

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 above-mentioned 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:

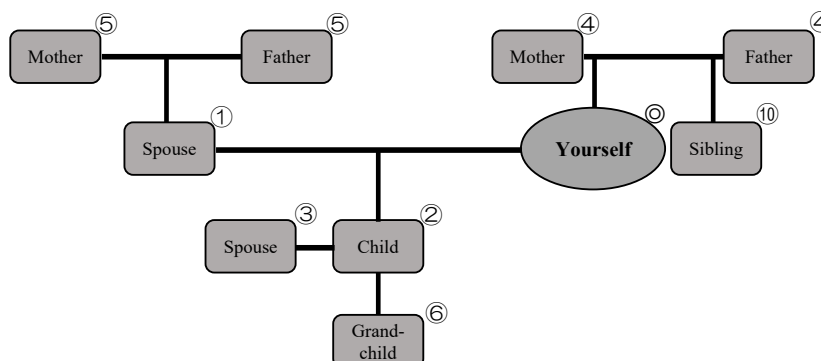
Your parents
Your sibling

Your spouse
Parents of your spouse

Child
Spouse of child

Grandchild

◆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

○ 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 ○ over number 1 in column "Changes". In case of changes, please draw a ○ 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.

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

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	Answer the following items based on your answer on column "Changes"																														
					Changes	Final academic background		Changes in family relationship			Marital Status			Living situation		Working situation		Schooling situation		Circle the applicable option															
					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 (Z))	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	Employment form (Use codes below)	I don't know 3	Not in school 1	In school 2	Type of school (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	_____ Y _____ M	unknown	1	□	Not	unknown	1 2 3	1 2 □ 3	1 2	_____ hrs _____ min	1 2 □ 3	1 2 □ 3	1 2 □ 3																			
No. 3			M	_____ Y _____ M	unknown	1	□	Not	unknown	1 2 3	1 2 □ 3	1 2	_____ hrs _____ min	1 2 □ 3	1 2 □ 3	1 2 □ 3																			
No. 4			F	_____ Y _____ M	unknown	1	□	Not	unknown	1 2 3	1 2 □ 3	1 2	_____ hrs _____ min	1 2 □ 3	1 2 □ 3	1 2 □ 3																			
No. 5			M	_____ Y _____ M	unknown	1	□	Not	unknown	1 2 3	1 2 □ 3	1 2	_____ hrs _____ min	1 2 □ 3	1 2 □ 3	1 2 □ 3																			
No. 6			F	_____ Y _____ M	unknown	1	□	Not	unknown	1 2 3	1 2 □ 3	1 2	_____ hrs _____ min	1 2 □ 3	1 2 □ 3	1 2 □ 3																			
No. 7			M	_____ Y _____ M	unknown	1	□	Not	unknown	1 2 3	1 2 □ 3	1 2	_____ hrs _____ min	1 2 □ 3	1 2 □ 3	1 2 □ 3																			
No. 8			M	_____ Y _____ M	unknown	1	□	Not	unknown	1 2 3	1 2 □ 3	1 2	_____ hrs _____ min	1 2 □ 3	1 2 □ 3	1 2 □ 3																			
No. 9			M	_____ Y _____ M	unknown	1	□	Not	unknown	1 2 3	1 2 □ 3	1 2	_____ hrs _____ min	1 2 □ 3	1 2 □ 3	1 2 □ 3																			
No. 10			F	_____ Y _____ M	unknown	1	□	Not	unknown	1 2 3	1 2 □ 3	1 2	_____ hrs _____ min	1 2 □ 3	1 2 □ 3	1 2 □ 3																			
No. 11			M	_____ Y _____ M	unknown	1	□	Not	unknown	1 2 3	1 2 □ 3	1 2	_____ hrs _____ min	1 2 □ 3	1 2 □ 3	1 2 □ 3																			

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

- | | | | | | | |
|-------------------|-------------------------|------------------------------------|--|------------------------|------------------|--|
| Relationship Code | 01 Spouse | 08 Grandparent | Employment Form Code | 1 Self-employed worker | School type Code | 1 Nursery (childcare center) |
| | 02 Child | 09 Grandparent of spouse | | 2 Professional | | 2 Kindergarten |
| | 03 Spouse of child | 10 Sibling | | 3 Family employee | | 3 Elementary school |
| | 04 Parent | 11 Sibling of spouse | | 4 Executive officer | | 4 Junior high school |
| | 05 Parent of spouse | 12 Spouse of sibling | | 5 Full-time employee | | 5 Senior high school |
| | 06 Grandchild | 13 Other relative | | 6 Part-time employee | | 6 Junior college or specialized school |
| | 07 Spouse of grandchild | 14 Other | | 7 Temporary employee | | 7 Four-year university |
| | | 8 Contracted/Commissioned employee | 8 Graduate school | | | |
| | | 9 Other | 9 Special training school (incl. preparatory school) | | | |

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	Answer the following items based on your answer on column "Changes"																											
						Changes		Final academic background	Changes in family relationship			Marital Status			Living situation		Working situation		Schooling situation		Circle the applicable option												
						1 - No changes	2 - Any change of status	Type of school (Use codes below)	I don't know (Circle "unknown")	Not in school / In school (Circle "Not")	Divorced	Deceased	Neither 1 nor 2	Single	Married	I don't know	Living together with you	Not living with you	Not working	Working	Employment form (Use codes below)	I don't know	Not in school	In school	I don't know	Not keeping in contact with you or your spouse	Sharing household expenses with you	Chronic restrictions on daily activities (※1)	Certified as needing supporting care/disability support				
No. 12				M	Y	unknown	<input type="checkbox"/>	unknown	Not	<input type="checkbox"/>	1	2	3	1	2	<input type="checkbox"/>	3	1	2	hrs	min	1	2	<input type="checkbox"/>	3	1	2	<input type="checkbox"/>	3				
No. 13				M	Y	unknown	<input type="checkbox"/>	unknown	Not	<input type="checkbox"/>	1	2	3	1	2	<input type="checkbox"/>	3	1	2	hrs	min	1	2	<input type="checkbox"/>	3	1	2	<input type="checkbox"/>	3				
No. 14				M	Y	unknown	<input type="checkbox"/>	unknown	Not	<input type="checkbox"/>	1	2	3	1	2	<input type="checkbox"/>	3	1	2	hrs	min	1	2	<input type="checkbox"/>	3	1	2	<input type="checkbox"/>	3				
No. 15				M	Y	unknown	<input type="checkbox"/>	unknown	Not	<input type="checkbox"/>	1	2	3	1	2	<input type="checkbox"/>	3	1	2	hrs	min	1	2	<input type="checkbox"/>	3	1	2	<input type="checkbox"/>	3				
No. 16				M	Y	unknown	<input type="checkbox"/>	unknown	Not	<input type="checkbox"/>	1	2	3	1	2	<input type="checkbox"/>	3	1	2	hrs	min	1	2	<input type="checkbox"/>	3	1	2	<input type="checkbox"/>	3				
No. 17				M	Y	unknown	<input type="checkbox"/>	unknown	Not	<input type="checkbox"/>	1	2	3	1	2	<input type="checkbox"/>	3	1	2	hrs	min	1	2	<input type="checkbox"/>	3	1	2	<input type="checkbox"/>	3				
No. 18				M	Y	unknown	<input type="checkbox"/>	unknown	Not	<input type="checkbox"/>	1	2	3	1	2	<input type="checkbox"/>	3	1	2	hrs	min	1	2	<input type="checkbox"/>	3	1	2	<input type="checkbox"/>	3				

◀ In case you have more than 18 members in your family, please use the appropriate space on page 4 ▶

These questions concern your household (those who share household expenses with you).

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

(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 2 Myself 3 No one



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

No. No. No. No.

