

# The Japan Household Panel Survey

- This survey form is for by married respondents.
- Questions are to be answered by circling or shading the appropriate number. If the category “other” applies, please circle it and specify your response in the parentheses. You may write outside the parentheses if the space is insufficient.
- Please answer according to the sequence of the questions. Since some questions are to be answered only by certain respondents, please follow directions closely.
- Although some of the questions may be personal in nature, we would appreciate you answering all questions honestly since the aim of this survey is to collect responses for statistical analyses.
- If you are not sure about the answer to a question regarding your family, please seek clarification.
- Some of the questions may pertain to an entire month (January). Please answer these questions whenever possible.

When the form is completed, “(a survey agent)” will collect it on “(date)” at “(time)”.

You may choose to **complete this form on the Web screen** via the Internet. If you choose to do so, visit the URL below for reference. For more details, refer to “**Responding via the Internet**” provided with this form.

<https://www.crs-monitor.jp/partner.html>

About yourself

Q1. (1) Sex

**1**  
Male

**2**  
Female

(2) Date of birth

Year

Month

Day

January 2009

Branch Office ID	Location ID	Respondent ID	Name of Examiner

**About your family:**

Q1. How many are currently living in your house?

people

Q2. How many family members are temporarily transferred to another location because of business or studies or are presently in an institution such as home for the elderly or at a hospital (long stay)?

people      **0** No one lives separately.

Q3. Please list each family member by relationship, sex, date of birth, schooling or working situation, living status (living together or separately), and marital status.

Relationship with yourself (Write specifically.)	Relationship with yourself Use codes below.	Sex 1 M 2 F	Year and month of birth Y M	Living together 1 2	Living separately 1 2	Marital status		Present working situation		Present schooling situation	
						Single	Married	Not working	Working Employment form	Not in school	In school Type of school
1 Yourself	0 0										
2 Your spouse	0 1	1 M 2 F									
3 Your _____		1 M 2 F				1 2	1 2	1 2		1 2	
4 Your _____		1 M 2 F				1 2	1 2	1 2		1 2	
5 Your _____		1 M 2 F				1 2	1 2	1 2		1 2	
6 Your _____		1 M 2 F				1 2	1 2	1 2		1 2	
7 Your _____		1 M 2 F				1 2	1 2	1 2		1 2	
8 Your _____		1 M 2 F				1 2	1 2	1 2		1 2	
9 Your _____		1 M 2 F				1 2	1 2	1 2		1 2	
10 Your _____		1 M 2 F				1 2	1 2	1 2		1 2	

Code for married respondents

- 01 Spouse                      07 Grandparent
- 02 Child                        08 Grandparent of spouse
- 03 Spouse of child        09 Sibling
- 04 Grandchild                10 Sibling of spouse
- 05 Parent                       11 Other relative
- 06 Parent of spouse        12 Other

Code for employment status

- 1 Self-employed worker
- 2 Professional
- 3 Family employee
- 4 Executive officer
- 5 Full-time employee
- 6 Part-time employee
- 7 Temporary employee
- 8 Contreated/Commisioned employee
- 9 Other

Code for type of school

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



The questions from page 3 to page 13 are to be answered by the respondent himself/herself.

Questions to be answered by the spouse of the respondent are listed from page 15 to page 24.

About your education:

Q1. Are you attending school now? If not, did you graduate from school or drop out?

- |               |                   |             |
|---------------|-------------------|-------------|
|               | Not attending now |             |
| <b>1</b>      | <b>2</b>          | <b>3</b>    |
| Attending now | Graduated         | Dropped out |

Q2. Choose a school that you last attended. If you are presently attending a school, choose the appropriate option. (Educational system in prewar period is in parentheses)

- 1 Junior high school (Elementary school/Higher elementary school)
- 2 High school (Junior high school/Girl's high school)
- 3 Junior college or a specialized school (High school/Business college/Normal school)
- 4 Four-year university (University)
- 5 Graduate school
- 6 Other (Please specify: \_\_\_\_\_ )

(For those who answered "2.High school (Junior high school/ Girl's high school)" in Question 2)

SQ1. Which courses did you take?

- |  |                                  |                |   |                 |   |            |   |                                  |   |   |                |   |                 |   |            |   |                                  |   |                         |
|--|----------------------------------|----------------|---|-----------------|---|------------|---|----------------------------------|---|---|----------------|---|-----------------|---|------------|---|----------------------------------|---|-------------------------|
| Full-time <table style="display: inline-table; vertical-align: middle;"> <tr><td style="font-size: 3em; vertical-align: middle;">{</td><td style="padding-left: 5px;">1 Liberal arts</td></tr> <tr><td style="font-size: 3em; vertical-align: middle;">{</td><td style="padding-left: 5px;">2 Manufacturing</td></tr> <tr><td style="font-size: 3em; vertical-align: middle;">{</td><td style="padding-left: 5px;">3 Business</td></tr> <tr><td style="font-size: 3em; vertical-align: middle;">{</td><td style="padding-left: 5px;">4 Other (Please specify: _____ )</td></tr> </table> | {                                | 1 Liberal arts | { | 2 Manufacturing | { | 3 Business | { | 4 Other (Please specify: _____ ) | Part-time <table style="display: inline-table; vertical-align: middle;"> <tr><td style="font-size: 3em; vertical-align: middle;">{</td><td style="padding-left: 5px;">5 Liberal arts</td></tr> <tr><td style="font-size: 3em; vertical-align: middle;">{</td><td style="padding-left: 5px;">6 Manufacturing</td></tr> <tr><td style="font-size: 3em; vertical-align: middle;">{</td><td style="padding-left: 5px;">7 Business</td></tr> <tr><td style="font-size: 3em; vertical-align: middle;">{</td><td style="padding-left: 5px;">8 Other (Please specify: _____ )</td></tr> <tr><td style="font-size: 3em; vertical-align: middle;">{</td><td style="padding-left: 5px;">9 Correspondence course</td></tr> </table> | { | 5 Liberal arts | { | 6 Manufacturing | { | 7 Business | { | 8 Other (Please specify: _____ ) | { | 9 Correspondence course |
| {  | 1 Liberal arts                   |                |   |                 |   |            |   |                                  |   |   |                |   |                 |   |            |   |                                  |   |                         |
| {  | 2 Manufacturing                  |                |   |                 |   |            |   |                                  |   |   |                |   |                 |   |            |   |                                  |   |                         |
| {  | 3 Business                       |                |   |                 |   |            |   |                                  |   |   |                |   |                 |   |            |   |                                  |   |                         |
| {  | 4 Other (Please specify: _____ ) |                |   |                 |   |            |   |                                  |   |   |                |   |                 |   |            |   |                                  |   |                         |
| {  | 5 Liberal arts                   |                |   |                 |   |            |   |                                  |   |   |                |   |                 |   |            |   |                                  |   |                         |
| {  | 6 Manufacturing                  |                |   |                 |   |            |   |                                  |   |   |                |   |                 |   |            |   |                                  |   |                         |
| {  | 7 Business                       |                |   |                 |   |            |   |                                  |   |   |                |   |                 |   |            |   |                                  |   |                         |
| {  | 8 Other (Please specify: _____ ) |                |   |                 |   |            |   |                                  |   |   |                |   |                 |   |            |   |                                  |   |                         |
| {  | 9 Correspondence course          |                |   |                 |   |            |   |                                  |   |   |                |   |                 |   |            |   |                                  |   |                         |

