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.

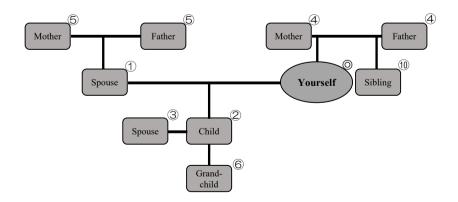
The purpose of this survey is for statistical analysis. The individuals, family members or relatives will not be identified in the statical analysis results. Please answer the questions truthfully.

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

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



- Q1. Please fill in the following table with the information of your family, your relatives, and those who live with you.
 - O 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.
 - \bigcirc In case of no previous information of someone living with you or an individual of your family, please fill in their information.

					Ch	<u>:</u>					Ans	wer	the t	ollov	ving	item	ıs ba	sed on you	r ans	wer	on co	olum	n "C	hanç	ges"					
					Changes	F	inal acad		Char	nges in selationsh	family nip	M	arital	Stat	us	L	iving	situation	Wo	rking	situa	tion	Scho	ooling	ı situ	ation	Circ		applio	cable
Family ID	Relationship to you	Relationship codes (Use codes below)	တ္ဆ	Year and month of birth * Please write th birth year in AD * Please fill in th birth year in the case of birth month unknown * Circle "unknown" in the case of birth year unknown	nges 2 - Any change of st	Type of scribor (Ose codes below)	=	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 $oldsymbol{oldsymbol{arphi}}$)	l 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)	l don't know 3	Not in schol 1	In school 2	Type of shool (Use codes below)	l don't know 3	Not keeping in contact with you or your spouse	Sharing household expenses with you	Chronic restrictions on daily activities (※1)	Certified as needing support/nursing care/disability support
No. 1	Yourself									_						=														
No. 2			M F	Y	unknown 2		Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2		3	1	2		3				
No. 3			М	Y	unknown 2		Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2		3	1	2		3				
No. 4			F	Y	unknown 2		Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2		3	1	2		3				
No. 5			М	Y	unknown 2		Not	unknown	1	2	3	1	2		3	1	2	——— hrs	1	2		3	1	2		3				
No. 6			F	Y M	unknown 2		Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2		3	1	2		3				
No. 7			М	Y	unknown 2		Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2		3				
No. 8			М	Y	unknown 2		Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2		3				
No. 9			М	Y	unknown 2		Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2		3				
No. 10			M F	Y	unknown 2		Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2		3				
No. 11			M F	Y	unknown 2		Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2		3				

^{* 1: &}quot;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 02 03 04 05 06 07	Spouse Child Spouse of chil Parent Parent of spou Grandchild Spouse of gran	ise	ild	09 Grandi 10 Sibling 11 Sibling 12 Spous	parent parent of g g of spou e of sibli relative	ise	e	Employment Form Code	1 2 3 4 5 6 7 8	Prof Fam Exec Full- Part Tem	essionally encutive time time apora	loyed onal mploy e office employ emp	yee cer loyee loyee	ee	empl	oyee		School type Code	1 Nurser 2 Kinder 3 Elemen 4 Junior 5 Senior 6 Junior 7 Four-y 8 Gradus 9 Specia	garte ntary high high colle ear u	school school school ge or niver	ol ol ol specia sity	lized			tory s	schoo	ol)			
							Changes			demic		nange:	s in							ased on you			on col situati	T				etion	Circ	le the		cable
Family ID		Relationship to you	Relationship codes (Use codes below)	Sex	Year and rof birth * Please with year in the search of birth year and rotated in the search of birth year and rotated in the search of birth year.	write the in AD II in the in the the known	1 - No change		Not in school / In school (Circle "Not")			family dations Deceased 2		Single 1	arital Married 2	(If you have not submitted a marriage notification ☑)	l 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 eligible person's house (One-way / hours min)	Not working 1	Working 2	Employment fo		Not in schol 1	ln school 2 ——	Type of shool (Use codes below)		Not keeping in contact with you or your spouse		Chronic restrictions on daily activities (%1)	Certified as needing support/nursing care/disability support
No. 12				M		Y unknown			Not	unknown	1	2	3	1	2		3	1	2	the following hrs	1	2		3	1	2		3				ort
No. 13				M F		Y unknown	-		Not		1	2	3	1	2		3	1	2	hrs	1	2		3	1	2		3				
No. 14				M F		Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2		3				
No. 15				M F		Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2		3				
No. 16				M F		Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2		3				
No. 17				M F		Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs min	1	2		3	1	2		3				
No. 18				M F		Y unknown			Not	Š	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2		3				
The Q2.	Fro (The	e you have more uestions conce om the family e head of house No. ong the family n Other than my No.	mer hold	mber is the	household (s listed unite center of the	til page til page ne family	4, w or the	hare who is a main any p	houses the state of the state o	sehole head rner)	d exp	hous hous live live live live live live live live	es wi	ith yo	ou). Pleas	e lis	worl	ς?		D. 3 No one family ID. P		e circl	e all th	e nu	mbe	rs tha	at app	oly.				

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

					오							wer	the f	ollow	ing	item	s bas	sed on your	ans	wer	on c	olum	ın "C	hange	s"				
					Changes		acade		1	anges family ationsl		M	arital	Stat	us	Li	ving	situation	Wo	rking	situa	ition	Scho	ooling s	ituatio	n ^{Cii}		applion	cable
Family ID	Relationship to you	Relationship codes (Use codes below)	Sex	Year and month of birth * Please write the birth year in AD * Please fill in the birth year in the case of birth month unknown * Circle "unknown" in the case of birth year unknown	12	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 $oldsymbol{oldsymbol{arOmega}}$)	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 schol 1	In school 2—	Topo of shoot (The codes below)	8	Sharing household expenses with you	Chronic restrictions on daily activities (%1)	Certified as needing support/nursing care/disability support
No. 19			M F	Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2	3				
No. 20			M F	Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2	3				
No. 21			M F	Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2	3				
No. 22			M F	Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2	3				
No. 23			M F	Y M			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2	3				
No. 24			M F	Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2	3				
No. 25			M F	Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2	3				
No. 26			M F	Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3		2					
No. 27			M F	Y unknown			Not	unknown	1	2	3	1	2		3	1	2	hrs	1	2		3	1	2	3				

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

Thank you for participating in the Japan Household Panel Survey.

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

The Japan Household Panel Survey

- · This survey questionnaire is for respondents with spouses.
- Please answer the questions by circling the number of the applicable response, or by entering the applicable number in the blank square provided. When your answer is "other," circle the number and write the specific details inside the parentheses. (When the space is not sufficient, write outside the parentheses).
- Please answer the questions in order. Some questions only apply to certain people. In those cases, please follow the directions.
- The survey includes personal questions about yourself and your family. These will be used for statistical analyses, so please answer the questions truthfully.
 However, if you do not wish to answer any of these questions, you do not have to do so.
- 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.

In case	of survey	deliv	ered 1	hw an	inves	tioat	or						
	fficer will co							(1	time) on		(date). Thank	vou
	h for your co	•			,			`	,		_ (**		<i>y</i>
_	of survey	-		<u>i1</u>									
Please en	close the ansv	wered	survey	in the	return	envelo	pe and	mail i	t to us.				
We begin by	asking quest	ions re	gardin	g yours	self.								
Q1. (1) Sex													
		1					2						
		Male	•				Fem	ale					
		•••••			•••••			•••••			 		•••••
(2) What	t is your date	of birtl	h?										
	г										 		
					į		3.6 .1						
	Year						Month	1		Day			
			1						1]	February	2022
Branch No.	Point No	0.	Subje	ct No.		P	anel No).			Inspec	ctor	
					4								

These ques	stions concern your family.
O1. How many	y family members do you live with, including yourself?
Q1.110 W III.	
	persons
Q2. Were you	living at the same address one year ago?
1 Ye	es, I was at the same address (to Q3 on the next page)
_ 2 No	o, I was at a different address (I moved here months ago)
	ondents who answered "2 No, I was at a different address" in Q2]
SQ. Please	tell us about your previous residence.
(1) Wh	ich of the following is the ownership relationship of your former residence? Please choose one
that a	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.) (to Q3 on the next page)
↓ 3	Other
[For re	espondents who answered 1 in (1)]
(2) Wh	ich of the following is your current ownership status? Please choose one that applies to you.
	1 2
Ιcο	ontinue to own the property Sold or transferred
	(to Q3 on the next page)
[For re	espondents who answered 1 in (2)]
(3) Wh	ich 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 re	espondents who answered 5 in (3)]
(4) Wh	ich of the following is the current status of your residence? Please choose one that applies to you.
4	The huilding has been removed and only the site is retained

- 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 3-30 are for the respondent filling out the survey forms. Questions on pages 31-57 are for the respondent's spouse.

These que	esti	ons concern you	ur parents.						
Q1. Are yo	our j	parents alive?							
	1	Both parent	s are alive	<u> </u>					
	2	-							
	3	Mother aliv							
1	4	'				(to nex	xt page)		
▼ O2. How r	nuc	h financial assi	stance did	vou give t	o vou	ır parents	s last vear?		
		ude housing pu						r financial as	ssistance.
Last	year		ten	thousand y	en_	0	Did not give	any financia	l assistance
		↓							→ (to Q3)
SQ. W	hat	were the purpo	ses of that	financial a	assista		Iultiple respor	nses permitte	d)
	1	Living expens			4	Rent			
	2	Medical exper			5	Other	()
	3	Housing purch	nasing assi	stance	6	None			
Please	exc	h financial assilude inheritance ssistance and a	e items, bu	at include l					expenses and other
Last y	year		ten	thousand y	en	0	Did not recei	ve any finan	cial assistance
									→ (to Q4)
SO. W	hat	♦ were the purpo	ses of that	financial a	assista	ance? (M	Iultiple respon	nses permitte	d)
_					_		1 1	1	,
	1 2	Living expens Medical exper			4 5	Rent Other	(`
	3	Housing purch		stance	6	None	()
		Trousing purer				Tione			
Q4. Do yo	ur p	arents own a ho	ouse or oth	ner real sta	te (th	eir own j	property)?		
	1	Yes 2	No	4	3 D	Oo not kr	now		
Q5. Parent	ts' li	ving situation.							
_		whom does yo	our mothe	r live? (Ple	ase ci	ircle all t	he items that	apply)	
1		<u>-</u>	J 411 J 111 J 111 J	11/0/ (110			with her child		Dagagad
2		iving alone iving with her s	spouse (yo	our father)	4	Other	with her child	_5_	Deceased (to (2-A))
(1-B) V	Wha	t type of housi	ng or facil	ity does yo	ur mo	other usu	ally live in? (Please circle	iust one item)
1		etached House	_				or elderly peo		ther
2		ollective housi					es, hospital, gr	-	
_		ondominium, A	•	etc.)				-	n Care Sanatorium
	(0,	, , , , , , , , , , , , , , , , , , ,	.partitiont,	<i>(10.)</i>		_	Care Medica	_	
(2.4) V	X7;+1	whom does yo	our father	liva? (Dlaa		cle all th	a itams that a	 nnly)	
		-	Jui Tauliei .	iive: (i iea	_				D 1
1		iving alone		41 · `	3	_	with his child	_5_	Deceased (to pay page)
2	L	iving with his s	spouse (yo	ur mother)	4	Other			→ (to next page)
(2-B) V	Wha	t type of housing	ng or facil	ity does yo	our fat	ther usua	ally live in? (P	lease circle j	ust one item)
1	D	etached House			3	House f	or elderly peo	ple 5 O	ther
2	C	ollective housi	ng		4	Facilitie	es, hospital, gr	oup home	
	(Co	ondominium, A	partment,	etc.)		•	Home, Medic Care Medica	•	m Care Sanatorium

These que	estions concern your current school	oling.	
Q1. Are yo	ou presently attending school?		
1	2 Same pro	ty, ward, town or village efecture, other city, ward, refecture (town or village refecture)
(1) Du	questions ask about your learning ring the year from last February unares, self-study, etc.) of your own with the Presently taking action	ntil now, have you taken ar	
1 2 3 4 5 6 7 8 9 10	Attended trade school Attended public vocational train Attended university (degree pro Attended graduate school (inclu Took correspondence course (in Attended university or other pu Learned from TV or radio cour Attended lectures or seminars Participated in company volunt Other (ning ogram) uding adult education) ncluding university course ablic lecture rse and books tary study group	ol es)
\rightarrow_{SQ}	. [Only for respondents who ans 1 Yes, completed and graduated		ou graduate from that program? 2 completed or graduated
all e emp	xpenses paid by you or your family loyer; enter "0" if you did not sper	y, but do not include publi	ge, for that learning activity? (Include c assistance or assistance from your