- Relationship Code
- 01 Spouse
 - 02 Child
 - 03 Spouse of child
 - 04 Parent
 - 05 Parent of spouse
 - 06 Grandchild
 - 07 Spouse of grandchild

- 08 Grandparent
- 09 Grandparent of spouse
- 10 Sibling
- 11 Sibling of spouse
- 12 Spouse of sibling
- 13 Other relative
- 14 Other

- Employment Form Code
- 1 Self-employed worker
 - 2 Professional
 - 3 Family employee
 - 4 Executive officer
 - 5 Full-time employee
 - 6 Part-time employee
 - 7 Temporary employee
 - 8 Contracted/Commissioned employee
 - 9 Other

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

		Answer the following items based on your answer on column "Changes"													
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	Changes		Final academic background	Changes in family relationship	Marital Status	Living situation	Working situation	Schooling situation	Circle the applicable option		
					1 - No changes	2 - Any change of status	Type of school (Use codes below)	Neither 1 nor 2 Deceased Divorced	Single Married (If you have not submitted a marriage notification [Z]) I don't know	Not living with you Living together with you	Not working Working Employment form (Use codes below)	Not in school In school Type of school (Use codes below)	I don't know Not keeping in contact with you or your spouse Sharing household expenses with you	Chronic restrictions on daily activities (※1)	Certified as needing support/using care/disability support
No. 19			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 20			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 21			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 22			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 23			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 24			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 25			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 26			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 27			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 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
Male

2
Female

(2) What is your date of birth?

Year | | | |
 Month | |
 Day | |

February 2021

Branch No.		Point No.			Subject No.		Panel No.				Inspector	
							3					

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?

1 Yes, I was at the same address → (to Q3 on the next page)

2 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

2 Rental housing (private rental housing, public housing, public housing, public corporation rental housing, company housing, dormitories, etc.)

3 Other

→ (to Q3 on the next page)

[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

I continue to own the property

2

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.

1 My family or relatives live there.

2 It is used as a vacation home.

3 The property is used for rental purposes (including cases where there are currently no tenants)

4 Planning to sell

5 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.

Last year ten thousand yen Did not give any financial assistance
↓ └─→ (to Q3)

SQ. What were the purposes of that financial assistance? (Multiple responses permitted)

- | | |
|--|---|
| <input type="checkbox"/> 1 Living expenses | <input type="checkbox"/> 4 Rent |
| <input type="checkbox"/> 2 Medical expenses | <input type="checkbox"/> 5 Other () |
| <input type="checkbox"/> 3 Housing purchasing assistance | <input type="checkbox"/> 6 None |

Q3. How much financial assistance did you receive from your parents last year?
 Please exclude inheritance items, but include housing purchase, rent, land rent, living expenses and other financial assistance and allowances.

Last year ten thousand yen Did not receive any financial assistance
↓ └─→ (to Q4)

SQ. What were the purposes of that financial assistance? (Multiple responses permitted)

- | | |
|--|---|
| <input type="checkbox"/> 1 Living expenses | <input type="checkbox"/> 4 Rent |
| <input type="checkbox"/> 2 Medical expenses | <input type="checkbox"/> 5 Other () |
| <input type="checkbox"/> 3 Housing purchasing assistance | <input type="checkbox"/> 6 None |

Q4. Do your parents own a house or other real state (their own property)?

- 1 Yes 2 No 3 Do not know

Q5. Parents' living situation.

(1-A) With whom does your mother live? (Please circle all the items that apply)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> 1 Living alone | <input type="checkbox"/> 3 Living with her child | <input type="checkbox"/> 5 Deceased |
| <input type="checkbox"/> 2 Living with her spouse (your father) | <input type="checkbox"/> 4 Other | └─→ (to (2-A)) |

(1-B) What type of housing or facility does your mother usually live in? (Please circle just one item)

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> 1 Detached House | <input type="checkbox"/> 3 House for elderly people | <input type="checkbox"/> 5 Other |
| <input type="checkbox"/> 2 Collective housing
(Condominium, Apartment, etc.) | <input type="checkbox"/> 4 Facilities, hospital, group home
(Nursing Home, Medical Long-Term Care Sanatorium, etc.) | |

(2-A) With whom does your father live? (Please circle all the items that apply)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> 1 Living alone | <input type="checkbox"/> 3 Living with his child | <input type="checkbox"/> 5 Deceased |
| <input type="checkbox"/> 2 Living with his spouse (your mother) | <input type="checkbox"/> 4 Other | └─→ (to next page) |

(2-B) What type of housing or facility does your father usually live in? (Please circle just one item)

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> 1 Detached House | <input type="checkbox"/> 3 House for elderly people | <input type="checkbox"/> 5 Other |
| <input type="checkbox"/> 2 Collective housing
(Condominium, Apartment, etc.) | <input type="checkbox"/> 4 Facilities, hospital, group home
(Nursing Home, Medical Long-Term Care Sanatorium, etc.) | |

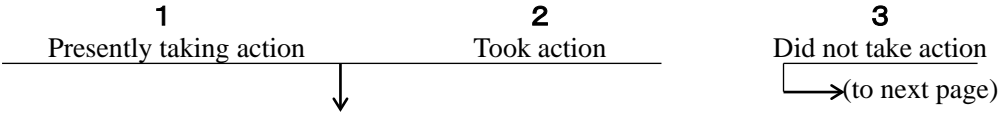
These questions concern your current schooling.

Q1. Are you presently attending school?

- 1 Yes
 - School location: 1 Same city, ward, town or village
 - 2 Same prefecture, other city, ward, town or village
 - 3 Other prefecture (Prefecture)
- 2 No

Q2. These questions ask about your learning activities to improve your skills and abilities.

(1) During the year from last February until now, have you taken any actions (attended school, taken lectures, self-study, etc.) of your own will, to improve your skills and abilities for your own work?



(2) How did you learn? Please circle all the items that apply. (Multiple responses permitted)

- 1 Attended vocational school or advanced vocational school
- 2 Attended trade school
- 3 Attended public vocational training
- 4 Attended university (degree program)
- 5 Attended graduate school (including adult education)
- 6 Took correspondence course (including university courses)
- 7 Attended university or other public lecture
- 8 Learned from TV or radio course and books
- 9 Attended lectures or seminars
- 10 Participated in company voluntary study group
- 11 Other ()

SQ. [Only for respondents who answered [1-5] in (2)] Did you graduate from that program?

- 1 Yes, completed and graduated
- 2 Have not yet completed or graduated

(3) How much time and money did you spend per month, on average, for that learning activity? (Include all expenses paid by you or your family, but do not include public assistance or assistance from your employer; enter "0" if you did not spend any money.)

Time: Approx. hours Money: Approx. ten thousand yen

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).

Performed paid work			Did not perform any paid work		
1	2	3	4	5	6
1 Mostly worked 2 Worked while mostly attending school 3 Worked while mostly keeping house			4 Took leave from work 5 Was looking for work 6 Attended school; kept house; other		
<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-around;"> 1 2 3 </div>			<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-around;"> 4 5 6 </div>		
↳ (to Q2)			↓		
			↳ (to Q11 on page 13)		

[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 |
| 3 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 ()

(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)
 - 6 Wholesale, retail (including department stores and supermarkets)
 - 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 | 4 100- 499 persons |
| 2 5-29 persons | 5 500 persons or more |
| 3 30-99 persons | 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)
- 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
- } → (Proceed to (9))

[(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)

→ 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)?

Granted (total last year) days (Of which) Carried over days Taken (paid holidays) days

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

(11) Are you a member of a labor union?

- 1 There is no labor union at my workplace
- 2 There is a labor union, but I am not a member
- 3 I am a member of the workplace labor union
- 4 I am a member of a labor union other than the workplace labor union
- 5 Not applicable (self-employed or professional)

(12) What was your income from your main job last year? Please enter your gross income before deductions for taxes and social insurance.

Last year ten thousand yen No income

(13) Which type of compensation and how much compensation did you receive for your work last year (from Jan. though Dec.)? If you had more than one job, respond for the job which generated the highest income.