(For those who answered SQ1, move on to Q1 on the next page)

(For those who answered 3, 4, or 5 in Question 2)

SQ2 (a). Was the school private or public?

- |                                   |          |                   |
|-----------------------------------|----------|-------------------|
| <b>1</b>                          | <b>2</b> | <b>3</b>          |
| Public (prefectural or municipal) | Private  | Public (national) |

(b). Which subject did you major in?

- |                  |                                   |
|------------------|-----------------------------------|
| 1 Literature     | 6 Medicine/Dentistry              |
| 2 Social science | 7 Pharmacology                    |
| 3 Science        | 8 Education                       |
| 4 Engineering    | 9 Home economics                  |
| 5 Agriculture    | 10 Other (Please specify: _____ ) |



(2) In what type of an organization are you employed (a store, an office, a factory, and so on)? Please select “personal business” if you are a family employee.

- 1 Private enterprise
  - 2 Profit corporation
  - 3 Nonprofit corporation  
(educational foundation, medical corporation, NPO, other public service corporation)
  - 4 Government agency
- 

(3) Which type of an industry are you employed in? Please select an appropriate option from below.

- 1 Agriculture
  - 2 Fishery/forestry/marine products industry
  - 3 Mining industry
  - 4 Construction industry
  - 5 Manufacturing industry (including publication and print)
  - 6 Wholesale/retail trade (including a departmental store, supermarket)
  - 7 Hospitality/hotel industry
  - 8 Finance/insurance industry
  - 9 Real estate industry
  - 10 Transportation industry
  - 11 Information/research service industry
  - 12 Communications and information industry other than information/research service industry  
(including telephone and other communications, broadcasting station, and internet service)
  - 13 Electricity/gas/water service/heat supply industry
  - 14 Health and Social care industry
  - 15 Education/learning industry
  - 16 Other service sectors
  - 17 Government affairs
  - 18 Other
- 

(4) How many employees do you have in your firm?

- |                    |                         |
|--------------------|-------------------------|
| 1 1- 4 employees   | 4 100- 499 employees    |
| 2 5- 29 employees  | 5 500 or more employees |
| 3 30- 99 employees | 6 Government agency     |
- 

(5) Is the location of your regular job in the same municipality as your residence?

- |                               |                        |                     |
|-------------------------------|------------------------|---------------------|
| 1                             | 2                      | 3                   |
| In the same city/town/village | In the same prefecture | Other ( prefecture) |

(6) What is your employment status? Please choose the appropriate option from below.

- 1 Self-employed worker (such as restaurant/wholesale retail store/agriculture)
- 2 Professional (such as doctor/lawyer/accountant/licensed tax accountant/writer)
- 3 Family employee (such as restaurant/wholesale/retail store/agriculture)
- 4 Side job, piecework at home, independently
- 5 Employee (working in a company or a group)
- 6 Commissioned employee/ contracted employee

**(Those who chose [1-4, or 6] for (6), please move on to (11) on the next page)**

**(Those who chose [5] for (6), please move on to (7))**

**(Those who answered [5] for (6), please answer (7))**

(7) What is your job position?

- 1 Full-time staff/employee (full-time employee)—Not a managerial post
  - 2 Full-time staff/employee (full-time employee)—Managerial post
  - 3 Full-time staff/employee (full-time employee)—Executive post
  - 4 Contracted employee
  - 5 Part-time employee
  - 6 Temporary employee
  - 7 Commissioned employee
- } → (Please go to Q9)



**(Those who answered [4-7] for (7), please answer (8))**

(8) Why do you work in this employment status?

- 1 Although I wished to work full-time, I was unable to find employment in companies that could employ me full-time.
- 2 Because the wage/working condition/service was good.
- 3 I cannot work full-time because of personal reasons.
- 4 Other (Please specify: \_\_\_\_\_ )

**(Those who answered [5] for (6), please answer (9))**

(9) How long were you employed as a contract worker?

- 1 Employment contract without a time limit
- 2 Employment contract with a time limit (first-time contract)
- 3 Employment contract with a time limit (renewed the contract with the company more than once)

→ Contract period:  months

**(Those who answered [5] for (6), please answer (10))**

(10) How many paid holidays (incl. carry-over from the previous year) were you entitled to and how many did you actually take last year?

Total paid holidays given last year  days      Carry-over from the previous year  days      Paid holidays used  days

[Those who chose 1-4 for Q1 on page 4, please provide answers to the following questions]

(11) When did you start working in your current company or organization?

From Year     Month

(12) Did you join a labor union?

