit after deducting** the cost of goods, raw materials expenses, agricultural implements, fertilizer, feed, fishing nets and other materials expenses, wage payments, business taxes, property taxes and other **business expenses** from the gross income.
- \*3 Please enter the pre-tax amount referring to deposit passbooks, etc
- \*4 Please enter government child allowances and childcare allowances only. Please include company dependent allowances in (1) annual employment income.
- \*5 If you received the "Special Cash Payment" (100,000 yen per person), please include it in "Other income".

These questions concern expenditures

Q1. Enter the amount your household spent on each of the following living expenditures last month (Jan.). (Enter "0" for items which you did not buy)

(In addition to items bought with cash, include the amounts for items bought using credit cards, loans, automatic bank or postal savings payments; include the full sales price for items bought but being paid in installments).

(1) Food $\longrightarrow$		thousand yen
(2) Eating out & school lunches $\cdots \cdots \cdots \cdots \cdots \rightarrow$		thousand yen
<ul> <li>(3) Rent, land rent, home repairs (excluding mortgages) ······ → excluding multi-family housing common charges)</li> </ul>		thousand yen
(4) Multi-family housing common charges $\cdots \cdots \cdots \rightarrow \rightarrow$		thousand yen
(5) Electricity, gas, water (supply & sewage) $\cdots \cdots \rightarrow$		thousand yen
Of which, electricity ••••••	•→ [	thousand yen
Of which, gas		thousand yen
	· ·	• •
Note : Electric charge does not include selling electricity	Answer electric charg	ge only for your use
<ul> <li>(6) Furniture, electric appliances, household supplies         <ul> <li>(furniture, household electric appliances [excl. digital consumer → electronics], misc. household items, etc.)</li> </ul> </li> </ul>		thousand yen
	r	
<ul> <li>(7) Digital consumer electronics purchases</li> <li>(PCs, TVs, video cameras, digital cameras, DVD players, etc.) ····→</li> </ul>		thousand yen
(8) Clothing & shoes $\cdots \rightarrow$		thousand yen
(9) Healthcare (medicine, treatment, glasses, contact lenses, etc.) $\rightarrow$		thousand yen
(10) Transportation (including automobile expenses, fares, $\rightarrow$ commuting passes, taxes, tolls, etc.)		thousand yen
(11) Communications (postage, fixed-line, and mobile phone charges) $\rightarrow$		thousand yen
(12) Internet communications (provider fees, modem rental, etc.) $\rightarrow$		thousand yen
(13) Education $\rightarrow$ (school tuition, textbooks, learning reference materials, tutoring, etc.)		thousand yen
(14) Culture & amusement (stationery, sporting goods, travel, hobbies) $\rightarrow$		thousand yen
(15) Entertaining & pocket money $\cdots \rightarrow$ (allowances, membership fees and other association fees, etc.)		thousand yen
(16) Remittances (children's food & board, etc.) $\cdots \cdots \rightarrow$		thousand yen
(17) Other expenditures (barbers and beauty parlors, cigarettes, nursery school, nursing care, other personal goods, etc.) $\rightarrow$		thousand yen
	i	

thousand yen

Q2. How much did your household spend on loan repayments last month (Jan.)? Do not include mortgage loans.

Loan repayments (including payment for credit card purchases)  $\rightarrow$ 

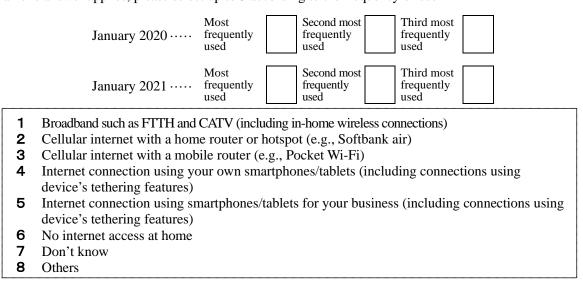
ten thousand yen

)

Q3. How much did your household donate to charity and religious organizations last year? Please do not include money offerings to shrines, political donations and contributions to educational institutes.