These	que	stions concern y	your employn	nent.				
Q1. La	st mo		did you perfo				ork at family busi luding part-time v	
		Perfor	med paid wor	·k		Did no	ot perform any pa	nid work
	1	Mostly worked			4	Took leav	e from work	
		Worked while n	nostly attendi	ng school			ng for work	
		Worked while n	=	-	6		school; kept hous	e; other
		1	2	3		4	5	6
			(to 0	Q2)			→ (t	to Q11 on page 13)
	_			ok leave from v		_	1	
_		-		vork last month			_	
1		ecause of my ov			4	For childe		
2			•	veak markets, et			ng care leave	
3	To	o prepare for op	pening busines	SS	6	Other()
SQ	2. Ha	ave the COVID	-19 pandemic	affected the dec	cision of	taking a lea	ve from work?	
		1 Yes			2	No		
[If you	ans	wered SQ1-2, p	oroceed to O	21				
Q2. The general Enters sale	is qu nerate ter th esper	es the highest in the nature of your rson", "superma	s your regular scome. r job inside th	work. If you ha	ith a spec	cific descrip	o, respond for the tion such as "auto niture maker", an	omobile
salesperson", "supermarket cashier", "junior high schofollowing questions. (Job description:)	
(1)	(1) What is the nature of the work you usually do?							
	1	Agriculture, f	forestry, or fis	hery worker				
1 Agriculture, forestry, or fishery worker2 Mine worker								
3 Salesperson (retail or wholesale shop managagent, etc.)						orker, outsi	de salesperson, re	al estate
4 Service worker (worker, cleaner, etc. at a bar						p, beauty p	arlor, restaurant, i	inn, etc.)
5 Manager (national or local government asser a company, organization or government offic						ember; sect	ion chief or highe	er position at
	6		•	C		و مامم مامساد	ota)	
	6 7	Clerical work Transportatio		e, etc.) chicle driver; ship	or airplane			
		pilot; conduct	tor; cable or w	vireless radio op	erator, et	c.)	•	-
	8		-	on, maintenance	_			
	9 10			gineer (systems	•		er, etc.) any researcher or	anginger
	ıU	1	ı tecimicai W	orker excluding			my researcher or	engineer,
			itioner: legal	practitioner: tead			•	
	11	-	•	practitioner; tead DF, police, fire d	cher; arti	st; etc.)	•	

	t is the legal structure of the company or off work at a family business, respond "propr		(store, office, factory, etc.) where you usually work? rship".
1	Proprietorship		
2	Corporation		
3	-	orati	on, medical corporation, foundation, association,
	NPO or other public benefit corporation)		, , , , , , , , , , , , , , , , , , , ,
4	Government organ		
(3) What	t is the nature of the work of the company o	or of	fice where you usually work?
1	Agriculture		
2	Fishery, forestry, marine products		
3	Mining		
4	Construction		
5	Manufacturing (including publishing and	prin	nting)
6	Wholesale, retail (including department st	tore	s and supermarkets)
7	Restaurants, accommodations		
8	Finance, insurance		
9	Real estate		
10	Transportation		
11	Information services and surveys		
12	Information & telecommunications other	thar	n information services and surveys
	(telephone and other communications, bro	oado	easting, internet services)
13	Utilities (provision of electricity, gas, water	er, l	neat)
14	Medicine, welfare		
15	Education, learning support		
16	Other services		
17	Public service		
18	Other ()
(4) How	many employees does the company where	you	-
1	1- 4 persons	4	100- 499 persons
2 3	5-29 persons	5 6	500 persons or more Government
<u>.</u>	30-99 persons	0	Government
(5) Is the	e place where you usually work in the same	city	y, town or village as your residence?
1	Same city, ward, town or village		
	Same prefecture, other city, ward, town or		
3	Other prefecture (P	refecture)

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 — with title 4 Contract employee 5 Part-time worker 6 Subcontracted worker 7 Specialized contract employee [(8) is for respondents who answered 4-7 in (7)] (8) Why do you work under that work status? 1 I wanted to work as a regular employee but no company would hire me 2 The wages and working terms and conditions are good 3 I could not work as a regular employee due to personal reasons 4 Other ((9) What is your contract with no period specified Employment contract with no period specified Employment contract with period specified (initial contract at this workplace) 3 Employment contract with period specified (renewed contract at this workplace) 2 Employment contract with period specified (renewed contract at this workplace) 3 Employment contract with period specified (renewed contract at this workplace)	(6) w nat 1	is the form of your employment?
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Employment contract with period specified (renewed contract at this workplace) Contract period: months		
Contract period: months	: :	
	3	Employment contract with period specified (renewed contract at this workplace)
	i,i	
[For respondents who answered [3]]	i	Contract period: months
[1 of respondence who ampreted [e]]	i	Contract period: months
SQ. How many times have you renewed your contract?	[For respond	<u> </u>
		ents who answered [3]]
Contract renewed times		ents who answered [3]]

(including holidays	carried over from the prior (Of which)		
Granted (total last year)	ays Carried over	days Taken (paid holidays)	days
[For respondents who answ	of a labor union?		
There is a labI am a membI am a memb	abor union at my workplace for union, but I am not a me er of the workplace labor u er of a labor union other th le (self-employed or profes	ember nion an the workplace labor union	
	ome from your main job las and social insurance.	t year? Please enter your gros	ss income before
Last year	ten t	housand yen O	No income
		ompensation did you receive to ne job, respond for the job w	
•	2 3	4	5
Monthly Salary Weekl	y Salary Daily Wage	Hourly Wage	An <u>nual Sal</u> ary
(1) About how much do you earn from this job each month (including overtime; not including bonuses; pre-tax)?	(2) What is your daily wage?	(3) What is your hourly wage?	(4) What is your annual salary?
Per month	Per day	Hourly payment	Annual income
thousand yen	yen	yen	ten thousand yen
(14) How much did you bonuses.	receive in bonuses last yea	r? Please enter the total for su	ımmer, winter and other
	ter	n thousand yen ON	one

generai	tes the highest income. Include								for the job overtime.	which
(1) Wh	nich of the following is closest t	о уо	ur woı	k sys	tem (w	orking	g hours sy	stem)?		
1 2 3	Regular working hours system Flex time system (self startin Variable working hours system system (day & night shifts, et	g an m (d								shift
4	Discretionary working hours personnel, planners and home	syst						n (specia	lists, sales	
5	No working hours management than discretionary working hours	ent (1	manag	erial a	and oth	ner woi	rk with no	overtim s system)	ne paymen)	ts, other
(2) On	average, how many days of pa	id w	ork do	you p	perforn	n each	month?			days/month
	average, how many hours of porm each week (including over			o you						hours/week
	those, how many are overtime are self-employed or otherwise									hours/week
(5) Hov	w many are overtime hours paid a	t incr	eased v	vages	for ove	rtime w	ork?			hours/week
	nsidering the last week of April me, please write "0." If you just April 5 th Week: 4/26-30 (Just before GW)	woı	ked fr	om ho		lease w	vrite "10." Januar	ry 4 th We	ek: 1/17-2 the New Ye	ı
		A								
			L							
off on	der your current circumstances ice? Please circle the one that a what you think would happen i vironment: (Circle one only) 1 Working from home is m 2 Not much will change	pplie f wo	es. If y	ou ha from	ve nev	ver wor were to Work	ked from be introd	home, pluced to	lease ansv	ver based nt work
	uestion concerns the nature of all the nature of your work change		ice this	s time	e last y	ear?				
(2) Do	es your company have the follo	win		of sy	zstems'	?				
	Reduced working hours system	1	No	2	Yes	3	Have use	d 4	Do not k	now
	Working at home system	1	No	2	Yes	3	Have use		Do not k	
	Half-day or hourly leave system	1	No	2	Yes	3	Have use		Do not k	
	Long-term refreshment leave sys		110	_	103	J	Trave use	ч т	Do not i	ano w
1	Long-term refreshment leave sys	1	No	2	Yes	3	Have use	d 4	Do not	know
• I	n-house transfers advertising sys	stem	No	2	Yes	3	Have use			
										know
	System for rehiring employees w	ho re	tired fo	or chi					Do not	

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
 - I want to quit working altogether

[For respondents who answered 3 in Q5]

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

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

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

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

)

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not applicable
①My job description is clear	1	2	3	4	5	6
②I can choose the order and method of task	1	2	3	4	5	6
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
© People who respond to overtime and holiday work are highly appreciated	1	2	3	4	5	6
Thave 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
Job responsibility and authority is heavy	1	2	3	4	5	6
(10) I feel it difficult to leave the company if people around me are working overtime	1	2	3	4	5	6
① If overtime or holiday work continues, some late arrival is allowed	1	2	3	4	5	6
① Communication between colleagues is good	1	2	3	4	5	6
① Colleagues tend to share work knowledge	1	2	3	4	5	6
(4) The boss gives proper feedback as part of my evaluation	1	2	3	4	5	6
(15) Communication between boss and subordinates is good	1	2	3	4	5	6
(16) The boss circulates the necessary information among the members in the workplace	1	2	3	4	5	6
① The boss has a sharp way of working	1	2	3	4	5	6

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

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

	Almost all the time	More than half the time	Less than half the time	Almost none of the time
①Carrying out short, repetitive tasks	1	2	3	4
② Doing physical tasks such as standing, handling objects, operating machinery or vehicles, or making or fixing things with your hands	1	2	3	4
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
①Those taking at least 30 minutes to find a good solution	1	2	3	4
②Those using advanced mathematics such as algebra, geometry, trigonometry, probability, or calculus	1	2	3	4

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

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

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

1 Never read at job

3 6 to 10 pages

5 More than 25 pages

2 less than 6 pages

4 11 to 25 pages

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

	All of the time	Almost all of the time	Around 3/4 of the time	half of	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
③Not 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
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	I don't know
①Cloud	1	2	3	4	5
②Robotics	1	2	3	4	5
③RPA (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
⑥Telework 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		Not sure	Not much resistance	No resistance at all
①Work hours become halved with the same income	1	2	3	4	5
②Work hours become zero with the same income	1	2	3	4	5
③Both work hours and income become halved	1	2	3	4	5
④Both work hours and income become zero	1	2	3	4	5

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

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

- Q9. This question concerns job performance.
 - (1) On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?

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

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

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

Q10. The following 9 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you felt it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.

	Never	Almost never (A few times a year or less)	(Once a	Sometimes (A few times a month)	Often (Once a week)	Very often (A few times a week)	Always (Every day)
①At my work, I feel bursting with energy	0	1	2	3	4	5	6
②At my job, I feel strong and vigorous	0	1	2	3	4	5	6
③I am enthusiastic about my job	0	1	2	3	4	5	6
④My 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
®I am immersed in my work	0	1	2	3	4	5	6
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 ans Q12. (1) P: (Jan	lease cir	cle all o		lowing			concer	ning you	ır emplo	yment s	status las	st year	
1	Worke	ed all ye	ar long				4	Did no	ot work	all year	long		
2	Had a	job, bu	t took lea	ave all y	ear long	3	5	Did no	ot take a	ny leave	e		
3	Looke	ed for w	ork all y	ear long	,		6	Did no	ot look f	or work	at all, a	ll year l	ong
or (c both mor	c) looke worked ths for	d for wo	r, if there ork, circl oked for owever, o	e all of work, o do not c	the folloor both tircle the	owing m	onths th	at apply work an	d looke	e were r	nonths v ork, then	when yo	ou he
()	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	1
	1	2	3	4	5	6	7	8	9	10	11	12	J
(b)	Months	when I	took lea	ve from	work v	vhile stil	l keepin	ıg a mai	n 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	primaril	y looke	d for wo	ork							
	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. Durii		ear (Jar 1 a side jo		•	2	ve a side			·	3	b? it did no	t have o	one

These questions concern information technologies

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

	Yes	No, but want to use	No	I don't know
①Robot vacuum cleaner	1	2	3	4
②AI speaker	1	2	3	4
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	
①IoT	1	2	3	4	5
②Cloud	1	2	3	4	5
3AI	1	2	3	4	5
④RPA	1	2	3	4	5
⑤ Machine learning	1	2	3	4	5
⑥Deep learning	1	2	3	4	5

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

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

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

- Participating in training programs offered by your company or organization to acquire knowledge and skills
- 2 Implementing self-development to acquire knowledge and skills
- Striving to acquire knowledge through news, etc.
- No response and preparation
- Q5. Last year, have you lost your jobs or tasks due to the introduction of IT system, AI, Robotics, etc., and organizational reforms accompanying the introduction?
 - Part of jobs or tasks were lost

No introduction or reform took place

Most of jobs or tasks were lost 2

I don't know

- No jobs or tasks were lost
- No jobs or tasks were lost, but I know people in my workplace who lost their jobs or tasks

[For respondents who answered 1 or 2 in Q5]

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

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."