- 1 There isn't a union at my workplace.
- 2 Although there is a labor union at my workplace, I did not join it.
- 3 I joined a union at my workplace.
- 4 I joined a union that isn't at my workplace.
- 5 Not applicable (self-employed, free professional, and so on)

(13) What was your annual income from your main job last year, two years ago, and three years ago? Please enter your gross income before deductions for taxes and social insurance.

Last year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen	
Two years ago	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen	<input type="radio"/> None
Three years ago	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen	<input type="radio"/> None

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Monthly	Weekly	Daily	Hourly	Yearly
↓		↓	↓	↓

<p>(1) How much were you paid per month? (Please include overtime pay, but not bonus payments, and calculate your gross before tax earnings)</p> <p>Per month</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="text-align: right;">thousand yen</p>	<p>(2) What was your daily payment?</p> <p>Per day</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="text-align: right;">yen</p>	<p>(3) What was your hourly payment?</p> <p>Hourly payment</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="text-align: right;">yen</p>	<p>(4) What was your annual income?</p> <p>Annual income</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="text-align: right;">ten thousand yen</p>
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(15) What was your bonus payment last year? Please specify the total amount including the summer, winter, and other bonuses.

ten thousand yen  None



[Q3 is to be answered by those who chose [1-4] for Q1 on page 4.]

Q3. We would like to enquire about your working conditions.

(1) We would like to ask you about your working hours. If you work at multiple places, please answer with respect to the job providing the highest earnings.

1) Which of the following is the closest to your working hours?

- 1 Regular working hours
- 2 Flexible working hours (start and finish times can be adjusted within a certain time frame)
- 3 Irregular working hours (different hours for a certain period), shift system (day/night time, etc.)
- 4 Discretionary work or deemed working hours system (specialist, sales, or planning subject to law, working at home, etc.)
- 5 No temporal control (such as an administrative position with no overtime allowance other than discretionary or deemed working hours)

2) Approximately how many days do you work per month?

--	--

days

3) Approximately how many hours do you work per week?

(Please include overtime work)

--	--	--

hours

4) Approximately how many hours do you work overtime per week?

--	--	--

hours

5) Approximately how many overtime hours are subject to extra pay per week?

--	--	--

hours

(2) We would like to ask you about your work.

1) Do you feel things have changed since the same period of last year with regard to the following points?

- Content of your work ----- 1 Changed 2 Same
- Amount of work to bring home ----- 1 Increased 2 Decreased 3 Same
- Amount of work on holidays ----- 1 Increased 2 Decreased 3 Same
- Fulfillment and satisfaction from work ---- 1 Increased 2 Decreased 3 Same
- Your mistakes at work ----- 1 Increased 2 Decreased 3 Same
- Your responsibility at work ----- 1 Increased 2 Decreased 3 Same
- Your authority and discretion at work ----- 1 Increased 2 Decreased 3 Same
- Relationship with your supervisor ----- 1 Improved 2 Worsened 3 Same
- Relationship with your colleagues ----- 1 Improved 2 Worsened 3 Same

2) Does your company offer the following systems?

- Short-time working system ----- 1 No 2 Yes 3 Used before 4 Don't know
- Work-at-home system ----- 1 No 2 Yes 3 Used before 4 Don't know
- Half-day/by-hour leave system----- 1 No 2 Yes 3 Used before 4 Don't know
- Long-term special incentive leave system 1 No 2 Yes 3 Used before 4 Don't know
- In-company job posting system ----- 1 No 2 Yes 3 Used before 4 Don't know
- Re-employment system for those who had previously retired to raise children, provide nursing care, etc.  
----- 1 No 2 Yes 3 Used before 4 Don't know
- System to convert temporary worker to regular worker  
----- 1 No 2 Yes 3 Used before 4 Don't know

[Q4 is to be answered by those who chose [1-4] for Q1 on page 4.]

Q4. Would you wish to stay in your present job in the future?

- 1 I would want to stay in my present job. (This includes those who want a reassignment or transfer while staying with the same employer).
- 2 I want to take up another job besides my present job.
- 3 I want to change jobs.
- 4 I want to quit working.



[This sub-question is to be answered by those who chose 3 for Q4.]

SQ. Why do you wish to change jobs? Please circle one option that best describes the reason.

- 1 I took up my current job only on a temporary basis.
- 2 I don't get paid much.
- 3 Business depression or anxiety over the future
- 4 In preparation for retirement or completion of employment contract
- 5 I want a permanent position.
- 6 My current job is too time-consuming and emotionally taxing.
- 7 I want to use my knowledge and skills.
- 8 I want more free time.
- 9 Other (Please specify: )

**[Q5 is to be answered by all respondents]**

Q5. (1) With regard to your working situation last year (from January to December), please circle all items that apply.

- 1 I worked throughout the year.
- 2 I was absent from my work throughout the year.
- 3 I searched for a job throughout the year.
- 4 I did not work at all.
- 5 I was not absent from my work at all.
- 6 I did not search for a job at all.

(2) If you worked only for a certain period(s) last year, circle the month(s) in which you worked most.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

We would like to ask about your attitude toward the future or uncertainties.

Q1. Suppose you have the option of receiving 10 thousand yen one month later or another amount of money 13 months later. If you choose not to receive 10 thousand yen one month later, how much do you wish to receive 13 months later? Please specify the **minimum amount** that is satisfactory to you.

I will be satisfied if I get at least      yen 13 months later

Q2. When you go out and carry an umbrella with you, what is the chance ("x" percent or higher) that it will rain?"

% or higher



Q8. How much do you weigh?

--	--	--

kg

× Don't know

Q9. Do you ever experience the following these days? Please select and circle the number that applies for each item (one number for each item).