1 Monthly Salary
 2 Weekly Salary
 3 Daily Wage
 4 Hourly Wage
 5 Annual Salary

<p>(1) About how much do you earn from this job each month (including overtime; not including bonuses; pre-tax)?</p> <p>Per month</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand yen	<p>(2) What is your daily wage?</p> <p>Per day</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yen	<p>(3) What is your hourly wage?</p> <p>Hourly payment</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yen	<p>(4) What is your annual salary?</p> <p>Annual income</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ten thousand yen
--	--	---	--

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

ten thousand yen None

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 contract
- 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
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
③ I 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
⑥ 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
⑩ I feel it difficult to leave the company if people around me are working overtime	1	2	3	4	5	6
⑪ If overtime or holiday work continues, some late arrival is allowed	1	2	3	4	5	6
⑫ Communication between colleagues is good	1	2	3	4	5	6
⑬ Colleagues tend to share work knowledge	1	2	3	4	5	6
⑭ 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
⑯ The boss circulates the necessary information among the members in the workplace	1	2	3	4	5	6
⑰ 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
① Carrying 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
③ 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
① Those taking at least 30 minutes to find a good solution	1	2	3	4
② 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
① Managers, colleagues, or subordinates	1	2	3	4
② Students or trainees	1	2	3	4
③ Customers, 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
① Working at very high speed	1	2	3	4	5	6	7
② Working to tight deadline	1	2	3	4	5	6	7
③ Not having enough time to get the job done	1	2	3	4	5	6	7
④ Hiding your feeling	1	2	3	4	5	6	7
⑤ Handling angry clients, customers, patients, pupils etc.	1	2	3	4	5	6	7
⑥ 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	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
⑤ 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
① Work hours become halved with the same income	1	2	3	4	5
② Work hours become zero with the same income	1	2	3	4	5
③ Both 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 Performance	0	1	2	3	4	5	6	7	8	9	10	Top 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)
① At 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
③ I am enthusiastic about my job	0	1	2	3	4	5	6
④ My job inspires me	0	1	2	3	4	5	6
⑤ When I get up in the morning, I feel like going to work	0	1	2	3	4	5	6
⑥ I feel happy when I am working intensely	0	1	2	3	4	5	6
⑦ I am proud of the work that I do	0	1	2	3	4	5	6
⑧ I am immersed in my work	0	1	2	3	4	5	6
⑨ 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 the decision of quitting the company or organization where you were working 1 year ago?

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

(2) During the last year, if there were any specific periods when you (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

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	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 |
| 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
① Robot vacuum cleaner	1	2	3	4
② AI speaker	1	2	3	4
③ Watching 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	I have never heard about it
① IoT	1	2	3	4	5
② Cloud	1	2	3	4	5
③ AI	1	2	3	4	5
④ RPA	1	2	3	4	5
⑤ Machine learning	1	2	3	4	5
⑥ 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
① Basic processing using a spreadsheet software	1	2	3	4	5
② Processing using a macro function (recording and iteration) of spreadsheet software	1	2	3	4	5
③ Data 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 place |
| 2 | Most of jobs or tasks were lost | 6 | I don't know |
| 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

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 week.										
0	1	2	3	4	5	6	7	8	9	10
(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. Instead of receiving 10 thousand yen one month later, at least how much would you like to receive 13 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?

- 1 % or higher
- 2 I always take a folding umbrella.

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

These questions concern your health.

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 drink **1-2** I used to drink, but I quit. (to Q5)
2 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?

1 Every day	2 Sometimes	3 Used to smoke but do not now	4 Never smoked
↓		→ (to Q6)	

[SQ1 is to be answered by those who chose [1] or [2] for Q5]

SQ1. Please provide answers about the cigarettes you currently smoke

Brand :	Amount of tar : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> mg
Amount of nicotine : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> mg	Price <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> yen per pack
	Number of cigarettes <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 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 cigarettes: please write the brand name as specifically as possible; the amount of nicotine and tar can be left blank.

[To be answered by all respondents]

Q6. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitted)

- | | |
|--|---|
| <p>1 No health problems</p> <p>2 Had symptoms, but took no action</p> <p>3 Treatment at hospital or clinic</p> <p>4 Was hospitalized</p> | <p>5 Purchased over-the-counter medicine</p> <p>6 Other ()</p> |
|--|---|

[SQ is to be answered by those who chose [3] or [4] for Q6]

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?

- | | |
|---|--------------------|
| (a) Applied for High-Cost Medical Care Benefit? | [1. Yes · 2. No] |
| (b) Applied for High Aggregate Cost for Long-term Care Service? | [1. Yes · 2. No] |
| (c) Applied for Medical Expenses Deduction? | [1. Yes · 2. 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 charge, etc.)	1. Yes 2. No	<input style="width: 100px;" type="text"/> thousand yen
(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))	1. Yes 2. No	<input style="width: 100px;" type="text"/> thousand yen

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

- | | | | |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> | 1 | No exam or screening | |
| <input checked="" type="checkbox"/> | 2 | Periodic company or municipal government screening | Time of visiting (Before April 2020 or after March 2020) |
| <input checked="" type="checkbox"/> | 3 | Multiphase health screening | Time of visiting (Before April 2020 or after March 2020) |
| <input type="checkbox"/> | 4 | Lung cancer screening | Time of visiting (Before April 2020 or after March 2020) |
| <input type="checkbox"/> | 5 | Uterine cancer screening (Women only) | Time of visiting (Before April 2020 or after March 2020) |
| <input type="checkbox"/> | 6 | Breast cancer screening | Time of visiting (Before April 2020 or after March 2020) |
| <input type="checkbox"/> | 7 | Colon cancer screening | Time of visiting (Before April 2020 or after March 2020) |
| <input type="checkbox"/> | 8 | Other () | |

[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)

- | | | | | | |
|--------------------------|---|------------------------|-------------------------------------|----|---------------------|
| <input type="checkbox"/> | 1 | Blood pressure related | <input type="checkbox"/> | 8 | Electrolyte related |
| <input type="checkbox"/> | 2 | Bone density related | <input type="checkbox"/> | 9 | Prostrate related |
| <input type="checkbox"/> | 3 | Heart related | <input type="checkbox"/> | 10 | Metabolism related |
| <input type="checkbox"/> | 4 | Anemia related | <input type="checkbox"/> | 11 | Obesity related |
| <input type="checkbox"/> | 5 | Liver related | <input checked="" type="checkbox"/> | 12 | No problems noted |
| <input type="checkbox"/> | 6 | Kidney related | | | |
| <input type="checkbox"/> | 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 Plan to go 3 Did not (and will not) go

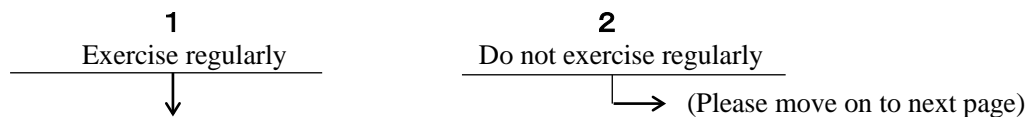
[To be answered by all respondents]

Q9. What is your height and weight?

Height . cm Weight . kg

Q10. Do you undertake a form of exercise such as those listed below on a regular basis?

If you undertake the exercise on a regular basis, 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 units of 10 minutes. In the "Other" section, please write the type of exercise you undertake most frequently (e.g. baseball, golf, etc.) and provide the amount of time you have spent performing this exercise.



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	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(b) Running/jogging	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(c) Radio calisthenics	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(d) Swimming	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(e) Cycling	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(f) Other ()	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> 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]

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
a. ...nervous?	1	2	3	4	5
b. ...hopeless?	1	2	3	4	5
c. ...restless or fidgety?	1	2	3	4	5
d. ...so depressed that nothing could cheer you up?	1	2	3	4	5
e. ...that everything was an effort?	1	2	3	4	5
f. ...worthless?	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).

- 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?

- 1 I am paying the full contributions
- 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

[Q3 is for respondents 65 and over]

Q3. What is your nursing care insurance premium category?

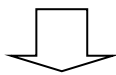
*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

- | | | | | | | | |
|---------|---------|---------|---------|---------|---------|--------------|-------------|
| 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.

- | | |
|------------------|----------------------------|
| 1 Myself | 5 Grandparent/grandparents |
| 2 Spouse | 6 Grandchild/grandchildren |
| 3 Child/children | 7 Other family members |
| 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 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 requirement certification is the severest.

- | | | | |
|-----------------------|-----------------------|-------------|-------------------|
| 1 | 2 | 3 | 4 |
| Yes (in nursing home) | Yes (living together) | Yes (other) | No |
| | | | ↳ (Proceed to Q5) |

Q2. How is the person who needs long-term care related to you?