0	1	2	3	4	5	6	7	8	9	10
2) This	s year.									
0	1	2	3	4	5	6	7	8	9	10

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

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

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

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

2 I always take a folding umbrella.

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

answer for	think about the ard both the situation you lived in at that	in 2019 before t	the COVID-19	pandemic (i	if you		-				
		Very good	Rather good	l Partly b	ad	Rath	ner bad	Very	y bad		
1.Situation i	in 2019	1	2	3			4	ļ	5		
2. Current si	tuation	1	2	3	3 4		3 4		4	ļ	5
22. What is yo	our opinion about th	he following thr	ree statements	? (circle one))						
				Agree completely	Rat		Rather disagree		otally sagree		
1. People ca	an generally be trus	sted.		1	2		3		4		
2. Nowaday	ys you can't rely or		1	2	2	3		4			
3. When dea	aling with strangers, sting them.	, it's better to be	careful	1	2	2	3		4		
Please sele For disaste	h money did you do ect the option (from er relief, religion, an nate at all, please er O I didn't don 1 From 1 yen	o to 7) that append other donation of the "0" in all areaste at to 500 yen	olies and <u>fill in</u> ons, please selenswer fields) 4 Fi	com 5,001 ye	n to 10	0,000 50,000	yen) yen	numbe	er. (If yo		
Please sele For disaste	ect the option (from er relief, religion, an nate at all, please er 0 I didn't don 1 From 1 yer 2 From 501 y	0 to 7) that app nd other donation nter " 0 " in all ar	olies and <u>fill in</u> ons, please selenswer fields) 4 Fi 5 Fi 6 Fi	com 5,001 ye	n to 10	0,000 50,000 100,00	yen O yen	numbe	er. (If yo		
Please sele For disaste	ect the option (from er relief, religion, an nate at all, please er 0 I didn't don 1 From 1 yer 2 From 501 y	o to 7) that append other donation ter "0" in all armate ato 500 yen yen to 1,000 yen	olies and <u>fill in</u> ons, please selenswer fields) 4 Fi 5 Fi 6 Fi	com 5,001 ye com 10,001 y	n to 10	0,000 50,000 100,00	yen) yen	numbe	r. (If yo		
Please sele For disaste	ect the option (from er relief, religion, an nate at all, please er 0 I didn't don 1 From 1 yer 2 From 501 y	o to 7) that append other donation other " 0 " in all areate to 500 yen by yen to 5,000 yen by yen by yen to 5,000 yen by yen by yen to 5,000 yen by yen to 5,000 yen by yen	olies and <u>fill in</u> ons, please selenswer fields) 4 Fi 5 Fi 6 Fi	com 5,001 ye com 10,001 y	n to 10	0,000 50,000 100,00	yen O yen O yen	numbe	er. (If ye		

These questions concern ye	our he	ealth.							
Q1. How is your health norr	nally	?							
1		2		3		4		5	
Good	Pret	ty good	N	ormal	Not	so good	-	Bad	
Q2. How often do you eat bre	eakfas	t usually?	Please circl	e the numb	ers that ap	ply.			
1 almost every day 2	ski	p 2-3 time	s/week	3 skip 4	4-5 times/v	week	4 skip a	lmost ever	y day
Q3. How often did you eat t	hese 1	foods belo	w in the la	st one mor	nth? Please	circle the	numbers t	hat 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 ea
Rice · Bread · Noodles		1	2	3	4	5	6	7	8
Meat • Fish and shellfish • Egg • Soy and soy beans products	· ·			3	4	5	6	7	8
Vegetables • seaweed • mush	room	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
= -	and otl more	ner ingredi	ents)? Pleas per day	e circle one		-	ot including	g the ones th	nat
-			per week	6 Less	_		I don't ea	t them at al	1.
circle one answer.	ealth	supplemer			than once p	er week 7			
1 Twice per day or	1 Twice per day or more 2 On			psules and 3 4-6 ti	drinks fort	eek	pecific nut	rients)? Ple	rase
	more		nts (pills, ca	psules and 3 4-6 ti	drinks fort	eek	pecific nut		rase
1 Twice per day or	more k	2 Once 3 5 Once 3	nts (pills, ca per day per week	psules and 3 4-6 ti 6 Less	drinks fort	eek ber week 7	pecific nut I don't tal	rients)? Ple	ase
Twice per day or a 4 2-3 times per wee Q7. How often do you eat in	more k fast-fo	2 Once of Once	per day per week rants (hamb	psules and 3 4-6 ti 6 Less burgers, frie 3 4-6 ti	drinks fort mes per we than once p	eek oer week 7 and Gyu-de	pecific nut I don't tak on (rice wit	rients)? Ple	ease all eef))?
1 Twice per day or a 2-3 times per wee Q7. How often do you eat in Please circle one answer. 1 Twice per day or a	more k fast-fo more k	2 Once of the state of the stat	per day per week rants (hamb	psules and 3 4-6 ti 6 Less ourgers, frie 3 4-6 ti 6 Less	drinks fort mes per we than once p ed chicken a mes per we than once p	eek oer week 7 and Gyu-de	pecific nut I don't tak on (rice wit	rients)? Ple	ease all eef))?
1 Twice per day or a 2-3 times per wee Q7. How often do you eat in Please circle one answer. 1 Twice per day or a 2-3 times per wee	more k fast-fo more k	2 Once of the state of the stat	per day per week rants (hamb per day per week	psules and 3 4-6 ti 6 Less ourgers, frie 3 4-6 ti 6 Less circle one a	drinks fort mes per we than once p ed chicken a mes per we than once p	per week 7 ified with seek per week 7 and Gyu-deek per week 7	pecific nut I don't tak on (rice wit	rients)? Ple	ease all eef))?
1 Twice per day or a 4 2-3 times per wee Q7. How often do you eat in Please circle one answer. 1 Twice per day or a 4 2-3 times per wee Q8. How often do you buy to	more k fast-fo more k ready-	2 Once of the state of the stat	per day per week rants (hamb per day per week als? Please	psules and 3 4-6 ti 6 Less ourgers, frie 3 4-6 ti 6 Less circle one a 3 4-6 ti	drinks fort mes per we than once p ed chicken a mes per we than once p answer. mes per we	eek eek eek and Gyu-de eek eer week 7	I don't taken (rice with I don't ea	rients)? Ple	ease all eef))?
1 Twice per day or a 4 2-3 times per wee Q7. How often do you eat in Please circle one answer. 1 Twice per day or a 4 2-3 times per wee Q8. How often do you buy a 1 Twice per day or a	more k fast-fo more k ready- more k	2 Once of ood restaurance of the ood restaura	per day per day per day per day per week als? Please per day per week	psules and 3 4-6 ti 6 Less ourgers, frie 3 4-6 ti 6 Less circle one a 3 4-6 ti 6 Less	drinks fort mes per we than once p ed chicken a mes per we than once p answer. mes per we than once p	eek eek eek and Gyu-de eek eer week 7	I don't taken (rice with I don't ea	rients)? Ple	ease all eef))?
1 Twice per day or a 2-3 times per wee Q7. How often do you eat in Please circle one answer. 1 Twice per day or a 2-3 times per wee Q8. How often do you buy a 1 Twice per day or a 2-3 times per wee 4 2-3 times per wee	more k fast-formore k ready- more k meals	2 Once of ood restaurance of the ood restaura	per day per day per day per day per week als? Please per day per week	psules and 3 4-6 ti 6 Less ourgers, frie 3 4-6 ti 6 Less circle one a 3 4-6 ti 6 Less	drinks fort mes per we than once p ed chicken a mes per we than once p answer. mes per we than once p	per week 7 ified with seek per week 7 and Gyu-de eek per week 7 eek per week 7	I don't taken (rice with I don't ea	rients)? Ple	ease all eef))?

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

Q10. 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	ω
I did not eat nutritious meals*, because I had no enough money to buy ingredients.	1	2	3

	ritious meal mean wel nusai: meat, fish, soy b															in dish
 Q11	. (1) Please circle the	he nun	nber t	hat co	orresponds	s to y	our r	ecer	nt alcoh	ol dri	nkin	g ha	bits.			
1 2	Never drink Few times/month	→ 1 3	-1 1-2 ti		n't/can't d week 4		1- + time		I used			but l		ted.		(to Q12)
1 2	(2) How much do y the numbers tha * Sake 1 Go (180ml) is Shochu 35 degrees (80 Under 1 go (1 go = 1 go or more to under 1)	t apply s equiva ml), Chū 180m	y. lent to b īhai 7 de il)	eer and	l light beer M 350ml), Doub 3 2 go or	I-size (ble Whi	approx iskey 1 e to u	. 5001 glass nder	nl), Shocl (60ml), V	nu 20 de Vine 2 gl 40ml)	egrees lasses	(134r (240m	nl), sho ıl). l go o	ochu 25 r more	degrees	(110ml), er 5 go (900m
	. Do you smoke cig								- 65 (7-				8 (<u>-</u>
Q12	Every day	Jarette		Some	etimes	_[Used	to sı	3 noke b	ut do 1	not 1	now			4 moked	_
	1 '- 4 - 1			1											<i>.</i>	
	1 is to be answere SQ1. Please provide	-						_		oke						
	Brand :							, 	Amount of tar:					m	ıg	
	Amount of nicotine:			mg	Price			yen 1	er pack	Numbe	er of ci	garette	es		per o	lay
	*Please write the brand tar and nicotine is sho *For the case of electron left blank.	own on t	the pack	age.		_					_	_				
	be answered by al . Did you receive n 1 No healt 2 Had sym 3 Treatmen 4 Was hos	nedica h prob nptoms nt at h	l treat blems s, but ospita	ment took 1	no action	ou h		5	ed last y Purcha Other (sed ov						tted)
	is to be answered SQ. Did you apply Service during that return?	for a F	High-C	Cost N	Medical C	are E	Benef	it or								
	(a) Applied for	High-	-Cost	Medi	cal Care E	Benef	it?			1. Y	es	•	2.	No)	
	(b) Applied for Service?	High	ı Aggr	egate	Cost for	Long	g-tern	n Ca	re [1 . Y	es	•	2.	No]	
	(c) Applied for	Medio	cal Ex	pense	es Deducti	ion?				1. Y	es	•	2.	No)	
	Did you pay for the please write the am	ount o	of payı	nent	for the las	t yea	ır.	•								
							Paid?		Н	ow mu	ch di	d you	ı pay	on you	ır own la	ast year?
	Expenses for treatm enses paid at hospital/		-			1.	Yes No							thous	and yen	

Yes

thousand yen

1.

2. No

(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))

Q15. Please circle the examination. (Mult		_	you remember the da	ate when you recei	ved the medical
No exam or so Periodic compar Multiphase he Lung cancer so Uterine cancer Breast cancer Colon cancer so Other (ny or municipal alth screening creening (screening (screening		Time of visiting (Before Time of visiting (Bef	ore April 2021 or aft ore April 2021 or aft ore April 2021 or aft ore April 2021 or aft	er March 2021) er March 2021) er March 2021) er March 2021)
[SQ1 is for responden					1
1 Blood pr	ressure relat nsity related lated related lated	ed	8 Electrolyte rel 9 Prostrate relat 10 Metabolism re 11 Obesity relate 12 No problems re	ated ed elated d	mitted)
7 Diabetes					
[SQ2 is for responden SQ2. Did you go to		vered [1-11] in SQ1 nstitution after the pr			
1 Yes	2 P	lan to go	3 Did not (and will	not) go	
Q16. What is your heig			. 1	v cg	
minutes per day of With regard to the a section, please write provide the amount	exercise, as amount of ti e the type of	well as how many yeme spent exercising, exercise you undert have spent performing	2 Do not exercise regula	ed to undertake this of 10 minutes. In t. e.g. baseball, golf, e	exercise. he "Other"
	<u> </u>	T	\longrightarrow (Ple	ease move on to nex	at 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 of
(a) Walking/strolling	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment 2 Other
(b) Running/jogging	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment2 Other
(c) Radio calisthenics	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment2 Other
(d) Swimming	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment2 Other
(e) Cycling	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment2 Other
(f) Other	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment2 Other

Tills page must be	e answered by the po	erson requested to co	impiete the questionnaire.	
[To be answered	by all respondents]		
Q18. (1) On averag	ge, how many minut	es do you walk per d	ay in commuting to school or work? (Circle of	one only)
(2) How many	days do you everrise	minutes	O do not walk s you sweat) each week, outside of work? (Circle o	 ne only)
(2) How many	1 day	4 4 days	7 7 days (daily)	iic omy)
	•	_		
2	2 days	5 5 days	8 Do not exercise	
3	3 days	6 6 days		

Q19. The following questions ask about how you have been feeling during the <u>past 30 days</u>. For each question, please circle the number that best describes how often you had this feeling.