	Often	Sometimes	Rarely	Never
• I have a headache or dizziness-----	1	2	3	4
• I have a palpitation or shortness of breath -----	1	2	3	4
• I have sensitive stomach and intestines -----	1	2	3	4
• I have a backache or shoulder pain -----	1	2	3	4
• I get tired easily -----	1	2	3	4
• I catch a cold easily -----	1	2	3	4
• I often feel irritated -----	1	2	3	4
• I have trouble getting to sleep -----	1	2	3	4
• I feel reluctant to meet other people -----	1	2	3	4
• I cannot concentrate on work -----	1	2	3	4
• I am dissatisfied with the present life -----	1	2	3	4
• I feel anxiety over the future -----	1	2	3	4

Here are some questions regarding long-term care and disability.

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>				
Yes (in nursing home)	Yes (living together)	Yes (other)	No				
SQ. Is the nursing home located in the same municipality as your residence? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><b>1</b></td> <td style="text-align: center; width: 50%;"><b>2</b></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>			<b>1</b>	<b>2</b>	Yes	No	Please go to Q6
<b>1</b>	<b>2</b>						
Yes	No						
Please go to Q6			Please go to Q2				

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

- |          |          |          |          |             |             |          |                |          |
|----------|----------|----------|----------|-------------|-------------|----------|----------------|----------|
| <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b>    | <b>6</b>    | <b>7</b> | <b>8</b>       | <b>9</b> |
| Yourself | Spouse   | Father   | Mother   | Grandfather | Grandmother | Sibling  | Other relative | Other    |

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

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

Note: Refer to the long-term care insurance card, etc.

Q4. Did you use any service of the long-term care insurance in January? If yes, please specify how much you paid to the service.

<b>1</b>	<b>2</b>	<b>3</b>
Yes	No	I don't know
Amount you paid to the service in January: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> thousand yen		

Q5. Other than the service you purchase, who is the main provider of care? Please specify the person's status.

(a) How is the main caregiver related to you? <b>1. Yourself 2. Spouse 3. Child 4. Spouse of child 5. Grandchild 6. Father 7. Mother 8. Grandfather 9. Grandmother 10. Sibling 11. Other relative 12. Other</b>
(b) Does the main caregiver mentioned in (a) live with the person who needs care? <b>1. Yes 2. No</b>
(c) How often does the main caregiver mentioned in (a) provide care? <b>1. All day nearly every day 2. Half day nearly every day 3. 2-3 hours nearly every day 4. 2-4 days per week 5. One day per week 6. 1-3 days per month</b>

Q6. Does any member of your family have a physically disabled certificate or a mentally disabled certificate?

- |          |          |
|----------|----------|
| <b>1</b> | <b>2</b> |
| Yes      | No       |

Here are some questions regarding social insurance.

Q1. Which of the following public pension plans are you a member of? (People between the ages of 20 and 60 join one of them.)

- 1 Employees' Pension Insurance or mutual aid associations (full-time employees at companies, public servants, etc.)
- 2 Category III insured person (spouse of a member of Employees' pension insurance or mutual aid associations)
- 3 National pension plan only (those other than 1 and 2 such as self-employed persons and students)
- 4 I am not a member of any plan (those 60 years or older or recipients of a disability pension)

SQ. This sub-question is to be answered by those who join the national pension plan only.

- 1 I am paying the pension insurance premiums in full.
- 2 I am exempted from payment (fully or partially).
- 3 Extension of payment for students and young people
- 4 I am not paying premiums.

Q2. Do you have an employment insurance?

- 1 Yes
- 2 No

[Q3 is to be answered by those 65 years or older.]

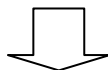
Q3. Which level is your premium for long-term care insurance?

\* The level is provided in the notice of determination of the long-term care insurance premium amount.

- |                       |                       |                       |                       |                       |                       |                       |              |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 0            |
| 1 <sup>st</sup> level | 2 <sup>nd</sup> level | 3 <sup>rd</sup> level | 4 <sup>th</sup> level | 5 <sup>th</sup> level | 6 <sup>th</sup> level | 7 <sup>th</sup> level | I don't know |

Q4. Do you or any family member living with you join the national health insurance (either national health insurance administered by local government or one by National Health Insurance Unions)? Please circle all members who join the national health insurance.

- |            |                  |
|------------|------------------|
| 1 Yourself | 5 Grandparent    |
| 2 Spouse   | 6 Grandchild     |
| 3 Child    | 7 Other relative |
| 4 Parent   | 8 None           |



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?

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thousand yen per month

(Regarding your spouse)

**The questions from page 15 to page 24 are to be answered by the spouse of the respondent.**

In the following questions, “you” implies the spouse of the respondent.



About your education:

Q1. Are you attending school now? If not, did you graduate from school or drop out?

- |               |                   |             |
|---------------|-------------------|-------------|
|               | Not attending now |             |
| <b>1</b>      | <b>2</b>          | <b>3</b>    |
| Attending now | Graduated         | Dropped out |

Q2. Choose a school that you last attended. If you are presently attending a school, choose the appropriate option. (Educational system in prewar period is in parentheses)

- 1** Junior high school(Elementary school/Higher elementary school)
- 2** High school (Junior high school/Girl's high school)
- 3** Junior college or a specialized school(High school/Business college/Normal school)
- 4** Four-year university(University)
- 5** Graduate school
- 6** Other (Please specify:           )

(For those who answered "2.High school(Junior high school/ Girl's high school)" in Question 2)

SQ1. Which courses did you take?

- |           |   |   |   |   |
|-----------|---|---|---|---|
| Full-time | { | <b>1</b> Liberal arts                       | { | <b>5</b> Liberal arts                       |
|           |   | <b>2</b> Manufacturing                      |   | <b>6</b> Manufacturing                      |
|           |   | <b>3</b> Business                           |   | <b>7</b> Business                           |
|           |   | <b>4</b> Other (Please specify:           ) |   | <b>8</b> Other (Please specify:           ) |
|           |   |   |   | <b>9</b> Correspondence course              |

(For those who answered SQ1, move on to Q1 on the next page)

(For those who answered 3, 4, or 5 in Question 2)

SQ2 (a) Was the school private or public?