- | | | | | |
|------------|-------------------|-------------------------|------------------|---------|
| 1 Yourself | 3 Your Parent | 5 Your grandparents | 7 Sibling | 9 Other |
| 2 Spouse | 4 Spouse's Parent | 6 Spouse's grandparents | 8 Other relative | |

Q3. What is the long-term care requirement certification of that person?

- | | | | | |
|------------------------------|-----------------|-----------------|-----------------|------------------------------------|
| 1. Provisional care required | 3. Support 2 | 5. Care level 2 | 7. Care level 4 | 9. Never applied for certification |
| 2. Support 1 | 4. Care level 1 | 6. Care level 3 | 8. Care level 5 | 10. Self-reliance certified |

Note: Refer to the long-term 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)
1 Yes 2 No	1 Your father 2 Your mother 3 Spouse's father 4 Spouse's mother 5 Your grandparents 6 Spouse's grandparents	7 Spouse 8 Your siblings 9 Spouse's siblings 10 Child 11 Grandchild 12 Others	1 Bathing 2 Dressing 3 Eating 4 Using the toilet 5 Indoor movement 6 Going out 7 Supervising

[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 → [] [1] . [0] hrs 30 minutes → [] [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)	Avg. [] [] . [] hrs/day	Avg. [] [] . [] hrs/wk	Avg. [] [] . [] hrs/wk	4	5
Childcare	Avg. [] [] . [] hrs/day	Avg. [] [] . [] hrs/wk	Avg. [] [] . [] hrs/wk	4	5
Training or study for work	Avg. [] [] . [] hrs/day	Avg. [] [] . [] hrs/wk	Avg. [] [] . [] hrs/wk	4	5
Volunteer activities	Avg. [] [] . [] hrs/day	Avg. [] [] . [] hrs/wk	Avg. [] [] . [] hrs/wk	4	5
Nursing Care*1	Avg. [] [] . [] hrs/day	Avg. [] [] . [] hrs/wk	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 → hours, 8 hours and 30 minutes → 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 support/nursing care/disability support”.	Daily Life Situation (use codes in Table A below)	How long have they been in this situation?	Affected Daily Activities (Please circle the appropriate number)				Disability Certificate Yes/No		Clinical diagnosis of dementia Yes/No		Condition of long-term care/disability (use codes in Table B below)
			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	
<i>(Entry Example) No. 3 (Your Father)</i>	1	0 year(s) 5 month(s)	1	2	3	4	1	2	1	2	15
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → 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	1 Self-reliant and be able to go out alone but with mild disabilities 2 Self-reliant in indoor daily life, unable to get out without assistance 3 A bedridden patient with the ability to maintain a sitting position during the day and nursing care is required at home 4 A bedridden patient who needs nursing care in using the toilet, eating, and dressing		
Table B. Condition of long-term care/disability code	1 Provisional care required 2 Support 1 3 Support 2 4 Care level 1 5 Care level 2 6 Care level 3	7 Care level 4 8 Care level 5 9 Disability support type1 10 Disability support type2 11 Disability support type3 12 Disability support type4	13 Disability support type5 14 Disability support type6 15 Never applied for certification 16 Self-reliance certified Note: Codes refer to the long-term care insurance card, disability support types , etc.

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

These questions concern trade liberalization.

Q1. (1) Recently, many free trade agreements (e.g. TPP11, RCEP and EU-Japan EPA) are ratified. What is your attitude toward trade liberalization?

1	2	3	4	5	6
Agree	Weakly agree	Neutral	Weakly disagree	Disagree	I don't know

(2) What will your life quality be, due to trade liberalization (in terms of consumption such as the price, quality and variety of goods and services)?

1	2	3	4	5	6
Improve	Slightly improve	No change	Slightly worsen	Worsen	I don't know

(3) What will your income be due to trade liberalization?

1	2	3	4	5	6
Increase	Slightly increase	No change	Slightly decrease	Decrease	I don't know

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).

	Dissatisfied \leftarrow					\rightarrow Satisfied					
	0	1	2	3	4	5	6	7	8	9	10
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 this already occurred?			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	→	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> %			
② Lose your job as the result of layoffs or company closure	1	2	3	→	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> %			
③ Be forced to drastically lower your standard of living given a decrease in the income and earnings	1	2	3	→	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> %			
④ Have difficulties paying your bills and be forced to use your savings or take out loans	1	2	3	→	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> %			
⑤ Encounter serious financial difficulties and possibly have to apply for social welfare benefits	1	2	3	→	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> %			

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)

	Completely dissatisfied										Completely satisfied	Not applicable
① Government	0	1	2	3	4	5	6	7	8	9	10	
② Local governments (prefectures, cities, towns, and villages)	0	1	2	3	4	5	6	7	8	9	10	
③ Company that you work for (only if applicable)	0	1	2	3	4	5	6	7	8	9	10	11

[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:)
B 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.

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

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.

Last year ten thousand yen **0** Did not give any financial assistance
→ (to Q3)

SQ. What were the purposes of that financial assistance? (Multiple responses permitted)

- 1** Living expenses
- 2** Medical expenses
- 3** Housing purchasing assistance
- 4** Rent
- 5** Other ()
- 6** None

Q3. How much financial assistance did you receive from your parents last year?

Please exclude inheritance items, but include housing purchases, rent, land rent, living expenses and other financial assistance and allowances.

Last year ten thousand yen **0** Did not receive any financial assistance
→ (to Q4)

SQ. What were the purposes of that financial assistance? (Multiple responses permitted)

- 1** Living expenses
- 2** Medical expenses
- 3** Housing purchasing assistance
- 4** Rent
- 5** Other ()
- 6** None

Q4. Do your parents own a house or other real state (their own property)?

- 1** Yes
- 2** No
- 3** Do not know

Q5. Parents' living situation.

(1-A) With whom does your mother live? (Please circle all the items that apply)

- 1** Living alone
- 2** Living with her spouse (your father)
- 3** Living with her child
- 4** Other
- 5** Deceased → (to (2-A))

(1-B) What type of housing or facility does your mother usually live in? (Please circle just one item)

- 1** Detached House
- 2** Collective housing
(Condominium, Apartment, etc.)
- 3** House for elderly people
- 4** Facilities, hospital, group home
(Nursing Home, Medical Long-Term Care Sanatorium, etc.)
- 5** Other

(2-A) With whom does your father live? (Please circle all the items that apply)

- 1** Living alone
- 2** Living with his spouse (your mother)
- 3** Living with his child
- 4** Other
- 5** Deceased → (to next page)

(2-B) What type of housing or facility does your father usually live in? (Please circle just one item)

- 1** Detached House
- 2** Collective housing
(Condominium, Apartment, etc.)
- 3** House for elderly people
- 4** Facilities, hospital, group home
(Nursing Home, Medical Long-Term Care Sanatorium, etc.)
- 5** Other

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

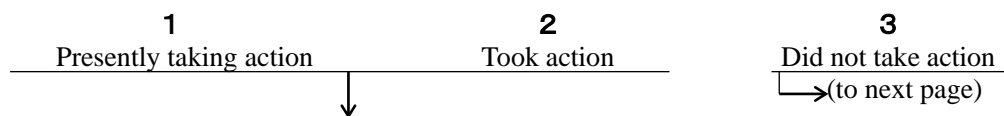
These questions concern your current schooling.

Q1. Are you presently attending school?

- 1 Yes
School location: 1 Same city, ward, town or village
2 Same prefecture, other city, ward, town or village
3 Other prefecture (Prefecture)
- 2 No

Q2. These questions ask about your learning activities to improve your skills and abilities.

(1) During the year from last February until now, have you taken any actions (attended school, taken lectures, self-study, etc.) of your own will, to improve your skills and abilities for your own work?



(2) How did you learn? Please circle all the items that apply. (Multiple responses permitted)

- 1 Attended vocational school or advanced vocational school
- 2 Attended trade school
- 3 Attended public vocational training
- 4 Attended university (degree program)
- 5 Attended graduate school (including adult education)
- 6 Took correspondence course (including university courses)
- 7 Attended university or other public lecture
- 8 Learned from TV or radio course and books
- 9 Attended lectures or seminars
- 10 Participated in company voluntary study group
- 11 Other ()

SQ. [Only for respondents who answered [1-5] in (2)] Did you graduate from that program?