During the past 30 days, about how often did you feel	All of the time	Most of the time	Some of the time	A little of the time	None of the time
anervous?	1	2	ω	4	5
bhopeless?	1	2	3	4	5
crestless or fidgety?	1	2	3	4	5
dso depressed that nothing could cheer you up?	1	2	3	4	5
ethat everything was an effort?	1	2	3	4	5
fworthless?	1	2	3	4	5

We will ask you about the transfer of assets to your children and grandchildren using the trust system. Q1. The system of "Qualified Educational Fund Giving Trusts (QEFGT)" was established in April 2014. This is a tax-exemption on gift tax when grandparents entrust money up to 15 million yen to trust banks as educational funds for their grandchildren. (1) Do you know the QEFGT? 1 Yes **2** No (2) Do you have a QEFGT account from you or your spouse for your grandchildren? **3** I do not have grandchildren. (3) In the case of answering "1 yes" in (2), for whom did you start the QEFGT? Please fill out the family ID of your grandchildren from the "Questionnaire about your family (Offprint)" and the date you opened the account. Opening date Year_____Month Family ID () Family ID () Opening date Year_____Month Family ID (Opening date Year Month) Family ID (Opening date Year_____Month Q2. The system of "Marriage and Childcare Support Trusts (MCST)" was established in April 2015. This is a tax-exemption on gift tax when grandparents entrust up to 10 million yen to trust banks as financial support for marriage, childbearing, and child care of their children and grandchildren. (1) Do you know the MCST? 1 Yes (2) Do you have a MCST account from you or your spouse for your children or grandchildren? Yes **2** No **3** I do not have grandchildren. (3) In the case of answering "1 ves" in (2), for whom did you start the MCST? Please fill out the family ID of your grandchildren from the "Questionnaire about your family (Offprint)" and the date you opened the account. Opening date Year_____Month Family ID (Opening date Year_____Month Family ID () Opening date Year Month Family ID ()

Family ID (

Opening date Year Month

These questions concern social insurance.	
Q1. Circle the public pension to which you subscribe. (Everyone public pensions).	e between 20 and 60 subscribes to one of these
 Employee pension or mutual aid pension (full-time en those receiving old-age pensions for active employee Third-party insured spouses (spouse of a member of I associations) National pension only (Those other than 1 or 2, such self-employed, unemployed, or are students. Or, are of premiums.) Do not subscribe (Persons over the age of 60 and curreceiving disability pension, or that have not joined the 	es, etc.) Employees' pension insurance or mutual aid as persons under the age of 60 and over the age of 60 and still paying insurance rently finished to pay insurance premiums,
This sub-question is to be answered by those who join the nat SQ. Are you paying your contributions to the national pension 1 I am paying the full contributions	?
 I am receiving an exemption (including partial exe Student or youth deferment I am not paying any contributions 	mptions)
[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. How much is the insurance premium for one year of long-ter	m care insurance
* The value is recorded in the notification of the long-term ca	
yen	X Do not know
To be answered by all respondents] Q4. Do you and other family members you live with subscribe to municipality association)? Circle the numbers for all family m	
 Myself Spouse Child/children Parent/parents Grandparent/grandpar Grandchild/grandchild Other family members No one subscribes 	lren
SQ. How much in total does your household pay per month fo all the family members who join the national health insur-	
thousand yen per n	nonth

These questions conce	rn long-term care, disa	bility, and your use of	time.		
Q1. Does any member of are two or more such certification is the sev	members, please answe verest.	r with regard to the per	son whose long-term ca		
1	2	3	4		
Yes (in nursing home)	Yes (living together	Yes (other)	No		
	1		→ (Proce	ed to Q5)	
Q2. How is the person wh	o needs long-term care	related to you?			
		our grandparents ouse's grandparents 8	\mathcal{U}	Other	
Q3. What is the long-term	care requirment certific	eation of that person?			
1. Provisional care required	3. Support 2 5.	Care level 2 7. Care	level 4 9. Never appl	ied for certif	fication
2. Support 1	4. Care level 1 6 .	. Care level 3 8. Care	level 5 10. Self-reliand	ce certified	
		Note:	Refer to the long-term care	insurance c	ard, etc.
Q4. Are you providing nu What kind of nursing	rsing care/assistance to gare are you providing?			ı or elsewh	nere?
Providing nursing care		ceiving your nursing ca		ypes of nui	•
1 Yes 2 No	Care (Circle all that are applicable) (Circle all to Circle all to Circl				
(Please answer to the	rns your use of time. It see specify the time you first decimal point, exce	spend for those active pt for "Commute to scl	ities you perform at le		
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		4	5
Training or study for work	Avg. hrs/day	Avg. hrs/wk		4	5
Volunteer activities	Avg. hrs/day			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 u	sual sleeping hours.			
(Please answer to t	the first decimal point. For example: 7 hours \rightarrow 7	.0 hours, 8 hours	s and 30 minutes \rightarrow 8.5 hours.)	
Weekdays Weekends and hol	hours per night on ave	erage ight on average		
Q7. How would you rat	te the overall quality of your sle	eep over the past m	onth?	
1 Exceller	nt 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		How long h	(1	Affecte Acti Please ropria	vities circle	the	Certi	bility ficate s/No	diagn dem	nical osis of entia s/No	Condition of Ic
support/nursing care/disability support".	Daily Life Situation codes in Table A below)	How long have they been in this situation?	The activity of daily life (getting up, dressing, eating, bathing)	Going out (restricted time, workload, etc.)	Work, Housework, Schooling (restricted time, workload, etc.)	Exercise (including sports)	Yes	No	Yes	No	Condition of long-term care/disability (use codes in Table B below)
(Entry Example) No. 3 (Your Father)	1	0 year(s) 5month(s)	1	2	3	4	1	2	1	2	15
Family ID→ 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. *The Disability Certificate refers to	Di	year(s) month(s)	1	2	3	4	1	2	1	2	T

^{*}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	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	2 3 4 5	Provisional care required Support 1 Support 2 Care level 1 Care level 2 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	Note: Codes refer to the long-term care						

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

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			
		ı	ı			I							
Household income	0	1	2	3	4	5	6	7	8	9	10		
Your employment	0	1	2	3	4	5	6	7	8	9	10		
Housing	0	1	2	3	4	5	6	7	8	9	10		
Neighborhood and disaster safety	0	1	2	3	4	5	6	7	8	9	10		
Convenience of commuting and shopping	0	1	2	3	4	5	6	7	8	9	10		
Natural environment	0	1	2	3	4	5	6	7	8	9	10		
Amount of leisure time	0	1	2	3	4	5	6	7	8	9	10		
The way you spend your leisure time	0	1	2	3	4	5	6	7	8	9	10		
Your health	0	1	2	3	4	5	6	7	8	9	10		
Life overall	0	1	2	3	4	5	6	7	8	9	10		

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	Pleas if y	se answe ou ansv	er this quewered "3	estion No"
① Become critically ill	1	2	3	\rightarrow			%
② Lose your job as the result of layoffs or company closure	1	2	3	\rightarrow			%
3 Be forced to drastically lower your standard of living given a decrease in the income and earnings	1	2	3	\rightarrow			%
Have difficulties paying your bills and be forced to use your savings or take out loans	1	2	3	\rightarrow			%
(5) Encounter serious financial difficulties and possibly have to apply for social welfare benefits	1	2	3	$\Bigg] \to$			%

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
① That you might get infected	1	2	3	4	5
(5) Worrying about the collapse of the healthcare system	1	2	3	4	5
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		•				-	į	mple atisfi	•	Not appli cable	
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

()6	Have	vou ever	heen	vaccinated	against (COVID.	199 Please	encircle the	one that a	nnlies	(circle one)
•	JU.	Tiave	you cvci	UCCII	vaccinateu	agamst v	CO VID.	- i) : i icasc	CHCHCIC HIC	one mai a	ippnes.	(CHCIC OHC)

SQ1. [SQ1 is for respondents who answered [1-3] (one dose or more) in Q6]

please indicate when and where you were vaccinated.

(1) When did you receive the second dose?

For those that answered "3 one dose" in Q6, please answer the period of the first dose.



(2) Where did you receive the second dose?

For those that answered "3 one dose" in Q6, please answer the place of the first dose.

(circle one)

- 1 Vaccination sites set up by the municipality in which you live (e.g., community centers, clinics, etc., excluding workplace vaccinations described in 3 to 5).
- **2** Vaccination centers established by the national or prefectural government (e.g., large-scale vaccination centers).
- **3** Job vaccination sites, such as those at the company or university where you work.
- **4** Workplace vaccination sites, such as companies and universities where your family and friends work.
- **5** Workplace vaccination sites that are not related to work (e.g., nearby businesses, universities, etc.).
- **6** Other (e.g., vaccination sites for medical personnel).

< If you have already answered SQ1(1) and (2), please proceed to Q7. >

SQ2. [SQ2 is for respondents who answered "4 Not vaccinated" in Q6]

please indicate the most applicable reason for not being vaccinated. (circle one)

- **1** I plan to be vaccinated and have an appointment.
- **2** I don't have an appointment, but would like to be vaccinated as soon as I could.
- **3** I don't have an appointment, but would like to be vaccinated at some point in the future.
- **4** I would like to be vaccinated, but cannot do so because of my medical history or genetic predisposition.
- **5** I have not yet decided whether to get vaccinated.
- **6** I am not going to get vaccinated.

Q7. Which of the following reasons apply to you for having been vaccinated or not having been vaccinated? Please encircle **0** (not applicable at all) to **4** (extremely applicable), as applicable:

	Not applicable at all	•			Extremely applicable
① Some people around me have already been vaccinated	0	1	2	3	4
② Can reduce my own risk of infection	0	1	2	3	4
③ To protect the people around me from infection	0	1	2	3	4
④ Because of my thoughts on the safety of the COVID-19 vaccine	0	1	2	3	4
⑤ To reduce the risk of serious illness	0	1	2	3	4

- Q8. Do you agree or disagree with making COVID-19 vaccinations for all healthy adults mandatory? What are your reasons? (Circle one only)
 - 1 In favor of to SQ1
 2 Opposed to to SQ2

SQ1. If you answered "1 In favor of" in Q8, please select the reason that applies to you:

- 1 I think many people will not get vaccinated if it is not made mandatory.
- 2 Many people underestimate the health risks caused by COVID-19.
- 3 COVID-19 vaccination is more important than an individual's freedom of choice.
- **4** Many people believe COVID-19 vaccination is unsafe.

[If you answered "Yes" to SQ1, please proceed to [Lastly].]

SQ2. If you answered "2 Opposed to" in Q8, please select the reason that applies to you:

- 1 I think many people will get vaccinated even if it is not made mandatory.
- **2** Many people are overly concerned about the health risks of COVID-19.
- **3** Freedom of choice should be respected.
- **4** I consider the COVID-19 vaccination is unsafe.

[If you have already answered SQ2, please proceed to [Lastly].]

[Lastly]

Q. For the questions on pages 3-30, 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 18-21 (Health)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify:
D Pages 26 (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 32-57 are for the spouse of the respondent who is filling out the survey.

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

Thank you very much for your cooperation.