- |                                   |          |                   |
|-----------------------------------|----------|-------------------|
| <b>1</b>                          | <b>2</b> | <b>3</b>          |
| Public (prefectural or municipal) | Private  | Public (national) |

(b). Which subject did you major in?

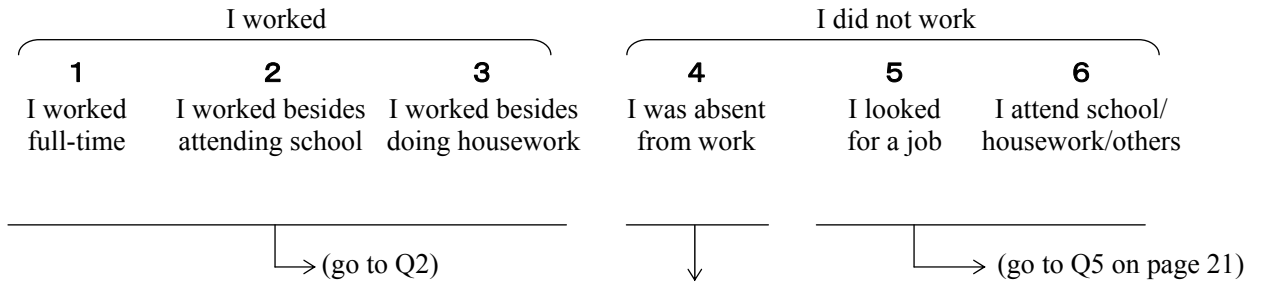
- |                         |  |
|-------------------------|--|
| <b>1</b> Literature     | <b>6</b> Medicine/Dentistry                  |
| <b>2</b> Social science | <b>7</b> Pharmacology                        |
| <b>3</b> Science        | <b>8</b> Education                           |
| <b>4</b> Engineering    | <b>9</b> Home economics                      |
| <b>5</b> Agriculture    | <b>10</b> Other (Please specify:           ) |



Employment-related details

First, we would like to enquire about your work.

Q1. Were you employed (including family employment) last month? Please choose an appropriate option from below, wherever applicable (Please answer keeping in mind part-time jobs as well).



[Those who chose “4. I was absent from work” for Q1, please provide answers to the following questions]

SQ1. Why were you absent from work when you were employed last month?

- |  |   |
|--|---|
| <p><b>1</b> For a health-related reason</p> <p><b>2</b> For a delay of the stocking or off season</p> <p><b>3</b> For preparing to begin a new job</p> | <p><b>4</b> For childcare leave</p> <p><b>5</b> For attending to parents</p> <p><b>6</b> Other (Please specify: _____ )</p> |
|--|---|

[Those who chose [1-4] for Q1, please provide answers to the following questions]

Q2. The following questions concern your regular job. If you have two or more jobs, please provide answers with respect to the job providing the highest earnings.

Specify the job (e.g., car salesperson, cashier at a supermarket, junior high school teacher, and manufacturer of furniture.) in the parentheses provided below, and then go on to the questions that follow.

( Please specify \_\_\_\_\_ )

(1) What is your regular job?

- 1** Agriculture, forestry, fisheries
- 2** Mine worker
- 3** Sales worker (a retail storekeeper, storekeeper, sales clerk, salesperson, real estate broker)
- 4** Service worker (beautician, barber, employee in a restaurant or hotel, dustman)
- 5** Administrator (congressman in the national or local government, manager whose position is higher than the chief in a company/group/government offices)
- 6** Office worker (general officer, accountancy, operator, sales officer)
- 7** Transportation and communication worker (railroad worker, car driver, ship driver, pilot, conductor, cable operator, broadcasting and radio communication worker)
- 8** Manufacturing/construction /security/moving workers
- 9** Information processing engineer (such as system engineer and programmer.)
- 10** Professional or technological worker such as researcher/engineer in a company, healthcare worker, legal affairs worker, teacher or artist, excluding information processing engineer)
- 11** Preservation and guards worker (such as a member of Self-Defense Force, police officers, firemen, and guards)
- 12** Other (Please specify: \_\_\_\_\_ )

(2) In what type of an organization are you employed (a store, an office, a factory, and so on)? Please select “personal business” if you are a family employee.

- 1 Private enterprise
- 2 Profit corporation
- 3 Nonprofit corporation  
(educational foundation, medical corporation, NPO, other public service corporation)
- 4 Government agency

---

(3) Which type of an industry are you employed in? Please select an appropriate option from below.

- 1 Agriculture
- 2 Fishery/forestry/marine products industry
- 3 Mining industry
- 4 Construction industry
- 5 Manufacturing industry (including publication and print)
- 6 Wholesale/retail trade (including a departmental store, supermarket)
- 7 Hospitality/hotel industry
- 8 Finance/insurance industry
- 9 Real estate industry
- 10 Transportation industry
- 11 Information/research service industry
- 12 Communications and information industry other than information/research service industry  
(including telephone and other communications, broadcasting station, and internet service)
- 13 Electricity/gas/water service/heat supply industry
- 14 Health and Social care industry
- 15 Education/learning industry
- 16 Other service sectors
- 17 Government affairs
- 18 Other

---

(4) How many employees do you have in your firm?

- |                   |                           |
|-------------------|---------------------------|
| 1 1-4 employees   | 4 100-499employees        |
| 2 5-29 employees  | 5 More than 500 employees |
| 3 30-99 employees | 6 Government agency       |

---

(5) Is the location of your regular job in the same municipality as your residence?

- |                               |                        |                          |
|-------------------------------|------------------------|--------------------------|
| <b>1</b>                      | <b>2</b>               | <b>3</b>                 |
| In the same city/town/village | In the same prefecture | Other (      prefecture) |

(6) What is your employment status? Please choose the appropriate option from below.