- 1 Yes, completed and graduated
- 2 Have not yet completed or graduated

(3) How much time and money did you spend per month, on average, for that learning activity? (Include all expenses paid by you or your family, but do not include public assistance or assistance from your employer; enter "0" if you did not spend any money.)

Time: Approx. hours Money: Approx. ten thousand yen

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

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).

- | Performed paid work | | | Did not perform any paid work | | |
|---------------------|--|-------------------------------------|-------------------------------|------------------------|--------------------------------------|
| 1 Mostly worked | 2 Worked while mostly attending school | 3 Worked while mostly keeping house | 4 Took leave from work | 5 Was looking for work | 6 Attended school; kept house; other |
| 1 | 2 | 3 | 4 | 5 | 6 |
| | → (to Q2) | | ↓ | → (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 |
| 3 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".

- 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)
 - 6 Wholesale, retail (including department stores and supermarkets)
 - 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 | 4 100- 499 persons |
| 2 5-29 persons | 5 500 persons or more |
| 3 30-99 persons | 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)

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

(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

} → (Proceed to (9))



[(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)

→ Contract period: months

[For respondents who answered [3]]

SQ. How many times have you renewed your contract?

Contract renewed times

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

(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)?

Granted (total last year) days (Of which) Carried over days Taken (paid holidays) days

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

(11) Are you a member of a labor union?

- 1 There is no labor union at my workplace
- 2 There is a labor union, but I am not a member
- 3 I am a member of the workplace labor union
- 4 I am a member of a labor union other than the workplace labor union
- 5 Not applicable (self-employed or professional)

(12) What was your income from your main job last year? Please enter your gross income before deductions for taxes and social insurance.

Last year ten thousand yen No income

(13) Which type of compensation and how much compensation did you receive for your work last year (from Jan. through Dec.)? If you had more than one job, respond for the job which generated the highest income.

1	2	3	4	5
Monthly Salary	Weekly Salary	Daily Wage	Hourly Wage	Annual Salary
↓		↓	↓	↓

(1) About how much do you earn from this job each month (including overtime; not including bonuses; pre-tax)?

Per month thousand yen

(2) What is your daily wage?

Per day yen

(3) What is your hourly wage?

Hourly payment yen

(4) What is your annual salary?

Annual income ten thousand yen

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

ten thousand yen None

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

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)
<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

(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 | 3 Working from home is not more efficient |
| 2 Not much will change | 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** No

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

- | | | | | | | | | |
|---|---|----|---|-----|---|-----------|---|-------------|
| • Reduced working hours system | 1 | No | 2 | Yes | 3 | 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 system | 1 | No | 2 | Yes | 3 | Have used | 4 | Do not know |
| • In-house transfers advertising system | 1 | No | 2 | Yes | 3 | Have used | 4 | Do not know |
| • System for rehiring employees who retired for childcare or nursing care | 1 | No | 2 | Yes | 3 | Have used | 4 | Do not know |
| • Reclassification system from non-regular to regular employees | 1 | No | 2 | Yes | 3 | Have used | 4 | Do not know |

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

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 contract
- 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
③ I 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
⑥ 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
⑩ I feel it difficult to leave the company if people around me are working overtime	1	2	3	4	5	6
⑪ If overtime or holiday work continues, some late arrival is allowed	1	2	3	4	5	6
⑫ Communication between colleagues is good	1	2	3	4	5	6
⑬ Colleagues tend to share work knowledge	1	2	3	4	5	6
⑭ 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
⑯ The boss circulates the necessary information among the members in the workplace	1	2	3	4	5	6
⑰ The boss has a sharp way of working	1	2	3	4	5	6

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

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
① Carrying 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
③ 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
① Those taking at least 30 minutes to find a good solution	1	2	3	4
② 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
① Managers, colleagues, or subordinates	1	2	3	4
② Students or trainees	1	2	3	4
③ Customers, 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
① Working at very high speed	1	2	3	4	5	6	7
② Working to tight deadline	1	2	3	4	5	6	7
③ Not having enough time to get the job done	1	2	3	4	5	6	7
④ Hiding your feeling	1	2	3	4	5	6	7
⑤ Handling angry clients, customers, patients, pupils etc.	1	2	3	4	5	6	7
⑥ Being in situations that are emotionally disturbing for you	1	2	3	4	5	6	7

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

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	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
⑤ 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
① Work hours become halved with the same income	1	2	3	4	5
② Work hours become zero with the same income	1	2	3	4	5
③ Both 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												Top Performance
	0	1	2	3	4	5	6	7	8	9	10	

(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 Performance												Top Performance
	0	1	2	3	4	5	6	7	8	9	10	

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

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)
① At 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
③ I am enthusiastic about my job	0	1	2	3	4	5	6
④ My job inspires me	0	1	2	3	4	5	6
⑤ When I get up in the morning, I feel like going to work	0	1	2	3	4	5	6
⑥ I feel happy when I am working intensely	0	1	2	3	4	5	6
⑦ I am proud of the work that I do	0	1	2	3	4	5	6
⑧ I am immersed in my work	0	1	2	3	4	5	6
⑨ 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?

1 Yes

2 No

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

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

(2) During the last year, if there were any specific periods when you (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

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	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 |
| Had a side job | Side job prohibited | Side job allowed, but did not have one |

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

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
① Robot vacuum cleaner	1	2	3	4
② AI speaker	1	2	3	4
③ Watching 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	I have never heard about it
① IoT	1	2	3	4	5
② Cloud	1	2	3	4	5
③ AI	1	2	3	4	5
④ RPA	1	2	3	4	5
⑤ Machine learning	1	2	3	4	5
⑥ 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
① Basic processing using a spreadsheet software	1	2	3	4	5
② Processing using a macro function (recording and iteration) of spreadsheet software	1	2	3	4	5
③ Data 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 place |
| 2 Most of jobs or tasks were lost | 6 I don't know |
| 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

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

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 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

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

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

These questions concern your health.

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	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 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.

- 1** Never drink → 1-1 I don't/can't drink 1-2 I used to drink, but I quit. → (to Q5)
2 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

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

Q5. Do you smoke cigarettes?

1 Every day	2 Sometimes	3 Used to smoke but do not now	4 Never smoked
↓		→ (to Q6 on the next page)	

[SQ1 is to be answered by those who chose [1] or [2] for Q5]

SQ1. Please provide answers about the cigarettes you currently smoke

Brand :	Amount of tar :	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	mg
Amount of nicotine : <input style="width: 15px; height: 15px;" type="text"/> . <input style="width: 15px; height: 15px;" type="text"/> mg	Price	<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	yen per pack
Number of cigarettes		<input style="width: 15px; height: 15px;" type="text"/>	<input style="width: 15px; height: 15px;" type="text"/>	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 cigarettes: please write the brand name as specifically as possible; the amount of nicotine and tar can be left blank.

[To be answered by all respondents]

Q6. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitted)

- | | |
|--|---|
| <p>1 No health problems</p> <p>2 Had symptoms, but took no action</p> <p>3 Treatment at hospital or clinic</p> <p>4 Was hospitalized</p> | <p>5 Purchased over-the-counter medicine</p> <p>6 Other ()</p> |
|--|---|

[SQ is to be answered by those who chose [3] or [4] for Q6]

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?