These 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)
02 11	
Q2. How much financial assistance did you give to your Please include housing purchase, rent, land rent, livi	
Last year ten thousand yen	O Did not give any financial assistance
	(to Q3)
SQ. What were the purposes of that financial assistat	nce? (Multiple responses permitted)
1 Living expenses 4	Rent
2 Medical expenses 5	Other ()
3 Housing purchasing assistance 6	None
Q3. How much financial assistance did you receive fron Please exclude inheritance items, but include housin financial assistance and allowances.	n your parents last year? g purchases, rent, land rent, living expenses and other
Last year ten thousand yen	O Did not receive any financial assistance
	(to Q4)
SQ. What were the purposes of that financial assista	, ,
1 Living expenses 4	Rent
2 Medical expenses 5	Other ()
3 Housing purchasing assistance 6	None
Q4. Do your parents own a house or other real state (the	ir own property)?
1 Yes 2 No 3 Do	o not know
Q5. Parents' living situation.	
-	1 114 2 4 . 15
(1-A) With whom does your mother live? (Please cir	
_	Living with her child <u>5 Deceased</u>
2 Living with her spouse (your father) 4	Other $(to (2-A))$
(1-B) What type of housing or facility does your mo	ther usually live in? (Please circle just one item)
1 Detached House 3	House for elderly people 5 Other
	Facilities, hospital, group home
<u> </u>	Jursing Home, Medical Long-Term Care Sanatorium
	Nursing Care Medical Clinic), etc.)
(2-A) With whom does your father live? (Please circ	le all the items that apply)
1 Living alone 3	Living with his child 5 Deceased
2 Living with his spouse (your mother) 4	Other (to next page)
(2-B) What type of housing or facility does your fath	ner usually live in? (Please circle just one item)
	House for elderly people 5 Other
	Facilities, hospital, group home
	Jursing Home, Medical Long-Term Care Sanatorium
	Nursing Care Medical Clinic), etc.)

These que	estions concern yo	our cur	rent schooling.			
	u presently attend	ling scl	nool?	•		
2	Yes School location No	: 1 2 3	Same city, ward, to Same prefecture, of Other prefecture (her city, ward, to	own or village fecture)	
(1) Dur	ing the year from	last Fetc.) of y	r learning activities to bruary until now, ha your own will, to imp	ve you taken any	actions (attende	d school, taken your own work? te action
1 2 3 4 5 6 7 8 9 10	Attended voca Attended trade Attended unive Attended grade Took correspo Attended unive Learned from Attended lectu Participated in Other (tional seschoolic vocal ersity (quate scl ndence ersity of TV or residence	tional training degree program) hool (including adult course (including un or other public lecture radio course and boo	education) niversity courses) ks)	
	Yes, completed	1			2 completed or grad	
all e	expenses paid by	you or	did you spend per m your family, but do i lid not spend any mo	not include public		
Tim	ne: Approx.		hours	Money: Approx.		ten thousand yen

	(For the spous	e or t	ne respondent who	is illing out the survey)			
These q	uestions concern your employment.						
We begin							
Q1. Last	month (January), did you perform any paid work (is circle the item that most closely matches your act						
	Performed paid work		Did not perform any paid work				
1	Mostly worked	4	Took leave from wor	rk			
2	Worked while mostly attending school		Was looking for wor				
	Worked while mostly keeping house		Attended school; kep				
	1 2 3		4 5				
_	(to Q2)		-	(to Q11 on page 42)			
IFor re	spondents who answered "4 Took leave from wo	rk" iı	¥ . O11				
	Why did you take leave from work last month (Jan			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 lear	ve			
3	To prepare for opening business	6	Other()			
	To propure for opening business		Other	,			
SQ2.	Have the COVID-19 pandemic affected the decision	on of	aking a leave from w	ork?			
	1 V	_	NT-				
	1 Yes	2	No				
[If you a	nswered SQ1-2, proceed to Q2]						
Q2. This gener Enter sales	question concerns your regular work. If you have reates the highest income. the nature of your job inside the parentheses with person", "supermarket cashier", "junior high schoolwing questions.	a spec	ific description such a	as "automobile			
	(Job description:)				
(1) W	hat is the nature of the work you usually do?						
	1 Agriculture, forestry, or fishery worker						
	2 Mine worker		1 1	1			
	3 Salesperson (retail or wholesale shop manager agent, etc.)	or w	orker, outside salespei	rson, real estate			
	4 Service worker (worker, cleaner, etc. at a barb						
	5 Manager (national or local government assemble a company, organization or government office)		ember; section chief o	or higher position at			
6 Clerical worker (general clerk, accountant, operator, sales clerk, etc.)							
	7 Transportation or communications worker (rai pilot; conductor; cable or wireless radio operat			er; ship or airplane			
	8 Manufacturing, construction, maintenance or f						
	9 Information technology engineer (systems eng						
	Specialized or technical worker *excluding IT medical practitioner; legal practitioner; teacher	engii	neer (company researc	cher or engineer;			

)

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
 - **2** 5-29 persons
 - **3** 30-99 persons

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

Prefecture)

	(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)
[(7) is for res	spondents who answered "5 Wage worker" in (6)] is your work status at your company?
:	Full-time, regular employee – no title Full-time, regular employee – with title Full-time, regular employee - manager Contract employee Part-time worker Subcontracted worker Specialized contract employee
[(8) is for res	spondents who answered 4-7 in (7)]
(8) Why 6	lo you work under that work status?
1 2	I wanted to work as a regular employee but no company would hire me The wages and working terms and conditions are good

[(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]]

Other (

3 4

SQ. How many times have you renewed your contract?

Contract renewed		times

I could not work as a regular employee due to personal reasons

	idays did you take la carried over from th (Of which) ays Carried over		?	ken		granted
[Far	J 1 4 ! O1	241		•••••	•••••	
[For respondents who answ		page 34]				
(11) Are you a member of	or a rabor union?					
1 There is no la	bor union at my wo	rkplace				
	or union, but I am n					
3 I am a memb	er of the workplace	labor union				
4 I am a memb	er of a labor union o	ther than the	workplace labo	r union		
5 Not applicable	le (self-employed or	professional)			
(12) What was your incodeductions for taxes Last year					s income be	efore
	<u>i</u> i i					
(13) Which type of comp (from Jan. though Dechighest income.						
Monthly Salary Weekl	y Salary Daily	Wage	Hourly Wage	e	An	nual Salary
			T		_	
↓	V	l e	↓			↓
(1) About how much do you earn from this job each month (including overtime; not including bonuses; pre-tax)?	(2) What is your dai wage?		What is your ho	urly	(4) What is salary?	s your annual
Per month thousand yen	Per day	yen	urly payment	yen	Annual inc	thousand yen
(14) How much did you bonuses.	receive in bonuses la	ast year? Plea	ase enter the tot	al for su	nmer, wint	er and other
		ten thous	sand yen	O No	one	

	on concerns your working e highest income. Include										which
(1) Which o	of the following is closest t	o yo	ur wor	k sys	tem (w	orking	g hours s	system)?	?		
1 Regular working hours system											
	ex time system (self startin										
	riable working hours syste tem (day & night shifts, etc		ifferen	it wor	king ho	ours d	uring ce	rtain pe	riod	s only); sl	nift
4 Dis											
•	sonnel, planners and home						-	10 overt	ime	navments	other
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 aver	age, how many days of pa	id w	ork do	you p	erform	each	month?				days/month
	age, how many hours of pa each week (including over			you				 			hours/week
	e, how many are overtime elf-employed or otherwise								•••••		hours/week
			•••••				[<u> </u>	•••••		
(5) How ma	ny are overtime hours paid at	incr	eased w	vages i	for over	time w	ork?				hours/week
(6) What is	the monthly average share	you	worke	ed fro	m hom	e? Ple	ase indi	cate the	ave	rage share	e
consider	ring the last week of April	and	Augus	t, 202	1, and	Janua	ry, 2022	. If you	did	not work	from
home, p	lease write "0." If you just	wor	ked fro	om ho	ome, plo	ease w	vrite "10)."			
1	April 5 th Week: 4/26-30 (Just before GW)	A			ek: 8/23 vacatio					c: 1/17-21 e New Yea	r)
	(cust delate 3 \v)		Г				(*****				-/
			L	į					İ		
office? I on what	our current circumstances Please circle the one that a you think would happen i ment: (Circle one only)	pplie	es. If y	ou ha	ve neve	er wor	ked from	n home,	, ple	ase answe	er based
1 2	Working from home is m Not much will change	ore e	fficien	ıt	3 4		king from		is n	ot more e	fficient
	on concerns the nature of your work chang			s time	last ye	ar?					
1	Yes	2	No								
(2) Does yo	ur company have the follo	wing	g types	of sy	stems?						
	ced working hours system	1	No	2	Yes	3	Have us	sed		Do not kr	
	ing at home system	1	No	2	Yes	3	Have u		4	Do not kr	
	lay or hourly leave system	1	No	2	Yes	3	Have u	sed	4	Do not kr	iow
• Long-	term refreshment leave syst	1 1	No	2	Yes	3	Have us	sed	4	Do not k	now
• In-ho	use transfers advertising sys	tem 1	No	2	Yes	3	Have us	sed	4	Do not k	now
• System	m for rehiring employees w	ho re 1	tired fo	or chil 2	dcare o Yes	r nursi 3	ing care Have us	sed	4	Do not k	now
• Recla	ssification system from non	-regu 1	ılar to ı No	regula 2	r emplo Yes	yees 3	Have us	sed	4	Do not k	now

)

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

1	I want to continue	(including	changing	position of	or location	within th	e same com	oanv`
-	I Walle to Collection	(PODICION		************		, ,

2 I want to do other work in addition to my present job

I want to change to another jobI want to quit working altogether

[For respondents who answered 3 in Q5]

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

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

[For respondents who answered 1-4 in Q1 on page 34]

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
© People who respond to overtime and holiday work are highly appreciated	1	2	3	4	5	6
T have to achieve high quotas and goals	1	2	3	4	5	6
® Evaluation varies greatly depending on the achievement	1	2	3	4	5	6
Job responsibility and authority is heavy	1	2	3	4	5	6
(10) I feel it difficult to leave the company if people around me are working overtime	1	2	3	4	5	6
① If overtime or holiday work continues, some late arrival is allowed	1	2	3	4	5	6
① Communication between colleagues is good	1	2	3	4	5	6
13 Colleagues tend to share work knowledge	1	2	3	4	5	6
(4) The boss gives proper feedback as part of my evaluation	1	2	3	4	5	6
(15) Communication between boss and subordinates is good	1	2	3	4	5	6
16 The boss circulates the necessary information among the members in the workplace	1	2	3	4	5	6
① The boss has a sharp way of working	1	2	3	4	5	6

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

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

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

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

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

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

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

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

1 Never read at job

3 6 to 10 pages

5 More than 25 pages

2 less than 6 pages

4 11 to 25 pages

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

	All of the time	Almost all of the time	Around 3/4 of the time	Around half of the time	1/4 of	Almost never	Never
① Working at very high speed	1	2	3	4	5	6	7
②Working to tight deadline	1	2	3	4	5	6	7
③Not having enough time to get the job done	1	2	3	4	5	6	7
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
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
①Cloud	1	2	3	4	5
②Robotics	1	2	3	4	5
③RPA (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
⑥Telework 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		Not sure	Not much resistance	No resistance at all
①Work hours become halved with the same income	1	2	3	4	5
②Work hours become zero with the same income	1	2	3	4	5
③Both work hours and income become halved	1	2	3	4	5
④Both work hours and income become zero	1	2	3	4	5

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

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

- Q9. This question concerns job performance.
 - (1) On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?

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

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

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

Q10. The following 9 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you felt it by crossing the number (from 1 to 6) that best describes how frequently you feel that way

	Never	Almost never (A few times a year or less)	(Once a	Sometimes (A few times a month)	Often (Once a week)	Very often (A few times a week)	Always (Every day)
①At my work, I feel bursting with energy	0	1	2	3	4	5	6
② At my job, I feel strong and vigorous	0	1	2	3	4	5	6
③I am enthusiastic about my job	0	1	2	3	4	5	6
④My 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	9
⑥ I feel happy when I am working intensely	0	1	2	3	4	5	6
⑦I am proud of the work that I do	0	1	2	3	4	5	6
®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

[To be answered by all respondents]

- Q12. (1) Please circle all of the following items that apply concerning your employment status last year (Jan.-Dec.). (Multiple responses permitted)
 - **1** Worked all year long
 - 2 Had a job, but took leave all year long
 - 3 Looked for work all year long
- 4 Did not work all year long
- **5** Did not take any leave
- 6 Did not look for work at all, all year long
- (2) <u>During the last year, if there were any specific periods when you</u> (a) worked, (b) took leave from work, or (c) looked for work, circle all of the following months that apply. If there were months when you both worked and looked for work, or both took leave from work and looked for work, then circle the months for both. However, do not circle the same month for both worked and took leave from work.
 - (a) Months when I primarily worked

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?