- 1 Self-employed worker (such as restaurant/wholesale retail store/agriculture)
- 2 Professional (such as doctor/lawyer/accountant/licensed tax accountant/writer)
- 3 Family employee (such as a restaurant/a wholesale/retail store/agriculture)
- 4 Side job, piecework at home, independently
- 5 Employee (working in a company or a group)
- 6 Commissioned employee /contracted employee

(Those who chose [1-4, 6] for (6), please move on to (11) on the next page)

(Those who chose [5] for (6), please move on to (7) )

(Those who answered [5] for (6), please answer (7))

(7) What is your job position?

- 1 Full-time staff/employee (full-time employee)—Not a managerial post
  - 2 Full-time staff/employee (full-time employee)—Managerial post
  - 3 Full-time staff/employee (full-time employee)—Executive post
  - 4 Contracted employee
  - 5 Part-time employee
  - 6 Temporary employee
  - 7 Commissioned employee
- (Please go to Q9)

(Those who answered [4-7] for (7), please answer (8))

(8) Why did you work in this employment status?

- 1 Although I wished to work full-time, I was unable to find employment in companies that could employ me full-time.
- 2 Because the wage/working condition/service was good
- 3 I cannot work full-time because of personal reasons
- 4 Other (Please specify )

(Those who answered [5] for (6), please answer (9))

(9) How long were you employed as a contract worker?

- 1 Employment contract without a time limit
- 2 Employment contract with a time limit (first-time contract)
- 3 Employment contract with a time limit (renewed the contract with the company more than once)

Contract period:  months

( Those who answered [5] for (6), please answer (10) )

(10)How many paid holidays (incl. carry-over from the previous year) were you entitled to and how many did you actually take last year?

Total paid holidays given last year  days Carry-over from the previous year  days Paid holidays used  days

[The questions on this page are to be answered by those who chose [1-4] for Q1 on page 16.]

(11) When did you start working in your current company or organization?

From Year     Month

(12) Did you join a labor union?

- 1 There isn't a union at my workplace.
- 2 Although there is a labor union at my workplace, I did not join it.
- 3 I joined a union at my workplace.
- 4 I joined a union that isn't at my work place.
- 5 Not applicable (self-employed, free professional, and so on)

(13) What was your annual income from your main job last year, two years ago, and three years ago? Please enter your gross income before deductions for taxes and social insurance.

Last year     ten thousand yen

Two years ago     ten thousand yen  None

Three years ago     ten thousand yen  None

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

1  
Monthly
2  
Weekly
3  
Daily
4  
Hourly
5  
Yearly

↓
↓
↓
↓

<p>(1) How much are you paid per month? (Please include overtime pay, but not bonus payments, and calculate your gross before tax earnings)</p> <p>Per month</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">thousand yen</p>	<p>(2) What was your daily payment?</p> <p>Daily payment</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">yen</p>	<p>(3) What is your hourly payment?</p> <p>Hourly payment</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">yen</p>	<p>(4) What is your annual income?</p> <p>Annual income</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">ten thousand yen</p>
--	---	--	---

(15) What was your bonus payment last year? Please specify the total amount including the summer, winter, and other bonuses.

ten thousand yen  None

[Q3 is to be answered by those who chose [1-4] for Q1 on page 16.]

Q3. We would like to enquire about your working conditions.

(1) We would like to ask you about your working hours. If you work at multiple places, please answer with respect to the job providing the highest earnings.

1) Which of the following is the closest to your working hours?

- 1 Regular working hours
- 2 Flexible working hours (start and finish times can be adjusted within a certain timeframe)
- 3 Irregular working hours (different hours for a certain period), shift system (day/night time, etc.)
- 4 Discretionary work or deemed working hours system (specialist, sales, or planning subject to law, working at home, etc.)
- 5 No temporal control (such as an administrative position with no overtime allowance other than discretionary or deemed working hours)

- 2) Approximately how many days do you work per month?  days
- 3) Approximately how many hours do you work per week?  
(Please include overtime work)  hours
- 4) Approximately how many hours do you work overtime per week?  hours
- 5) Approximately how many overtime hours are subject to extra pay per week?  hours

(2) We would like to ask you about your work.

1) Do you feel things have changed since the same period of last year with regard to the following points?

- Content of your work----- 1 Changed 2 Same
- Amount of work to bring home ----- 1 Increased 2 Decreased 3 Same
- Amount of work on holiday----- 1 Increased 2 Decreased 3 Same
- Fulfillment and satisfaction from work - 1 Increased 2 Decreased 3 Same
- Your mistakes at work ----- 1 Increased 2 Decreased 3 Same
- Your responsibility at work ----- 1 Increased 2 Decreased 3 Same
- Your authority and discretion at work -- 1 Increased 2 Decreased 3 Same
- Relationship with your supervisor ----- 1 Improved 2 Worsened 3 Same
- Relationship with your colleagues----- 1 Improved 2 Worsened 3 Same

2) Does your company offer the following systems?

- Short-time working system ----- 1 No 2 Yes 3 Used before 4 Don't know
- Work-at-home system ----- 1 No 2 Yes 3 Used before 4 Don't know
- Half-day/by-hour leave system----- 1 No 2 Yes 3 Used before 4 Don't know
- Long-term special incentive leave system 1 No 2 Yes 3 Used before 4 Don't know
- In-company job posting system ----- 1 No 2 Yes 3 Used before 4 Don't know
- Re-employment system for those who had previously retired to raise children, provide nursing care, etc.  
----- 1 No 2 Yes 3 Used before 4 Don't know
- System to convert temporary worker to regular worker  
----- 1 No 2 Yes 3 Used before 4 Don't know

[Q4 is to be answered by those who chose [1-4] for Q1 on page 16.]

Q4. Would you wish to stay in your present job in the future?

- 1 I would want to stay in my present job. (This includes those who want a reassignment or transfer while staying with the same employer).
- 2 I want to take up another job besides my present job.
- 3 I want to change jobs.
- 4 I want to quit working.



[This sub-question is to be answered by those who chose 3 for Q4.]

SQ. Why do you wish to change jobs? Please circle one option that best describes the reason.