- (a) Applied for High-Cost Medical Care Benefit? [1. Yes · 2. No]
- (b) Applied for High Aggregate Cost for Long-term Care Service? [1. Yes · 2. No]
- (c) Applied for Medical Expenses Deduction? [1. Yes · 2. 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 charge, etc.)	1. Yes 2. No	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"><input style="width: 100%; height: 100%;" type="text"/></td><td style="width: 15px; height: 15px;"><input style="width: 100%; height: 100%;" type="text"/></td><td style="width: 15px; height: 15px;"><input style="width: 100%; height: 100%;" type="text"/></td><td style="width: 15px; height: 15px;"><input style="width: 100%; height: 100%;" type="text"/></td><td style="width: 15px; height: 15px;"><input style="width: 100%; height: 100%;" type="text"/></td></tr></table> thousand yen	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))	1. Yes 2. No	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px; height: 15px;"><input style="width: 100%; height: 100%;" type="text"/></td><td style="width: 15px; height: 15px;"><input style="width: 100%; height: 100%;" type="text"/></td><td style="width: 15px; height: 15px;"><input style="width: 100%; height: 100%;" type="text"/></td><td style="width: 15px; height: 15px;"><input style="width: 100%; height: 100%;" type="text"/></td><td style="width: 15px; height: 15px;"><input style="width: 100%; height: 100%;" type="text"/></td></tr></table> thousand yen	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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(For the spouse of the respondent who is filling out the survey)

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

- 1 No exam or screening
- 2 Periodic company or municipal government screening Time of visiting (Before April 2020 or after March 2020)
- 3 Multiphase health screening Time of visiting (Before April 2020 or after March 2020)
- 4 Lung cancer screening Time of visiting (Before April 2020 or after March 2020)
- 5 Uterine cancer screening (Women only) Time of visiting (Before April 2020 or after March 2020)
- 6 Breast cancer screening Time of visiting (Before April 2020 or after March 2020)
- 7 Colon cancer screening Time of visiting (Before April 2020 or after March 2020)
- 8 Other ()

[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)

- 1 Blood pressure related
- 2 Bone density related
- 3 Heart related
- 4 Anemia related
- 5 Liver related
- 6 Kidney related
- 7 Diabetes related
- 8 Electrolyte related
- 9 Prostrate related
- 10 Metabolism related
- 11 Obesity related
- 12 No problems noted

[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 Plan to go
- 3 Did not (and will not) go

[To be answered by all respondents]

Q9. What is your height and weight?

Height . cm Weight . kg

Q10. Do you undertake a form of exercise such as those listed below on a regular basis?

If you undertake the exercise on a regular basis, 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 units of 10 minutes. In the "Other" section, please write the type of exercise you undertake most frequently (e.g. baseball, golf, etc.) and provide the amount of time you have spent performing this exercise.

1
2
Exercise regularly Do not exercise regularly
↓ ↘ (Please move on to 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 years exercise has been undertaken on a continual basis	Main places where exercise is carried out
(a) Walking/strolling	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(b) Running/jogging	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(c) Radio calisthenics	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(d) Swimming	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(e) Cycling	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(f) Other ()	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other

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

* 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
a. ...nervous?	1	2	3	4	5
b. ...hopeless?	1	2	3	4	5
c. ...restless or fidgety?	1	2	3	4	5
d. ...so depressed that nothing could cheer you up?	1	2	3	4	5
e. ...that everything was an effort?	1	2	3	4	5
f. ...worthless?	1	2	3	4	5

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

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).

- 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?

- 1 I am paying the full contributions
- 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

[Q3 is for respondents 65 and over]

Q3. What is your nursing care insurance premium category?

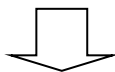
*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

- | | | | | | | | |
|---------|---------|---------|---------|---------|---------|--------------|-------------|
| 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.

- | | |
|------------------|----------------------------|
| 1 Myself | 5 Grandparent/grandparents |
| 2 Spouse | 6 Grandchild/grandchildren |
| 3 Child/children | 7 Other family members |
| 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?

Three empty boxes for entering the amount in thousands of yen.

thousand yen per month

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

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 → hrs 30 minutes → hrs

Frequency	Almost every day	A few times per week	Once a week	Almost never	Never
Commute to school or work (one-way)	Avg. <input type="text" value="1"/> <input type="text" value="0"/> min	Avg. <input type="text" value="2"/> <input type="text" value="0"/> min	Avg. <input type="text" value="3"/> <input type="text" value="0"/> min	4	5
Housework (prepare meals, laundry, grocery shopping, cleaning)	Avg. <input type="text" value="1"/> <input type="text" value="0"/> hrs/day	Avg. <input type="text" value="2"/> <input type="text" value="0"/> hrs/wk	Avg. <input type="text" value="3"/> <input type="text" value="0"/> hrs/wk	4	5
Childcare	Avg. <input type="text" value="1"/> <input type="text" value="0"/> hrs/day	Avg. <input type="text" value="2"/> <input type="text" value="0"/> hrs/wk	Avg. <input type="text" value="3"/> <input type="text" value="0"/> hrs/wk	4	5
Training or study for work	Avg. <input type="text" value="1"/> <input type="text" value="0"/> hrs/day	Avg. <input type="text" value="2"/> <input type="text" value="0"/> hrs/wk	Avg. <input type="text" value="3"/> <input type="text" value="0"/> hrs/wk	4	5
Volunteer activities	Avg. <input type="text" value="1"/> <input type="text" value="0"/> hrs/day	Avg. <input type="text" value="2"/> <input type="text" value="0"/> hrs/wk	Avg. <input type="text" value="3"/> <input type="text" value="0"/> hrs/wk	4	5
Nursing Care*1	Avg. <input type="text" value="1"/> <input type="text" value="0"/> hrs/day	Avg. <input type="text" value="2"/> <input type="text" value="0"/> hrs/wk	Avg. <input type="text" value="3"/> <input type="text" value="0"/> 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 → hours, 8 hours and 30 minutes → hours.)

Weekdays hours per night on average

Weekends and holidays hours per night on average

Q3. How would you rate the overall quality of your sleep over the past month?

1 Excellent 2 Good 3 Bad 4 Very bad

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

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

These questions concern trade liberalization.

Q1. (1) Recently, many free trade agreements (e.g. TPP11, RCEP and EU-Japan EPA) are ratified. What is your attitude toward trade liberalization?

1	2	3	4	5	6
Agree	Weakly agree	neutral	Weakly disagree	Disagree	I don't know

(2) What will your life quality be, due to trade liberalization (in terms of consumption such as the price, quality and variety of goods and services)?

1	2	3	4	5	6
Improve	slightly improve	no change	slightly worsen	worsen	I don't know

(3) What will your income be due to trade liberalization?

1	2	3	4	5	6
Increase	slightly increase	no change	slightly decrease	decrease	I don't know

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).

	Dissatisfied ←					→ Satisfied					
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

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

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	
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 this already occurred?			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	→	%
② Lose your job as the result of layoffs or company closure	1	2	3	→	%
③ Be forced to drastically lower your standard of living given a decrease in the income and earnings	1	2	3	→	%
④ Have difficulties paying your bills and be forced to use your savings or take out loans	1	2	3	→	%
⑤ Encounter serious financial difficulties and possibly have to apply for social welfare benefits	1	2	3	→	%

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

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

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)

	Completely dissatisfied										Completely satisfied	Not applicable
① Government	0	1	2	3	4	5	6	7	8	9	10	
② Local governments (prefectures, cities, towns, and villages)	0	1	2	3	4	5	6	7	8	9	10	
③ Company that you work for (only if applicable)	0	1	2	3	4	5	6	7	8	9	10	11

[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)	2 Questionnaire subject	3 Other person (Please specify:)
C Pages 48 (Feeling of satisfaction)	1 Spouse (Spouse of questionnaire subject)	2 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 Does not have any deposits → (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 Does not have any deposits

(B) Medium-term government bond

ten thousand yen Do not have one.

(2) About how much does your household presently have in securities?

ten thousand yen Does not have any securities → (to next page)

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 Do not have one.

(B) Foreign currency denominated financial products

ten thousand yen Do not have one.

Q2. Does your household 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*, 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	1 Yes	2 No
To buy durable consumer goods (automobiles, furniture, home appliances, etc).	1 Yes	2 No
For child/children's education	1 Yes	2 No
For marriage (including child/children's marriage)	1 Yes	2 No
For travel, sports or other leisure	1 Yes	2 No
For independence and self-support	1 Yes	2 No
For illness, disaster, etc.	1 Yes	2 No
For living expenses	1 Yes	2 No
Other	1 Yes	2 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 idea
- 11 Others (Please specify: _____)

These questions concern 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

Q2. About how much was your household's annual take-home income (total take-home income of all family members with the same household finances, after tax and social insurance deductions) last year (Jan.-Dec.)? Do not include any income from private insurance receipts or the sale of assets (financial assets or real assets).