2

3

Had a side job

Side job prohibited

Side job allowed, but did not have one

These questions concern information technologies

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

	Yes	No, but want to use	No	I don't know
①Robot vacuum cleaner	1	2	3	4
②AI speaker	1	2	3	4
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	
①IoT	1	2	3	4	5
2 Cloud	1	2	3	4	5
3AI	1	2	3	4	5
④RPA	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 hardly do	I cannot do	I don't know
①Basic processing using a spreadsheet software	1	2	3	4	5
②Processing using a macro function (recording and iteration) of spreadsheet software	1	2	3	4	5
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.

Q1. Please provide answers as to how your feeling of happiness was during the following periods, on a scale of 0 to 10, with 0 being "having no feeling of happiness at all," and 10 being "having a feeling of complete happiness."

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

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

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

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

* This page must be answered b	y the spouse of t	the person req	uested to con	plete the qu	uestionnaire	
These questions concern your	donations and t	houghts on so	cial cohesion	, trust, etc.		
Q1. When you think about the a answer for both the situation in the area you lived in at that	in 2019 before	the COVID-1	9 pandemic (i	f you move	_	
	Very good	Rather goo	d Partly b	ad Rat	her bad	Very bad
1. Situation in 2019	1	2	3		4	5
2. Current situation	1	2	3		4	5
Q4. What is your opinion about	the following th	ree statements	s? (circle one))		
			Agree completely	Rather agree	Rather disagree	Totally disagree
4. People can generally be tru	ısted.		1	2	3	4
5. Nowadays you can't rely o	on anyone.		1	2	3	4
6. When dealing with stranger before trusting them.	s, it's better to be	careful	1	2	3	4
		5 F	rom 5,001 ye rom 10,001 y rom 50,001 y 00,001 yen o	en to 50,00 en to 100,0	0 yen	
					t year 2021)	
One year mon (From this	netary donation amount)			L		
(Donation relief act B: Religion (Donation and shring and offer	ous donations ons to religious gones that are paristory. Excluding monies such as	ons conducting groups, donation shioners, dona g donations ar	g relief funds ons to temple tions to festiv	s als,		
→ Donatio	ns to people of	ther than tho	se in A and	R		

* 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?

12345GoodPretty goodNormalNot so goodBad

Q2. How often do you eat breakfast usually? Please circle the numbers that apply.

1 almost every day 2 skip 2-3 times/week 3 skip 4-5 times/week 4 skip almost every day

Q3. How often did you eat these foods below in the last one month? Please circle the numbers that apply.

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

Q4. How often do you eat sweet buns (ex.	doughnuts, et	etc) and sweets (chocolates,	biscuits and	crisps,	etc)?
Please circle one answer.						

1 Twice per day or more **2** Once per day **3** 4-6 times per week

4 2-3 times per week **5** Once per week **6** Less than once per week **7** I don't eat them at all.

Q5. How often do you eat cup noodles (the type that you just pour hot water into the cup, not including the ones that come with bags of sauce and other ingredients)? Please circle one answer.

1 Twice per day or more **2** Once per day **3** 4-6 times per week

4 2-3 times per week 5 Once per week 6 Less than once per week 7 I don't eat them at all.

Q6. How often do you take health supplements (pills, capsules and drinks fortified with specific nutrients)? Please circle one answer.

1 Twice per day or more 2 Once per day 3 4-6 times per week

4 2-3 times per week 5 Once per week 6 Less than once per week 7 I don't take them at all

Q7. How often do you eat in fast-food restaurants (hamburgers, fried chicken and Gyu-don (rice with stewed beef))? Please circle one answer.

1 Twice per day or more **2** Once per day **3** 4-6 times per week

4 2-3 times per week **5** Once per week **6** Less than once per week **7** I don't eat them at all.

Q8. How often do you buy ready-made meals? Please circle one answer.

1 Twice per day or more 2 Once per day 3 4-6 times per week

4 2-3 times per week **5** Once per week **6** Less than once per week **7** I don't buy them at all

Q9. How often do you cook meals at home? Please circle one answer.

1 Twice per day or more 2 Once per day 3 4-6 times per week

4 2-3 times per week 5 Once per week 6 Less than once per week 7 I don't cook them at all

Q10. How often did this experience below happen in the last one year? Please circle the numbers that apply.

	applicable applicable Not a		Not applicable					
I did not eat nutritious meals*, because I had no time to go shopping for ingredients and cook them.	ls*, because I had no time to go d cook them.							
I did not eat nutritious meals*, because I had no enough money to buy ingredients. 1 2 3								
011 (1) 11 1 1 1 1 1 1	. 1 1 1 1 1 1	1 1 1						

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). Under 1 go (1 go = 180ml)2 go or more to under 3 go (540ml) 4 go or more to under 5 go (900ml) 1 go or more to under 2 go (360ml) 4 3 go or more to under 4 go (720ml) 5 go (900ml) or over Q12. Do you smoke cigarettes? 2

•	_	O	
Every day	Sometimes	Used to smoke but do not now	Never smoked
↓			(to Q13)

[SQ1 is to be answered by those who chose [1] or [2] for Q12]

SQ1. Please provide answers about the cigarettes you currently smoke

Brand :					Amount of tar:	mg
Amount of nicotine :]. $[$	mg	Price	yen per pack	Number of cigarettes	per day

^{**}Please write the brand name as specifically as possible (e.g. 'MILD SEVEN AQUA menthol super light box', etc.). The amount of tar and nicotine is shown on the package.

[To be answered by all respondents]

O13. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitte	013	Did 8	you receive	medical	treatment	or were you	hospitalized	last vear?	(Multiple:	responses	permitte
---	-----	-------	-------------	---------	-----------	-------------	--------------	------------	------------	-----------	----------

- 5 No health problems Had symptoms, but took no action
 - Purchased over-the-counter medicine
 - Treatment at hospital or clinic Was hospitalized
- Other (

[SQ is to be answered by those who chose [3] or [4] for Q13]

- SQ. Did you apply for a High-Cost Medical Care Benefit or High Aggregate Cost for Long-term Care Service during the last year? Also, will you be applying for medical expense deduction on this year's tax return?
 - (a) Applied for High-Cost Medical Care Benefit?
- **2**. No] [**1**. Yes •
- (b) Applied for High Aggregate Cost for Long-term Care Service?
- **2**. No] [**1**. Yes
- (c) Applied for Medical Expenses Deduction?
- [**1**. Yes **2**. No]
- Q14. 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	thousand yen
(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))	1. Yes 2. No	thousand yen

^{*}For the case of electronic cigarretes: please write the brand name as specifically as possible; the amount of nicotine and tar can be left blank.

Q15. Please circle the a examination. (Mult			ou remember the date	when you received	the medical
1 No exam or sc 2 Periodic compan 3 Multiphase her 4 Lung cancer so 5 Uterine cancer so 6 Breast cancer so 7 Colon cancer so 8 Other (y or municipal alth screening creening (screening)	ng	Time of visiting (Bet Time of visiting (Bet	Fore April 2021 or aft Fore April 2021 or aft Fore April 2021 or aft Fore April 2021 or aft	ter March 2021) ter March 2021) ter March 2021) ter March 2021)
[SQ1 is for responden				1.1	1
	problems v ressure relat		mination results? (Mu 8 Electrolyte re		mitted)
2 Bone de	nsity related		9 Prostrate rela		
3 Heart rel			10 Metabolism r		
4 Anemia5 Liver rel			11 Obesity relate12 No problems		
6 Kidney 1			110 problems	noted	
7 Diabetes	related				
[SQ2 is for responden	ts who ansv	wered [1-11] in SQ1]		
		nstitution after the pr			
1 Yes	2 P	lan to go	3 Did not (and wil	l not) go	
[To be answered by al	-			•	
Q16. What is your heig	ht and weig	ht?			
Height		cm Weight		kg	
minutes per day of With regard to the a section, please write	e exercise of exercise, as amount of tie the type of	n a regular basis, plea well as how many yome spent exercising,	ase answer how many ears you have continu- please answer in <u>units</u> ake most frequently (days per month and ed to undertake this s of 10 minutes. In t	exercise. he "Other"
Exer	<u>cise regular</u>	<u> </u>	Do not exercise regul	arly_	
	<u> </u>	1	→ (Ple	ease move on to nex	t page)
Type of exercise	Exercise regularly	Number of days per month exercise is undertaken	Number of minutes per day exercise is undertaken	Number of years exercise has been undertaken on a continual basis	Main places where exercise is carried out
(a) Walking/strolling	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment 2 Other
(b) Running/jogging	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment2 Other
(c) Radio calisthenics	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment2 Other
(d) Swimming	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment2 Other
(e) Cycling	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment2 Other
(f) Other	1 Yes — 2 No	days	0 minutes	years	1 Facilities requiring fee payment 2 Other

* This page must be	answei	red by the sp	ouse of the	person r	equested to	complete the questionnaire.	
[To be answered by	all res	pondents]			_	-	
Q18. (1) On average	, how i	nany minute	es do you wa	lk per d	ay in comn	nuting to school or work? (Circle one of	only)
			minutes		0	do not walk	
(2) How many da (Circle one o	-	you exercise	e (exercise w	hich ma	ıkes you sw	weat) each week, outside of work?	•••••••••••
1	1 day	4	4 days	7	7 days (da	aily)	
2	2 day	/s 5	5 days	8	Do not ex	tercise	
3	3 day	/s 6	6 days				

Q19. The following questions ask about how you have been feeling during the <u>past 30 days</u>. For each question, please circle the number that best describes how often you had this feeling.

During the past 30 days, about how often did you feel	All of the time	Most of the time	Some of the time	A little of the time	None of the time
anervous?	1	2	3	4	5
bhopeless?	1	2	3	4	5
crestless or fidgety?	1	2	3	4	5
dso depressed that nothing could cheer you up?	1	2	3	4	5
ethat everything was an effort?	1	2	3	4	5
fworthless?	1	2	3	4	5

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 2 3	Myself Spouse Child/children Parent/parents	5 6 7	Grandparent/grandparent Grandchild/grandchildren 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 ven per month

These questions concern	your use of time.				
(Please answer to the f	specify the time you spirst decimal point, exce	pend for those activities pt for "Commute to sch	you perform at least on ool or work")		
Example: 1.0	$\begin{array}{c c} \text{hour} \rightarrow \boxed{1}.\boxed{0} & \text{hrs} \\ \hline \end{array}$	30 minutes $\rightarrow \boxed{0}$].[5] hrs		
Frequency	Almost every day	A few times per week	Once a week	Almost never	Never
Commute to school or work (one-way)	Avg. min	Avg. min	Avg. min	4	5
Housework (prepare meals, laundry, grocery shopping, cleaning)	1 Avg. hrs/day	Avg. hrs/wk	Avg. hrs/wk	4	5
Childcare	1 Avg. hrs/day	2	3	4	5
Training or study for work	1 Avg. hrs/day	Avg. hrs/wk	Avg. hrs/wk	4	5
Volunteer activities	1 Avg. hrs/day	Avg. hrs/wk	Avg. hrs/wk	4	5
Nursing Care*1	1 Avg. hrs/day	Avg. hrs/wk	Avg. hrs/wk	4	5
			*1 Please include	the travel	time
Q2. Please write your usua (Please answer to the		7.0 hours, 8 hours	and 30 minutes→ 8	3.5 hour	rs.)
Weekdays	. hours per night or	n average			
Weekends and holida	ys . hours p	per night on average			
Q3. How would you rate the	ne overall quality of you	ur sleep over the past me	onth?		
1 Excellent	2 Good	3 Bad	4 Very bad		

These questions concern your satisfaction level with everyday life.