Q4. We would like to ask about your home Internet environment as of January 2020 and January 2021. If more than one answer applies, please select up to 3 according to the frequency of use.



SQ1. Is there any monthly data usage limit to your most frequently used Internet connection? Please answer the situation as of January 2020 and January 2021.

January 2020 ···	1	Yes	2	No	З	Don't know	4	No internet access at home
January 2021·····	1	Yes	2	No	3	Don't know	4	No internet access at home

SQ2. Have you changed your home Internet environment in the past year?

- **1** Signed up for a new internet connection.
- **2** Reviewed an already existing internet contract.
- **3** Added or replaced equipment (e.g., wireless LAN router)
- 4 Had no changes to my home Internet environment
- **5** No internet access at home
- **6** Others (please specify:

These questions concern disaster prevention measures and earthquake resistance measures.

### Q1. Have you ever seen disaster control materials such as the "disaster prevention map" (*bosai map*) and the hazard map in your resident area?

2 3	Confirmed Would like to confirm, but materials are not av Not confirmed	vailable ———	$\rightarrow$ (to not $\rightarrow$ (to not $\rightarrow$ (to not $\rightarrow$			
[For re	espondents who answered "1 Confirmed" in (	Q1]				
SQ1. W	When was the most recent time you checked?	<b>1</b> Heisei				
		<b>2</b> Reiwa		year		months

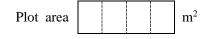
T1		]			
These questions c	concern nousing.				
	cern changes in your house ehold moved or expanded/				9
1	<b>2</b>	Temodeled	<b>3</b>	Since Sandary 2020	
Moved	Expanded/remodeled	N	o change since	e last year	
				(to Q3 on the nex)	t page)
[Q2 is to be answe	ered by those who chose [	[1] or [2] fo	r Q1]		
	f housing do you presently				
1	2		3	4	5
Detached House	Semi-detached house (town house, etc.)		ncrete Condo ti-family)	Wooden Apartment (multi-family)	Other ( )
		. <u></u>			→(to (2))
[For respondents y	who answered 1 or 2 in Q2	(1)]	For respond	ents who answered 3	or 4 in O2(1)]
	stories is your house?			nany stories is the bu	• • • •
	stories	s			stories
SQ2. Does your h large is the y	nouse have a yard? If so, ho yard?	ow	SQ4. Which	floor do you live or	1?
<b>1</b> Yes	m <sup>2</sup> <b>2</b> N	ło		Floor	
(2) What is the t	otal floor space? (2 tatami	mats = $1 ts$	$ubo = 3.3 \mathrm{m^2})$		m²
(3) How old is the	ne building where you pres	sently live?		year	rs old
(4) How many re	ooms do you have (bedroo	oms, living r	ooms, studies	, dining rooms, kitcl	,
(5) How long do	bes it take to walk to the clo	osest train s	tation or bus s		Minutes

[To be answered by all respondents]Q3. What is the ownership status of your home? (Respond "homeowner" if the home is in the name of parents or other family members)

<b>1</b>	<b>2</b>	3	4	5	6	7	8
Homeowner -detached house (plot owned)	Homeowner -condo (plot partially owned)	Homeowner -detached house or condo (plot regular lease)	Homeowner -detached house or condo (plot term lease)	Private rental housing	Public rental housing	Company housing or dormitory (incl. compar leased housin	
		•		(1	o Q8 on pag	ge 60) (to 0	Q12 on page 61)
[Q4 to Q5 is fo	or respondent	s who answered '	'1-4 homeowner'	' in Q3]			
Q4. These ques	tions concern	respectively the h	ousing and plot w	here you pro	esently live.		
SQ1. How	much is the	land rent? (per l	nonth)				
		ten thousand yen	X I own	the plot and	d do not pay	any land ren	t
		mate present total in condo or you d ten tho	o not own the plot			lly)	ceive if you ten thousand yen
(If yo	ou live in cond ousing value Increase –	k the present ma lo or you do not ov will → Approx	wn the plot, enter		ue only). vill e →App	ргох	%
3	Not change	;		3 Not ch	ange		
		hised value of the lo or you do not ov ten tho	wn the plot, enter				ten thousand yen