- 1 I took up my current job only on a temporary basis.
- 2 I don't get paid much.
- 3 Business depression or anxiety over the future
- 4 In preparation for retirement or completion of employment contract
- 5 I want a permanent position.
- 6 My current job is too time-consuming and emotionally taxing.
- 7 I want to use my knowledge and skills.
- 8 I want more free time.
- 9 Other (Please specify: )

**[Q5 is to be answered by the spouses of all respondents.]**

(For the spouses of all respondents)

Q5. (1) With regard to your working situation last year (from January to December), please circle all items that apply.

- 1 I worked throughout the year.
- 2 I was absent from my work throughout the year.
- 3 I searched for a job throughout the year.
- 4 I did not work at all.
- 5 I was not absent from my work at all.
- 6 I did not search for a job at all.

(2) If you worked only for a certain period(s) last year, circle the month(s) in which you worked most.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

We would like to ask about your attitude toward the future or uncertainties.

Q1. Suppose you have the option of receiving 10 thousand yen one month later or another amount of money 13 months later. If you choose not to receive 10 thousand yen one month later, how much do you wish to receive 13 months later? Please specify the **minimum amount** that is satisfactory to you.

I will be satisfied if I get at least  Yen 13 months later

Q2. When you go out and carry an umbrella with you, what is the chance (“x” percent or higher) that it will rain?”

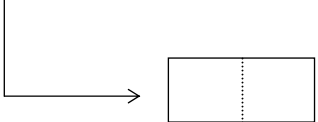
% or higher

Here are some questions regarding your health.

Q1. How would you rate your health on the whole?

- 1**  
Good
- 2**  
Fairly good
- 3**  
Sometimes good,  
and sometimes bad
- 4**  
Fairly bad
- 5**  
Bad

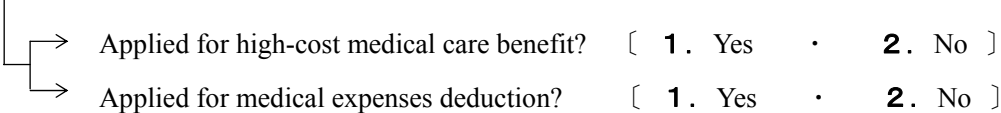
Q2. When did you start smoking? If you do, how often and how many cigarettes a day do you smoke?

- 1**  
I smoke everyday
  - 2**  
I smoke sometimes
  - 3**  
I used to smoke,  
but I do not now
  - 4**  
I have never smoked
- 

Q3. Please select the option that best describes your drinking habit.

- 1**  
I don't drink  
at all
- 2**  
I drink a few times  
per month
- 3**  
I drink once or twice  
per week
- 4**  
I drink three times or  
more per week

Q4. Were you hospitalized or did you go to a hospital for treatment of a disease or injury in the last year? If yes, did you ever apply for a high-cost medical care benefit during the last year? Did you apply for medical expenses deduction at the time of year-end adjustment last year?

- 1**  
Hospitalized
  - 2**  
Visited hospital
  - 3**  
Both
  - 4**  
Neither
- 

Q5. 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 copayment for the last year.

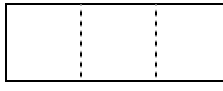
(\* Even if you received a high-cost medical care benefit, please write the amount that you paid at the medical institution.)

	Paid?	How much did you pay on your own last year?					
(a) Expenses for treatment at hospital/clinic <small>(Expenses paid at hospital/clinic, prescription charge, etc.)</small>	<b>3.</b> Yes <b>4.</b> No	<div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center; width: 100px;"> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> </table> <span style="margin-left: 10px;">thousand yen</span> </div>					
(b) Expenses for treatment other than above <small>(Contact lenses, cold medicine purchased at drugstore, etc.)</small>	<b>3.</b> Yes <b>4.</b> No	<div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center; width: 100px;"> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> </table> <span style="margin-left: 10px;">thousand yen</span> </div>					

Q6. Did you pay any money for the prevention of diseases and health maintenance in the last year? If yes, please specify the amount paid.

	Paid?	Amount paid					
(a) Prevention of diseases including complete medical checkup, health checkup, and vaccination (excl. regular workplace checkup)	<b>1.</b> Yes <b>2.</b> No	<div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center; width: 100px;"> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> </table> <span style="margin-left: 10px;">thousand yen</span> </div>					
(b) Health maintenance including exercise, gym, and supplements	<b>1.</b> Yes <b>2.</b> No	<div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center; width: 100px;"> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> <tr><td style="width: 20px; height: 20px;"> </td></tr> </table> <span style="margin-left: 10px;">thousand yen</span> </div>					

Q7. How tall are you?


cm
× Don't know

Q8. How much do you weigh?

--	--	--

kg

× Don't know

---

Q9. Do you ever experience the following these days? Please select and circle the number that applies for each item (one number for each item).

	Often	Sometimes	Rarely	Never
• I have a headache or dizziness-----	1	2	3	4
• I have a palpitation or shortness of breath -----	1	2	3	4
• I have sensitive stomach and intestines -----	1	2	3	4
• I have a backache or shoulder pain -----	1	2	3	4
• I get tired easily -----	1	2	3	4
• I catch a cold easily -----	1	2	3	4
• I often feel irritated -----	1	2	3	4
• I have trouble getting to sleep -----	1	2	3	4
• I feel reluctant to meet other people -----	1	2	3	4
• I cannot concentrate on work -----	1	2	3	4
• I am dissatisfied with the present life -----	1	2	3	4
• I feel anxiety over the future -----	1	2	3	4



Here are some questions regarding social insurance.

Q1. Which of the following public pension plans are you a member of? (People between the ages of 20 and 60 join one of them.)

- 1 Employees' Pension Insurance or mutual aid associations (full-time employees at companies, public servants, etc.)
- 2 Category III insured person (spouse of a member of Employees' pension insurance or mutual aid associations)
- 3 National pension plan only (those other than 1 and 2 such as self-employed persons and students)
- 4 I am not a member of any plan (those 60 years or older or recipients of a disability pension)

SQ. This sub-question is to be answered by those who join the national pension plan only.