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

]	Dissatis	fied <					$\Longrightarrow\!$	Sa	tisfied	
				I							
Household income	0	1	2	3	4	5	6	7	8	9	10
Your employment	0	1	2	3	4	5	6	7	8	9	10
Housing	0	1	2	3	4	5	6	7	8	9	10
Neighborhood and disaster safety	0	1	2	3	4	5	6	7	8	9	10
Convenience of commuting and shopping	0	1	2	3	4	5	6	7	8	9	10
Natural environment	0	1	2	3	4	5	6	7	8	9	10
Amount of leisure time	0	1	2	3	4	5	6	7	8	9	10
The way you spend your leisure time	0	1	2	3	4	5	6	7	8	9	10
Your health	0	1	2	3	4	5	6	7	8	9	10
Life overall	0	1	2	3	4	5	6	7	8	9	10
			1	1	1	1					

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

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	
Used the national contact verification application (COCOA)?	1	2	3
① 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		se answer	
① Become critically ill	1	2	3	\rightarrow		%
② Lose your job as the result of layoffs or company closure	1	2	3	\rightarrow		%
3 Be forced to drastically lower your standard of living given a decrease in the income and earnings	1	2	3	\rightarrow		%
Have difficulties paying your bills and be forced to use your savings or take out loans	1	2	3	\rightarrow		%
(5) Encounter serious financial difficulties and possibly have to apply for social welfare benefits	1	2	3	$\Bigg] \to$		%

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
No particular reason, but still feeling vague anxiety	1	2	3	4	5

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

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

Q5. How satisfied are you with crisis management by government or others? Please answer on a scale from **0** (completely dissatisfied) to **10** (completely satisfied). (circle one)

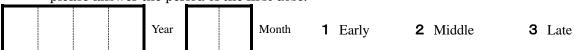
		mple	•	•				-	ļ	mple atisfi	_	Not appli cable
① Government	0	1	2	3	4	5	6	7	8	9	10	
② Local governments (prefectures, cities, towns, and villages)	0	1	2	3	4	5	6	7	8	9	10	
③ Company that you work for (only if applicable)	0	1	2	3	4	5	6	7	8	9	10	11

Q6. Have you ever been vaccinated against COVID-19? Please encircle that the one that applies. (circle one)

SQ1. [SQ1 is for respondents who answered [1-3] (one dose or more) in Q6]

please indicate when and where you were vaccinated.

(1) When did you receive the second dose? For those that answered "3 one dose" in Q6, please answer the period of the first dose.



(2) Where did you receive the second dose?

For those that answered "3 one dose" in Q6, please answer the place of the first dose.

(circle one)

- 1 Vaccination sites set up by the municipality in which you live (e.g., community centers, clinics, etc., excluding workplace vaccinations described in 3 to 5).
- **2** Vaccination centers established by the national or prefectural government (e.g., large-scale vaccination centers).
- 3 Job vaccination sites, such as those at the company or university where you work.
- 4 Workplace vaccination sites, such as companies and universities where your family and friends work.
- **5** Workplace vaccination sites that are not related to work (e.g., nearby businesses, universities, etc.).
- **6** Other (e.g., vaccination sites for medical personnel).

< If you have already answered SQ1(1) and (2), please proceed to Q7. >

SQ2. [SQ2 is for respondents who answered "4 Not vaccinated" in Q6]

please indicate the most applicable reason for not being vaccinated. (circle one)

- **1** I plan to be vaccinated and have an appointment.
- 2 I don't have an appointment, but would like to be vaccinated as soon as I could.
- **3** I don't have an appointment, but would like to be vaccinated at some point in the future.
- **4** I would like to be vaccinated, but cannot do so because of my medical history or genetic predisposition.
- **5** I have not yet decided whether to get vaccinated.
- **6** I am not going to get vaccinated.

Q7. Which of the following reasons apply to you for having been vaccinated or not having been vaccinated? Please encircle **0** (not applicable at all) to **4** (extremely applicable), as applicable:

	Not applicable at all	—		-	Extremely applicable
① Some people around me have already been vaccinated	0	1	2	3	4
② Can reduce my own risk of infection	0	1	2	3	4
③ To protect the people around me from infection	0	1	2	3	4
④ Because of my thoughts on the safety of the COVID-19 vaccine	0	1	2	3	4
⑤ To reduce the risk of serious illness	0	1	2	3	4

Q8. Do you agree or disagree with making COVID-19 vaccinations for all healthy adults mandatory? What are your reasons? (Circle one only)

SQ1. If you answered "1 In favor of" in Q8, please select the reason that applies to you:

- 1 I thinkmany people will not get vaccinated if it is not made mandatory.
- **2** Many people underestimate the health risks caused by COVID-19.
- **3** COVID-19 vaccination is more important than an individual's freedom of choice.
- **4** Many people believe COVID-19 vaccination is unsafe.

[If you answered "Yes" to SQ1, please proceed to [Lastly].]

SQ2. If you answered "2 Opposed to" in Q8, please select the reason that applies to you:

- 1 I think many people will get vaccinated even if it is not made mandatory.
- **2** Many people are overly concerned about the health risks of COVID-19.
- **3** Freedom of choice should be respected.
- **4** I consider the COVID-19 vaccination is unsafe.

[If you have already answered SQ2, please proceed to [Lastly].]

[Lastly]

Q. For the questions on pages 32-57, 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 45 (Feeling of happiness)	1	Spouse (Spouse of questionnaire subject)	2	Questionnaire subject	3	Other person (Please specify:)
В	Page 47-50 (Health)	1	Spouse (Spouse of questionnaire subject)	2	Questionnaire subject	3	Other person (Please specify:)
С	Pages 53 (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
enti	re housel	hold.							

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 0 Does not have any deposits \longrightarrow (to (2))
SQ. These questions concern a breakdown of the current amount of deposits and savings.
(A) Gold investment account/Gold saving account
ten thousand yen O Does not have any deposits
(B) Medium-term government bond
ten thousand yen O Do not have one.
(2) About how much does your household presently have in securities?
ten thousand yen O 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 O Do not have one.
(B) Foreign currency denominated financial products

ten thousand yen

O Do not have one.

Q2. Does <u>your household</u> presently have borrowings for any of the purposes or reasons in the following table? Please include borrowings from relatives and other sources aside from financial institutions. Include any unpaid monthly installment payments or revolving loans*, 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 be queath wealth to children so that they will also be queath 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 cocern income.
Q1. About how much was your household's annual (pre-tax) income last year (JanDec.)? 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 (JanDec. 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 (JanDec.)? 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 \rightarrow ten thousand yen 2 No
(3) Retirement benefits
1 Yes \rightarrow ten thousand yen 2 No
(4) Securities sales profits and losses
1 Profits received 2 Losses incurred 3 No (to next page)
SO. Enten the amount of the number of the subsection in the subsec
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. 2021 to Dec. 2021). (Enter "0" for items for which you had no income).							
 Enter the husband's income in Co Enter the approximate total income (Do not include the income of particular Do not include personal insurance) Include any income whose attribut higher income. 	ne of other family men rents and children livin receipts, retirement be	mbers excluding the hus g separately). enefits, or the sales of sec	band and wife in Column C. ← urities, land, automobiles, etc.				
	A	В	с ———				
	Husband	Wife	Other Family Total (Approx)				
	(Unit: ten thousand yen)	(Unit: ten thousand yen)	(Unit: ten thousand yen)				
(1) Annual employment income*1							
(2) Self-employment, business, home work income (including agriculture, forestry & fishery income)*2							
(3) Rent & land rent income							
(4) Interest & dividends*3							
(5) Remittances & gifts							
(6) Public pension							
(7) Corporate & personal pensions							
(8) Unemployment benefits & child-care leave benefits							
(9) Child allowances and childcare allowances*4 (Household total)	(Plea	ase enter the total amount receiv	red by your household)				
(10) Welfare benefits (Household total)	(Plea	ase enter the total amount receiv	red by your household)				
(11) Other income							
* 1 Refer to the withholding certificate and enter the total income from the employer including monthly base salary, bonuses, dependent allowances, housing allowances, overtime payments and other extraordinary income. If you are self-employed or a business owner but employed at a side job, please enter the income from that employer.							
*2 Please enter the net profit after deducting the cost of goods, raw materials expenses, agricultural implements, fertilizer, feed, fishing nets and other materials expenses, wage payments, business taxes, property taxes and other business expenses from the gross income.							
*3 Please enter the pre-tax amount refer							
*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

Enter the amount your househ	old spent on each of the follo	wing	living expenditures las	t month (Ian)
Enter "0" for items which you		Jwing .	irving expenditures ias	t month (Jan.).
In addition to items bought w		for ite	ems bought using credi	t cards, loans,
utomatic bank or postal savin				
nstallments).			-	
(1) Food · · · · · · · · · · · · · · · · · ·		$\cdot \rightarrow$		thousand yen
(2) Eating out & school lunches		$\cdot \rightarrow$		thousand yen
				·
(3) Rent, land rent, home repairs	(excluding mortgages) · · · · ·	. →		thousand yen
excluding multi-family housing				ř
(4) Multi-family housing commo	n charges · · · · · · · · · · · · · · · · · · ·	$\cdot \rightarrow$		thousand yen
(5) Electricity, gas, water (supply	& sewage) · · · · · · · · · · · · · · · · · · ·	$\cdot \rightarrow$		thousand yen
, , , , , , , , , , , , , , , , , , ,				ř
	Of which, electricity · · · · ·		3	thousand yen]
	Of which, gas · · · · · · · · · · · · · · · · · · ·	• • • • • •	· (thousand yen)
	ge does not include selling ele	ctricity	Answer electric charge	e only for your use
(6) Furniture, electric appliances	, household supplies appliances [excl. digital consumer	r →		thousand yen
electronics], misc. household		l ′		mousand yen
3,	, ,			
(7) Digital consumer electronics	purchases			
(PCs, TVs, video cameras, dig	gital cameras, DVD players, etc.)	→		thousand yen
(8) Clothing & shoes · · · · · ·		$\cdot \rightarrow$		thousand yen
(9) Healthcare (medicine, treatme	ant alassas contect lanses etc.)	\rightarrow		thousand yen
(9) Heatthcare (medicine, treatm	ent, grasses, contact ienses, etc.)	,		mousand yen
(10) T	1.7			th assaud som
(10) Transportation (including aut commuting passes, taxes, tolls				thousand yen
F,	.,)			
(11) Communications (nestage fi	rad line and mahila nhana aharas	va) →		thousand van
(11) Communications (postage, fix	xeu-mie, and moone phone charge	zs) →		thousand yen
(12) Internet communications (pro	vider fees, modem rental, etc.)	\rightarrow		thousand yen
(13) Education		→ 		thousand yen
(school tuition, textbooks, lea	rning reference materials, tutoring	g, etc.)		
(14) Culture & amusement (station	nery, sporting goods, travel, hobbi	ies)→		thousand yen
(15) Entertaining & pocket money	and other association for	$\cdots \longrightarrow$		thousand yen
(allowances, membership fees	and other association fees, etc.)			
(16) Remittances (children's food	& board, etc.) · · · · · · · · · ·	$\cdots \longrightarrow$		thousand yen
				·
(17) Other expenditures (barbers nursery school, nursing care,		\rightarrow		thousand yen
narsory senious, nursing care,	other personal goods, etc.)	•		modelina yon
Total·····	• • • • • • • • • • • • • • • • • • • •	$\cdots \rightarrow$		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 organization money offerings to shrines, political donations and contributions to education	
yen O 0 yen	
Q4. We would like to ask about your home Internet environment as of January	2022. If more than one answer
applies, please select up to 3 according to the frequency of use.	
January 2022 · · · · frequently frequently fr	rhird most requently sed
 Broadband such as FTTH and CATV (including in-home wireless connection using your own smartphones/tablets (including device's tethering features) Internet connection using smartphones/tablets for your business (device's tethering features) No internet access at home Don't know Others 	g connections using
SQ1. Is there any monthly data usage limit to your most frequently used In Please answer the situation as of January 2022.	nternet connection?
January 2022 ·· 1 Yes 2 No 3 Don't know 4 1	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, earthquake resistance measures and other insurances.

Q1. Does your household subscribe to a fire insurance policy and/or an earthquake insurance policy? (You cannot subscribe to an earthquake insurance policy unless you subscribe to a fire insurance policy.) Do the husband and the wife individually subscribe to a life insurance policy, paying premiums?

Type of insurance	Already	Not subscribed, but	Not subscribed and no			-		ts who			i
Type of insurance	subscribed	intend to	intention to		Sta	rting	year			Startir mont	
(Example) Fire insurance (residence)	1	2	3	1	9	9	6	year	1	0	month
Fire insurance (residence)	1	2	3					year			month
Fire insurance (household belongings)	1	2	3	•				year			month
Earthquake insurance (residence)	1	2	3	•				year			month
Earthquake insurance (household belongings)	1	2	3	·				year			month
Life insurance (husband)	1	2	3	•				year			month
Life insurance (wife)	1	2	3					year			month

Q2. Have you ever seen disaster control materials such as a hazard map in your resident area?	the "disaster pr	evention m	ap" (ba	osai map)	and the
Confirmed Would like to confirm, but materials are not as Not confirmed	vailable ———	$ \longrightarrow (\text{to Q}) $ $ \longrightarrow (\text{to Q}) $	3) 3)		
[For respondents who answered "1 Confirmed" in C	Q 2]	!	1	!	7
SQ1. When was the most recent time you checked?	1 Heisei				41
	2 Reiwa		year		months

[To be answered by all respondents]

Q3. This question concerns the implementation status about seismic strengthening works in your residence. Have seismic strengthening works been completed in your residence? Or, do you intend to implement seismic strengthening works in the near future?