~	Have your house (Please provide) 1		1		•	ousing <b>3</b>	since	January	<b>2020</b> ?		
	Moved	Expanded/re			No change ne next pag	e sinc			nage61	)	
	<b>is for responde</b> Which of the foll		ered "1 M	loved" in	Q5]						
20. 1 2 3	Building a cu Purchased a h	stom house nouse for sale of		-		4 5	Inher	itance fron (Please sp	n paren	ts	)
	Q1. How did yo answer only for only the house the house part,	u acquire the p r the house. (If <u>part</u> . (If the sit	the site is e is not ow	not owned by y	ed by you o ou or you	or you live ir	live in a con	n an aparti dominium	ment, p 1, pleas	olease an e answei	swer r only
		House is		]	The site is						
	<ol> <li>Purchased entirely with own funds (including loans)</li> <li>Partially borrowed funds from parent to purchase</li> <li>I received a gift from my parents to purchase the house</li> <li>Purchased in joint name with parents</li> <li>I received a gift of a house or site from my parents</li> <li>Inherited the house or site from a parent</li> <li>I live in a house that is in the name of my parents or other family members</li> <li>Other</li> </ol>										
S	Q2. Around wl enter housing		urchase t	he real e	state?(If y	you liv	ve in c	ondo or yo	ou do n	ot own t	he plot,
House		Year Year	her a hous	Month	Site			Yea			Ionth
S	Q3. How much	-	r your purc	chase? Ple	ease answe		roxim	ately. (If y	ou do 1	not own	the
	House		ten thou	isand yen	Site				t	ten thous	and yen
S	Q4. Please fill i (If you live in	n the amount on condo or you							ence ar	nd buildi	ng plot
Tota	al ("House" -	+ "Site" from	<b>SQ</b> 3)						ten tl	housand	l yen
	fortgage (initial ne time of purcha		ount at						ten tl	housand	l yen
	When did you	take out the mo	ortgage?					Year			Month
2. P	ersonal funds (sa						ten tl	housand	l yen		
3. (In case of removal) Funds from the sale of a previous home									ten tl	housand	lyen
4. B	orrow from rela	tives							ten tl	housand	l yen
5. A	ssistance from r	relatives							ten tl	housand	l yen
1~5	Total							ten tl	housand	l yen	

SQ5. What is the area of the plot? (Answer even if you reside in a condo or lease the plot)



[Proceed to Q12 on page 61]

#### [Q7 is for respondents who answered "2 Expanded/remodeled" in Q5 page 59]

- Q7. The following questions are related to any rebuilding/renovation (remodeling/repair, etc.) that has occurred at your current place of residence. Have you done any rebuilding or renovation in the previous year? If you have done it multiple times, please base your answer on the largest one.
  - (1) What type of construction has taken place? If more than one answer applies, please circle the option that identifies the largest change. (please circle one)
    - **1** The house was rebuilt
    - **2** Construction to increase the floor space of the house (expansion)
    - **3** Construction to decrease the floor space of the house (reduction)
    - **4** Demolished a part of the house, and then rebuilt (but the newly constructed area is equal to the area demolished) (renovation)
    - **5** Construction work such as interior remodeling, roof replacement, floor plan change, and facilities improvement without an increase in the floor space or a demolition of a part of the house (repair / remodeling)