Total annual after-tax income last year ten thousand yen

SQ. Among them, what percentage of your income do you save? Please answer as a percentage.

Saving approximate percentage

Q3. Did your household receive any of the following types of insurance benefits or asset income over the past year (Jan.-Dec.)? If so, please enter the approximate amounts below.

(1) Insurance benefits (enter the amount of life, fire or other insurance benefits received below; do not include social insurance benefits).

1 Yes → ten thousand yen **2** No

(2) Sales of land, housing, automobiles or other assets

1 Yes → ten thousand yen **2** No

(3) Retirement benefits

1 Yes → ten thousand yen **2** No

(4) Securities sales profits and losses

1 Profits received	2 Losses incurred	3 No
↓		→ (to next page)

SQ. Enter the amount of the profits or losses

ten 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.

	A Husband <small>(Unit: ten thousand yen)</small>	B Wife <small>(Unit: ten thousand yen)</small>	C Other Family Total (Approx) <small>(Unit: ten thousand yen)</small>
(1) Annual employment income*1	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) Self-employment, business, home work income (including agriculture, forestry & fishery income)*2	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3) Rent & land rent income	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4) Interest & dividends*3	<input type="text"/>	<input type="text"/>	<input type="text"/>
(5) Remittances & gifts	<input type="text"/>	<input type="text"/>	<input type="text"/>
(6) Public pension	<input type="text"/>	<input type="text"/>	<input type="text"/>
(7) Corporate & personal pensions	<input type="text"/>	<input type="text"/>	<input type="text"/>
(8) Unemployment benefits & child-care leave benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>
(9) Child allowances and childcare allowances*4 (Household total)	<input type="text"/>	<small>(Please enter the total amount received by your household)</small>	
(10) Welfare benefits (Household total)	<input type="text"/>	<small>(Please enter the total amount received by your household)</small>	
(11) Other income	<input type="text"/>	<input type="text"/>	<input type="text"/>

- * 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 →

--	--	--	--

 thousand yen

(2) Eating out & school lunches →

--	--	--	--

 thousand yen

(3) Rent, land rent, home repairs (excluding mortgages) →

--	--	--	--

 thousand yen
 excluding multi-family housing common charges)

(4) Multi-family housing common charges →

--	--	--	--

 thousand yen

(5) Electricity, gas, water (supply & sewage) →

--	--	--	--

 thousand yen

Of which, electricity → { thousand yen }
 Of which, gas → { thousand yen }

Note : Electric charge does not include selling electricity. Answer electric charge only for your use
 (6) Furniture, electric appliances, household supplies
 (furniture, household electric appliances [excl. digital consumer electronics], misc. household items, etc.) →

--	--	--	--

 thousand yen

(7) Digital consumer electronics purchases
 (PCs, TVs, video cameras, digital cameras, DVD players, etc.) →

--	--	--	--

 thousand yen

(8) Clothing & shoes →

--	--	--	--

 thousand yen

(9) Healthcare (medicine, treatment, glasses, contact lenses, etc.) →

--	--	--	--

 thousand yen

(10) Transportation (including automobile expenses, fares, commuting passes, taxes, tolls, etc.) →

--	--	--	--

 thousand yen

(11) Communications (postage, fixed-line, and mobile phone charges) →

--	--	--	--

 thousand yen

(12) Internet communications (provider fees, modem rental, etc.) →

--	--	--	--

 thousand yen

(13) Education
 (school tuition, textbooks, learning reference materials, tutoring, etc.) →

--	--	--	--

 thousand yen

(14) Culture & amusement (stationery, sporting goods, travel, hobbies) →

--	--	--	--

 thousand yen

(15) Entertaining & pocket money →

--	--	--	--

 thousand yen
 (allowances, membership fees and other association fees, etc.)

(16) Remittances (children's food & board, etc.) →

--	--	--	--

 thousand yen

(17) Other expenditures (barbers and beauty parlors, cigarettes, nursery school, nursing care, other personal goods, etc.) →

--	--	--	--

 thousand yen

Total →

--	--	--	--

 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) → 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.

yen **0** 0 yen

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.

January 2020	Most frequently used	<input type="checkbox"/>	Second most frequently used	<input type="checkbox"/>	Third most frequently used	<input type="checkbox"/>
January 2021	Most frequently used	<input type="checkbox"/>	Second most frequently used	<input type="checkbox"/>	Third most frequently used	<input type="checkbox"/>

- 1** Broadband such as FTTH and CATV (including in-home wireless connections)
- 2** Cellular internet with a home router or hotspot (e.g., Softbank air)
- 3** Cellular internet with a mobile router (e.g., Pocket Wi-Fi)
- 4** Internet connection using your own smartphones/tablets (including connections using device's tethering features)
- 5** Internet connection using smartphones/tablets for your business (including connections using device's tethering features)
- 6** No internet access at home
- 7** Don't know
- 8** Others

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	3 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?

- 1** Confirmed
- 2** Would like to confirm, but materials are not available → (to next page)
- 3** Not confirmed → (to next page)

[For respondents who answered "1 Confirmed" in Q1]

SQ1. When was the most recent time you checked? **1** Heisei year months
2 Reiwa year months

These questions concern housing.

These questions concern changes in your household's residence over the past year.

Q1. Have your household moved or expanded/remodeled your housing **since January 2020**?

1	2	3
Moved	Expanded/remodeled	No change since last year
↓		→ (to Q3 on the next page)

[Q2 is to be answered by those who chose [1] or [2] for Q1]

Q2. (1) What type of housing do you presently live in?

1	2	3	4	5
Detached House	Semi-detached house (town house, etc.)	Steel/concrete Condo (multi-family)	Wooden Apartment (multi-family)	Other ()
↓		↓		
				→(to (2))

[For respondents who answered 1 or 2 in Q2(1)]

[For respondents who answered 3 or 4 in Q2(1)]

SQ1. How many stories is your house?

		stories
--	--	---------

SQ2. Does your house have a yard? If so, how large is the yard?

1 Yes

--	--	--

 m² **2** No

SQ3. How many stories is the building?

		stories
--	--	---------

SQ4. Which floor do you live on?

Floor

--	--

(2) What is the total floor space? (2 tatami mats = 1 *tsubo* = 3.3m²)

--	--	--	--

 m²

(3) How old is the building where you presently live?

--	--

 years old

(4) How many rooms do you have (bedrooms, living rooms, studies, dining rooms, kitchens)?

--	--

 Rooms

(5) How long does it take to walk to the closest train station or bus stop?

--	--

 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)

1	2	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. company leased housing)	Other type ()
↓				↓		↓	
				(to Q8 on page 60)		(to Q12 on page 61)	

[Q4 to Q5 is for respondents who answered “1-4 homeowner” in Q3]

Q4. These questions concern respectively the housing and plot where you presently live.

SQ1. How much is the land rent? (per month)

<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					ten thousand yen	<input checked="" type="checkbox"/>	I own the plot and do not pay any land rent

SQ2. What is the approximate present total market value of the real estate (the price you would receive if you sold it)? (If you live in condo or you do not own the plot, enter housing value only)

Housing	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					ten thousand yen	Plot	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					ten thousand yen

SQ3. How do you think the present market value will change next year?
(If you live in condo or you do not own the plot, enter housing value only).

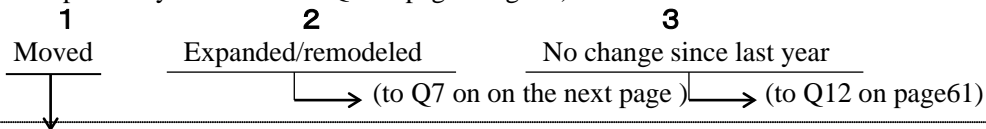
<p>Housing value will</p> <p>1 Increase <input type="checkbox"/> → Approx <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> %</p> <p>2 Decrease <input type="checkbox"/> →</p> <p>3 Not change</p>			<p>Plot value will</p> <p>1 Increase <input type="checkbox"/> → Approx <table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> %</p> <p>2 Decrease <input type="checkbox"/> →</p> <p>3 Not change</p>		

SQ4. What is the appraised value of the real estate for property taxes?
(If you live in condo or you do not own the plot, enter housing value only)

Housing	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					ten thousand yen	Plot	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					ten thousand yen

Q5. Have your household moved or expanded/ remodeled your housing **since January 2020**?