*If you are living in an apartment or a rented house and seismic strengthening works have not been completed, please indicate your intention based on your needs without considering the intentions of other residents and the owners.

- 1 Implemented
- 2 Not implemented yet but want to implement it one day
- 3 Not implemented yet and no intention to implement it

Q4. Based on an overall consideration of the age, structure, and foundations of the residential building where you currently live and the ground on which it stands, do you think that its seismic resistance is sufficient?

1	2	3
Sufficient	Insufficient	Do not know

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 2021? 1 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? 5 3 Steel/concrete Condo Detached Semi-detached house Wooden Apartment Other (multi-family) House (town house, etc.) (multi-family) [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? SQ3. How many stories is the building? stories stories SQ2. Does your house have a yard? If so, how SQ4. Which floor do you live on? large is the yard? 1 m^2 2 Yes No Floor ${\rm m}^2$ (2) What is the total floor space? (2 tatami mats = $1 tsubo = 3.3 \text{ m}^2$) (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

other fam	ily members)	tatus of your home					•
1	2	3	4	5	6	7	8
Homeowne		Homeowner	Homeowner	Private	Public	Company	
-detached house	-condo (plot partially	-detached house or condo	-detached house or condo	rental housing	rental housing	housing o	
(plot owned		(plot regular lease)	(plot term lease)	nousing	nousing	(incl. compa	
4	Owned)	(prot regular rease)				leased housi	
		V			(to Q9 on pag	ge 68) (to	Q13 on page 69
	-	ts who answered '					
Q4. These qu	estions concern	respectively the h	ousing and plot v	here you p	resently live.		
SQ1. Ho	w much is the	land rent? (per 1	month)				
		٦					
		ten thousand yen	X I ow:	n the plot a	nd do not pay	any land re	nt
CO2 Wh	at is the amount	mata masant tatal	manufact value of 4	h a maal aata	40 (4la a mari a a)		
		mate present total in condo or you d					eceive ii you
5014	it): (ii you ii te		o not own the pro	., enter not			
Housing		ten tho	usand yen	Plot			ten thousand year
SO2 U	w do you thin	k the present ma	rkat valua will	hongo nos			
		do or you do not ov					
	Housing value	•	•	Plot value	•		
	1 Increase -			1 Increa			
		→ Approx	%		→ Apı	prox	%
	2 Decrease -						
	3 Not change			3 Not c	hange		
-	1.1	nised value of the					
			1				
Housing		ten tho	usand yen l	Plot			ten thousand yei
		ten the	asana yen				ten thousand yea
O5 We would	d liles to sale ves	a about the situation	on when you may	a into vous	aumant rasid	an aa	
		a about the situation of searching for a		-		ence.	
HOW IOUS	g was the period	of searching for a	residence to buy	'	Vann		
					Years		months
SQ1. Ho	w did you gathe	er information on h	ousing? (Circle a	ll that apply	y)		
1 Hou	sing information	n magazine	6	Housing ex	hibition hall		
	•	advertisement, dire		_	ugh the place		
	estate company						ing in that place
		,		-		or gift / LIV	mg m mat piace
	estate informat		9	Otners (Ple	ase specify:)
5 From	n friends or acq	uaintances					

[To be answered by all respondents]

	ve your housel lease provide y					ousing 3	sinc	e January	2021	?	
	Moved	Expanded/re	modeled		No chang	ge sinc	e last	year			
			→ (to Q	8 on on th	ne next pa	ge)	→ (1	to Q13 on	page69	9)	
	s for responde					ence? (pleas	e circle on	e)		
1 2 3	Building a cust Purchased a h Buying an exi	ouse for sale or	condomin	ium		4 5		ritance fror er (Please sp		nts)
a <u>o</u>	1. How did you nswer only for only the house he house part,	the house. (If part. (If the site	the site is e is not ow	not owned by y	ed by you ou or you	or you live in	live a co	in an apart ndominiun	ment, n, plea	please a se answ	nswer er only
		House is		7	Γhe site is						
	2 Partiall 3 I receiv 4 Purcha: 5 I receiv 6 Inherite	sed entirely with y borrowed fund yed a gift from m sed in joint name yed a gift of a house that is in a house that is in a house that is in a sed the house that is in a house that is in the house that is in the house that is in the house that in the house that is in the house that in the house the house that in the house that in the house the ho	s from parent y parents to with parent use or site fr ite from a pa	nt to purch purchase t ts com my par arent	ase he house rents	family	memb	pers			
SQ	2. Around wh			he real e	state? (If	f you 1	ive in	condo or	you do	not ow	n the
	plot, enter hou	using value on	ly)	_							
House	X I did n	Year ot purchase eit	ther a hous	Month sing or a	Site			Yes → (to SC		he next	Month
	3. How much of property or yo	did you pay for	r your pur	chase? Pl	ease answ						
Н	louse		ten thou	usand yen	Site	e [ten thou	isand yen
SQ	4. Please fill in (If you live in								ence a	nd build	ding plot
Total	("House" +	"Site" from	SQ 3)						ten	thousar	nd yen
1. Mo	ortgage (initial time of purcha	borrowing amouse)	ount at						ten	thousar	nd yen
V	When did you t	ake out the mo	ortgage?					Year			Month
2. Per	sonal funds (sa	avings etc.)							ten	thousar	nd yen
	case of remova nds from the sa		is home						ten	thousar	nd yen
4. Bor	rrow from relat	tives							ten	thousar	nd yen
5. Ass	sistance from re	elatives							ten	thousar	nd yen
1~5 T	'otal								ten	thousar	ıd ven

SQ5. W	hat is the area of the plot?	(Answer ev	en if y	ou reside	ın a c	ondo	or lea	se the	plot)
	Plot area			m^2					
[Procee	ed to Q13 on page 69]		ļ						
Q8. The foldat your have do (1) Wh	respondents who answered lowing questions are relate current place of residence. one it multiple times, please that type of construction has to tifies the largest change. (please	d to any rel Have you o base your aken place?	buildin done an answer If mor	g/renovati y rebuildi on the la	ion (re ng or rgest o	emode renov one.	eling/ı vation	in the	e previous year? If you
1 2 3 4 5	The house was rebuilt Construction to increase the Construction to decrease the Demolished a part of the lateral demolished) (rene Construction work such facilities improvement with house (repair / remodeling)	he floor sp nouse, and ovation) as interior thout an in	ace of then re	the house built (but leling, ro	(reduction (reduction))	ction) ewly c	constr	floor	plan change, and
	nat was the approximate cost	associated	with co	nstruction	?				ten thousand yen
Q9. I would	is for respondents who at like to ask you about the how much is the rent per mo	ousing ren	at and c	ontract te	rms of	f your	curre	nt res	
_	ow much are the common cion of utilities and repair fe			(includin	g con	nmon	charg	es and	d the common
SQ3. W	That is the remaining lease page Years	period?	montl	18					
SQ1. The residence conditions	Id like to ask you about the nis question concerns the te dence have a fixed-term leadluded) Yes	rm lease sy	stem e	stablished or which a	l in M a fixed	arch 2 d-term	2000. 1 build	Does ding l	your present
	TCS	2 110		<u> </u>	аррис	aur (Q11 on the next page)
SQ2. Ha	ave you renewed the contra 1 Yes 2	No		1 the next	page))			
SQ3. H	ow much was the contract i	enewal fee	?						thousand yen

				ng <mark>since January 20</mark> 2	1?
(Ple	ase provide your a	nswer to Q1 on page	65 again.)		
M	1 oved Expai	2 nded/remodeled	No c	3 hange since last year	
		ided/Telliodeled	110 0	-	
	\downarrow		\longrightarrow	(to Q13)	
Q12. I wor time w	ıld like to ask you	o the current residence	posit (Shik		(Reikin) that were paid at the
_	Yes	_	No		
	\downarrow		└→ (t	o SQ3)	
SQ2.	How much was t	the security deposit (t	to the first month's re		
SQ3. D	oid you pay key mo	oney?			
_	1 Yes	_	2 No (t	o Q13)	
SQ4.	How much was the	e key money (to the f	irst decima	al point)?	
			onth's rent	• /	
Q13. Whic		ondents] indicates your living spouse's parent who			
1 2	_	_	_		expenses (joint household) nold expenses (semi-joint household)
3	_	=	_	arents (semi-joint hous	
4		town or within 1km of		=	,
5				of 21 major cities with	wards)
6		=		=	cities and county areas)
7	Live in the same	prefecture with parents	S		
8	Parents live in are	eas aside from 1-7 abo	ve (Prefect	ture:)
9	Parents are all dec	ceased			
	-	nswered [1-8] in Q1 who lives together with		ives closest to you?	
	1	2		3	
	Husband's paren	nt Wife's p	arent	Husband and wi	fe's parents

[To l	Эe	answered	bv	all	respon	dents	١
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Is there a possibility that you will receive financial assets from your parents by way of a bequest in the future? Circle both 1 and 2 if you have the possibility to receive both a bequest and a	ive a possibility	to receive a bequest 2	I have a possibility to	receive a gift 3	I have no possi	bility to receive a beques
Yes Do not know No 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 pleater 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 yer Its there a possibility that you will receive financial assets from your parents by way of a bequest in the future? Circle both 1 and 2 if you have the possibility to receive both a bequest and a live a possibility to receive a bequest 2 I have a possibility to receive a gift 3 I have no possibility to receive a bequest SQ. For respondents who answered "1 or 2"in the previous question. What is the approximate amounts.			vered " 1 or 2 "ii	1 the previous qu	iestion. Do y	ou plan to use that
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 plenter housing value only. On the other hand, if you do not own the housing, enter plot value only. Housing It is there a possibility that you will receive financial assets from your parents by way of a bequest in the future? Circle both 1 and 2 if you have the possibility to receive both a bequest and a lave a possibility to receive a bequest SQ. For respondents who answered "1 or 2"in the previous question. What is the approximate amount		1	2			3
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	enter h Housing Is there a p in the futu	ousing value only. On te cossibility that you wi re? Circle both 1 an	en thousand yen ill receive financial nd 2 if you have	Plot assets from you the possibility to	r parents by	ten thousand yen ten thousand yen way of a bequest of a bequest and a general section.
		V				
					What is the a	onrovimate amount

Have a sp	pecific plan	Considering, by	ut no spe	cific plan	No pla	n for the time being
		\downarrow				(to Q1 on the next page
SQ1. When	n do you expec	t to realize your pla	n?		••••••	
1	Within 1 yes	ar	4	6 years or mor	e	
2	1 year to les	s than 3 years	5	Do not know		
3	3 years to le	ss than 6 years				
4	()wned cond		10u <i>j</i>			
4 5 6 7	Owned condo Private rental	o (plot regular lease o (plot term lease) l housing)			
5 6 7 8	Owned condo Owned condo Private rental Private rental	o (plot regular lease o (plot term lease) l housing l housing (term lease)			
5 6 7 8 9	Owned condo Owned condo Private rental Private rental Public rental	o (plot regular lease o (plot term lease) I housing I housing (term lease housing	e)		→	(to Q1 on the next page)
5 6 7 8	Owned condo Owned condo Private rental Private rental Public rental Public rental	o (plot regular lease o (plot term lease) l housing l housing (term lease	e)	pany leased hous	ing)	(to Q1 on the next page)

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

 m^2

These questions concern mortgage loans. [To be answered by all respondents] Q1. Does your household presently have any mortgage loans? 2 1 No Yes (end of survey) SQ1. How much is your total mortgage loan balance and how much did you repay in total over the past year (including refinancing)? 0 Total mortgage loan balance ten thousand yen Total repaid over past year 0 ten thousand yen **O** No repayments past year SQ2. Considering your current mortgage loan, have you make any advanced repayment in the past year? Yes SQ3. Did you take out a new mortgage or refinance existing mortgages in the last year? I took out a new mortgage in the last year (no mortgages previously) I refinanced existing mortgage(s) in the last year 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?

- 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)
- 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.