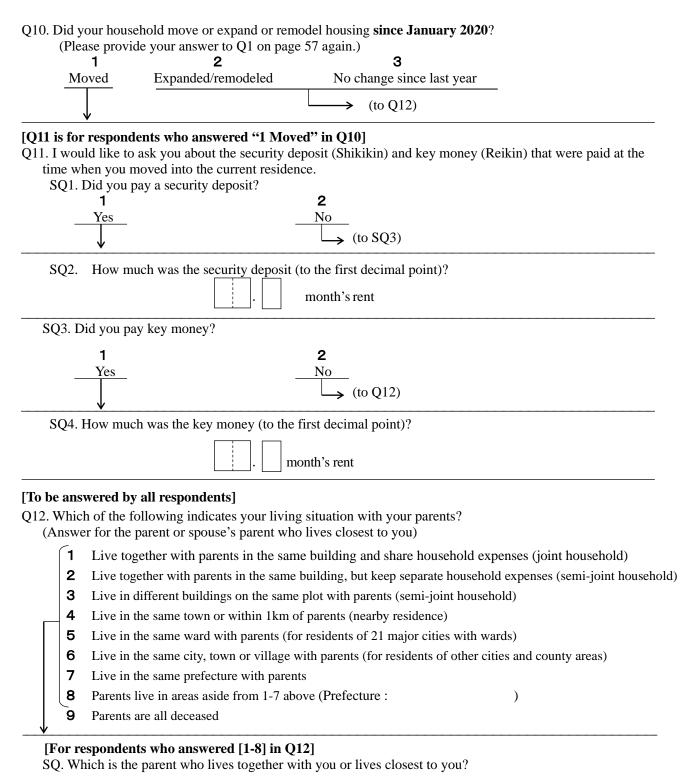
(2) What was the approximate cost associated with cons	struction?		ten thousand yen
		1 1	

#### [Q8 to Q10 is for respondents who answered "5-7 rental housing" in Q3 on page 58]

Q8. I would like to ask you about the housing rent and contract terms of your current residence.

SQ1. How much is the rent per month (excluding common charges and utilities)?

				tho	usand	yen								
SQ2. How much are the common charges per month (including common charges and the common portion of utilities and repair fees)?														
				tho	usand	yen								
SQ3. What is the		ining Tears			od?	mon	ths							
Q9. I would like to as SQ1. This question residence have concluded)	on co	ncerr	ns the	term	lease s	ystem	establ	lisl	hed in M	larch 2	2000	. Does	s yc	our present
<b>1</b> Yes			_	2	No		3	1	Not applie	cable (	e.g., c	compa	ny l	house or dormitory)
		<u> </u>	<b>↓</b>									→ (to	Q	10 on the next page)
SQ2. Have you re	enew	ed the	e cont	ract la	ast yea	ur?								
1 <u>Yes</u>	<u> </u>		2	No	<b>→</b> (to	o Q12 o	on the	e ne	ext page	)				
SQ3. How much	was t	he co	ontrac	t rene	wal fe	e?							tł	housand yen



1	2	3
Husband's parent	Wife's parent	Husband and wife's parents

#### [To be answered by all respondents]

	to receive a bequest 2	I have a possibility to receive a gi		
	espondents who answ ate by yourself?	ered " <b>1</b> or <b>2</b> "in the prev	vious question. Do y	ou plan to use that
	1	2		3
	Yes	Do not know		No
	$\longrightarrow$ (to SQ3	)		
-		<b>2</b> Do not know" or " <b>3</b> N perties? Please select the on	-	question, how will
1	My family or relativ	ves will live there		
2	Plan to rent out			
3	Plan to sell			
4	Keep the building a			
5		g and hold only the land lo	t	
6	Others (please speci	ify:		)
	ousing value only. On t	esent total market value of th he other hand, if you do not n thousand yen Plot		
L		1 reacive financial accests fr	om your parents by	
	ossibility that you wil re? Circle both <b>1</b> an	d <b>2</b> if you have the possi	bility to receive bot	h a bequest and a gif

## Q14. What do your parents think about inter vivos gifts and inheritances? If you have not yet received an inheritance or gift, please anticipate your parents' thoughts and answer the questions. (Multiple responses permitted)

- 1 They want/wanted to bequeath more to children those who have supported them in their old age.
- 2 They want/wanted to bequeath more to children those who are economically disadvantaged.
- **3** They want/wanted to bequeath wealth according to family traditions.
- 4 They want/wanted to bequeath wealth in order to keep family lineage/business.
- **5** They want/wanted to bequeath wealth to children so that they will also bequeath wealth to their children.
- 6 They think/thought that bequeathing wealth is a way to show devotion to their parents.
- 7 They want/wanted to bequeath financial wealth more than real estate.
- **8** They want/wanted to bequeath real estate more than financial wealth.
- **9** They have/had no intention to bequeath wealth to children.