(Please provide your answer to Q1 on page57 again.)



[Q6 is for respondents who answered “1 Moved” in Q5]

Q6. Which of the following options applies to your current residence? (please circle one)

- | | |
|---|----------------------------|
| 1 Building a custom house | 4 Inheritance from parents |
| 2 Purchased a house for sale or condominium | 5 Other (Please specify:) |
| 3 Buying an existing house | |

SQ1. How did you acquire the property? (If you do not own the property or live in a condominium, please answer only for the house. (If the site is not owned by you or you live in an apartment, please answer only the house part. (If the site is not owned by you or you live in a condominium, please answer only the house part, and if the site is in the name of a family member such as a parent, please choose 7.

House is The site is

- 1 Purchased entirely with own funds (including loans)
- 2 Partially borrowed funds from parent to purchase
- 3 I received a gift from my parents to purchase the house
- 4 Purchased in joint name with parents
- 5 I received a gift of a house or site from my parents
- 6 Inherited the house or site from a parent
- 7 I live in a house that is in the name of my parents or other family members
- 8 Other

SQ2. Around when did you purchase the real estate?(If you live in condo or you do not own the plot, enter housing value only)

House Year Month Site Year Month

I did not purchase either a housing or a plot. → (to SQ5 on the next page)

SQ3. How much did you pay for your purchase? Please answer approximately. (If you do not own the property or you live in an apartment, please answer only the house part and write 0 for the property.

House ten thousand yen Site ten thousand yen

SQ4. Please fill in the amount of funding that used to purchase the current residence and building plot (If you live in condo or you do not own the plot, enter housing value only)

Total (“House” + “Site” from SQ3)	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
1. Mortgage (initial borrowing amount at the time of purchase)	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
When did you take out the mortgage?	<input style="width: 60%; height: 20px;" type="text"/> Year <input style="width: 20px; height: 20px;" type="text"/> Month	
2. Personal funds (savings etc.)	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
3. (In case of removal) Funds from the sale of a previous home	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
4. Borrow from relatives	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
5. Assistance from relatives	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
1~5 Total	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen

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

Plot area

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 m²

[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 construction?

--	--	--	--	--

 ten thousand yen

[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)?

--	--	--

 thousand yen

SQ2. How much are the common charges per month (including common charges and the common portion of utilities and repair fees)?

--	--	--

 thousand yen

SQ3. What is the remaining lease period?

--	--

 Years

--	--

 months

Q9. I would like to ask you about the housing rental/lease agreement of your current residence.

SQ1. This question concerns the term lease system established in March 2000. Does your present residence have a fixed-term lease? (a residence for which a fixed-term building lease has been concluded)

- 1 Yes
2 No
3 Not applicable (e.g., company house or dormitory)
- ↓
- ↘ (to Q10 on the next page)

SQ2. Have you renewed the contract last year?

- 1 Yes
2 No
- ↓
- ↘ (to Q12 on the next page)

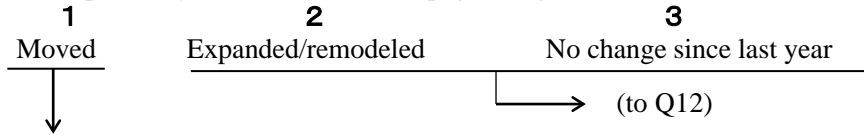
SQ3. How much was the contract renewal fee?

--	--	--	--

 thousand yen

Q10. Did your household move or expand or remodel housing **since January 2020**?

(Please provide your answer to Q1 on page 57 again.)



[Q11 is for respondents who answered “1 Moved” in Q10]

Q11. I would like to ask you about the security deposit (Shikikin) and key money (Reikin) that were paid at the time when you moved into the current residence.

SQ1. Did you pay a security deposit?



SQ2. How much was the security deposit (to the first decimal point)?

. month's rent

SQ3. Did you pay key money?



SQ4. How much was the key money (to the first decimal point)?

. month's rent

[To be answered by all respondents]

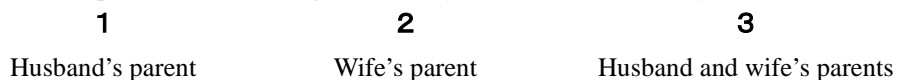
Q12. Which of the following indicates your living situation with your parents?

(Answer for the parent or spouse's parent who lives closest to you)

- 1 Live together with parents in the same building and share household expenses (joint household)
 - 2 Live together with parents in the same building, but keep separate household expenses (semi-joint household)
 - 3 Live in different buildings on the same plot with parents (semi-joint household)
 - 4 Live in the same town or within 1km of parents (nearby residence)
 - 5 Live in the same ward with parents (for residents of 21 major cities with wards)
 - 6 Live in the same city, town or village with parents (for residents of other cities and county areas)
 - 7 Live in the same prefecture with parents
 - 8 Parents live in areas aside from 1-7 above (Prefecture :)
 - 9 Parents are all deceased
- (to Q12)

[For respondents who answered [1-8] in Q12]

SQ. Which is the parent who lives together with you or lives closest to you?



[To be answered by all respondents]

Q13(1) Is there a possibility that you will receive housing or land **from your parents** by way of a bequest or a gift in the future? Circle both **1** and **2** if you have the possibility to receive both a bequest and a gift.

1 I have a possibility to receive a bequest **2** I have a possibility to receive a gift **3** I have no possibility to receive a bequest or a gift

↓

SQ1. For respondents who answered “**1** or **2**” in the previous question. Do you plan to use that real estate by yourself?

1
Yes
2
Do not know
3
No

→ (to SQ3)
↓

SQ2. For those who answered “**2** Do not know” or “**3** No” to the previous question, how will you use inherited/gifted properties? Please select the one that applies.

- 1** My family or relatives will live there
- 2** Plan to rent out
- 3** Plan to sell
- 4** Keep the building as it is
- 5** Remove the building and hold only the land lot
- 6** Others (please specify: _____)

SQ3. What is the approximate present total market value of that real estate? (If you do not own the plot, enter housing value only. On the other hand, if you do not own the housing, enter plot value only.)

Housing ten thousand yen Plot ten thousand yen

(2) Is there a possibility that you will receive financial assets from your parents by way of a bequest or a gift in the future? Circle both **1** and **2** if you have the possibility to receive both a bequest and a gift.

1 I have a possibility to receive a bequest **2** I have a possibility to receive a gift **3** I have no possibility to receive a bequest or a gift

↓

SQ1. For respondents who answered “**1** or **2**” in the previous question. What is the approximate amount value of those financial assets?

ten thousand yen

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	3	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 |
| ↓ | | ↳ (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 ()
- } → (to Q1 on the next page)

[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

SQ4. What is the total floor space of the housing you plan to purchase/move in? (2 tatami mats = 1 *tsubo* = 3.3m²)

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px dashed black; width: 25%;"></td> <td style="border-right: 1px dashed black; width: 25%;"></td> <td style="border-right: 1px dashed black; width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					m ²

These questions concern mortgage loans.

[To be answered by all respondents]

Q1. Does your household presently have any mortgage loans?



SQ1. How much is your total mortgage loan balance and how much did you repay in total over the past year (including refinancing)?

Total mortgage loan balance 0 ten thousand yen

Total repaid over past year 0 ten thousand yen No repayments past year

SQ2. Considering your current mortgage loan, have you make any advanced repayment in the past year?

- 1 No 2 Yes
-

SQ3. Did you take out a new mortgage or refinance existing mortgages in the last year?

1 I took out a new mortgage in the last year (no mortgages previously)
2 I refinanced existing mortgage(s) in the last year
3 I did not either take out or refinance mortgages in the last year → (end of survey)

[SQ4 is for respondents who answered [1] or [2] in SQ3]

SQ4. What type of interest rate is applied to the current mortgage?

- 1 Floating interest rate
- 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.