10 Don't know

**11** Others (please specify:

Q15. Are you aware of the current taxation system regarding inter vivos gifts and inheritance? Did you know that the estate and gift taxes were substantially revised in 2015?

	Don't know at all	Don't know much	Know reasonably well	Know very well
(1) Current taxation system	1	2	З	4
(2) 2015 revisions	1	2	3	4

Q16. Have you talked about inter vivos gifts/inheritances with your parents? If your parents are deceased, please answer this question by recalling the time when they were alive. (Multiple responses permitted)

- **1** Talked about inheritances
- **2** Talked about inter vivos gifts
- **3** Haven't talked about inheritances but will plan to do so.
- 4 Haven't talked about inter vivos gifts but will plan to do so.
- **5** Haven't talked about them and will not plan to do so.

#### [To be answered by all respondents]

Q17. These questions concern your future housing plans and ideas.

Do you have a plan to move from your present home, build a new home, or purchase a home?

1	2	3
Have a specific plan	Considering, but no specific plan	No plan for the time being
		$\rightarrow$ (to Q1 on the next page)

SQ1. When do you expect to realize your plan?

- **1** Within 1 year **4** 6 years or more
- **2** 1 year to less than 3 years **5** Do not know
- **3** 3 years to less than 6 years

SQ2. Which of the following types of housing are you planning next?

- **1** Owned detached house (plot owned or partially owned)
- **2** Owned detached house (plot regular lease)
- **3** Owned detached house (plot term lease)
- **4** Owned condo (plot partially owned)
- **5** Owned condo (plot regular lease)
- 6 Owned condo (plot term lease)
- **7** Private rental housing
- 8 Private rental housing (term lease)
- **9** Public rental housing
- **10** Public rental housing (term lease)
- 11 Company housing or dormitory (incl. company leased housing)
- **12** Other (

#### [SQ3 is for respondents who answered [1-6] in SQ2]

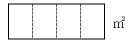
SQ3. Where is the location of your planned housing?

- **1** On same plot as present housing
- **2** Different location from present housing –

Prefecture

(to Q1 on the next page)

SQ4. What is the total floor space of the housing you plan to purchase/move in? (2 tatami mats =  $1 tsubo = 3.3 m^2$ )



These questions concern mortgage loans.	
<b>To be answered by all respondents]</b> Q1. Does your household presently have any	mortgage loans?
1	2
Yes	No
	$\rightarrow$ (end of survey)
SQ1. How much is your total mortgage loan year (including refinancing)?	n balance and how much did you repay in total over the past
Total mortgage loan balance	0 ten thousand yen
Total repaid over past year	0 ten thousand yen <b>0</b> No repayments past year
SQ2. Considering your current mortgage lo <b>1</b> No <b>2</b> Yes	an, have you make any advanced repayment in the past year?
SQ3. Did you take out a new mortgage or refin	nance existing mortgages in the last year?
<b>1</b> I took out a new mortgage in the last	vear (no mortgages previously)
<b>2</b> I refinanced existing mortgage(s) in the	
<b>3</b> I did not either take out or refinance n	nortgages in the last year $\longrightarrow$ (end of survey)
<u>V</u>	
[SQ4 is for respondents who answered [1 SQ4. What type of interest rate is applied to	
<ol> <li>Floating interest rate</li> <li>Fixed interest rate for the whole</li> </ol>	neriod
2 Fixed interest rate for the whole	period

- **3** Fixed interest rate with selection (when the initial fixed interest rate period ends, select fixed interest rate or floating interest rate)
- 4 Other

Thank you for participating in the Japan Household Panel Survey.

### Place the completed form in the collection envelope and hand it to the

survey agent.