- 1 I am paying the pension insurance premiums in full.
- 2 I am exempted from payment (fully or partially).
- 3 Extension of payment for students and young people
- 4 I am not paying premiums.

Q2. Do you have an employment insurance?

- 1 Yes
- 2 No

[Q3 is to be answered by those 65 years or older.]

Q3. Which level is your premium for long-term care insurance?

\* The level is provided in the notice of determination of the long-term care insurance premium amount.

- |                       |                       |                       |                       |                       |                       |                       |              |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 0            |
| 1 <sup>st</sup> level | 2 <sup>nd</sup> level | 3 <sup>rd</sup> level | 4 <sup>th</sup> level | 5 <sup>th</sup> level | 6 <sup>th</sup> level | 7 <sup>th</sup> level | I don't know |

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

# From here, we ask about your household's finances, and housing

Please answer questions about your household's savings, property, and liabilities

Savings are classified into savings & deposits and securities.

- The savings & deposits include the following:

Fixed amount, fixed-term installments and general savings in post offices; fixed term, fixed-term installments, and general deposits in banks and credit associations; in-house deposits, gold investment accounts, gold savings accounts, national medium-term bond funds, etc.

- Securities include the following:

Shares (at current values), bonds (at nominal values), stock investment trusts (at current values), open-end bond investment trusts (at current values), loan and money trusts (at nominal values), etc.

Savings in this research pertain to financial assets. They do not include real assets such as lands and housing. For foreign financial assets, please fill in the value after converting it to yen.

Q1. What amount of savings & deposits and securities does your household possess?

Please answer this question in terms of your household's (your, your spouse's and your child's (or children's)) savings & deposits and securities.

(1) What is the amount of your savings & deposits?

--	--	--	--	--

ten thousand yen    **×**    No savings or deposits

What amount of savings & deposits in foreign currency does the above include?

--	--	--	--	--

ten thousand yen    **×**    No savings or deposits in foreign currency

(2) What is the current value of the securities?

--	--	--	--	--

ten thousand yen    **×**    No securities

What amount of securities in foreign currency does the above include?

--	--	--	--	--

ten thousand yen    **×**    No securities in foreign currency

Q2. What amount of savings in total does your household target?

				0
--	--	--	--	---

ten thousand yen
 No particular target

Q3. Does your household currently have loans for the purposes or reasons listed in the table? Loans include those taken from sources other than a financial institution, such as a relative. They also include accrued amounts payable in monthly installments or those for which the revolving method<sup>(\*)</sup> is used, but exclude those from charging with a credit card for which payment will be made one or two months later.

**(Circle 1 or 2 to indicate whether your household has loans for any purpose or reason listed in the table.)**

(\*) The revolving method is a loan method wherein you can use an amount specified in advance anytime and return it every month.

Purpose or reason	Do you have loans?			
To purchase a house (including land), or to extend or rebuild a house	<b>1</b>	Yes	<b>2</b>	No
To buy durable consumer goods such as an automobile, furniture, and consumer electronics	<b>1</b>	Yes	<b>2</b>	No
To pay educational expenses for children	<b>1</b>	Yes	<b>2</b>	No
To provide a marriage fund (including one for children)	<b>1</b>	Yes	<b>2</b>	No
To pay for leisure, sports, and travel expenses	<b>1</b>	Yes	<b>2</b>	No
To provide a fund to become a self-employed business owner	<b>1</b>	Yes	<b>2</b>	No
To supplement medical or disaster relief expenses	<b>1</b>	Yes	<b>2</b>	No
To provide household living expenses	<b>1</b>	Yes	<b>2</b>	No
To other	<b>1</b>	Yes	<b>2</b>	No

[The following sub-question is to be answered by those who chose at least one “1 Yes” for Q3.]

SQ. Please fill in the current loan amount.

Current loan amount in total

				0
--	--	--	--	---

ten thousand yen

About income

Q1. What was the total income of your household in the past year (January to December), with the exception of gain on sale of securities or properties?

Annual before-tax income last year  ten thousand yen

Q2. Over the past year (January to December), how much after-tax income (total sum of the incomes of all family members living in the same household minus their taxes and social insurance premiums) did your household earn? This figure should also exclude insurance benefits from private insurance companies and asset sales (both financial products and personal and real properties), if any.

Annual after-tax income last year  ten thousand yen

Q3. Did your household receive payment of insurance benefit or earn asset income in the past year (January to December)? If you did, about how much did you receive or earn?

(1) Payment of insurance benefit (Please fill in the amount received for life insurance, fire insurance, etc. Exclude the payment of social insurance.)

1 Yes →  ten thousand yen      2 No

(2) Sale of land, house, car, etc.

1 Yes →  ten thousand yen      2 No

(3) Receipt of retirement allowance

1 Yes →  ten thousand yen      2 No

(4) Gain or loss on sale of securities

1 Gain      2 Loss      3 Neither



SQ. What was the amount of gain or loss?

ten thousand yen

Q4. What was the annual income that your household earned from each of the sources listed below in the **last year (January to December 2008)**? Circle “× None” where no income was earned.

Ⓒ Please enter the **annual income of the male head of your household in A**, and that of his wife in **B**.

Ⓒ Please enter in **C** the approximate sum of incomes of **all family members who share the same living space other than the male head of your household and his wife**. (Please exclude the incomes earned by parents or children living separately.)

Ⓒ Please exclude payments of personal insurance, retirement allowance, sales of securities, land, car, etc.

Ⓒ If you are not sure about who earned an income, please add it to the income of you or your spouse, whichever is larger.

	A Male head of your household	B A's wife	C Sum of income earned by all family members other than the male head of your household and his wife. Enter approximate amount.
(1) Annual earnings from employment *1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None
(2) Income from independent, self-owned business or sideline(including income from agriculture, forestry or fisheries) *2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None
(3) House or land rent income	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None
(4) Interest, dividend *3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None
(5) Allowance, gift money	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None
(6) Public pension	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None
(7) Corporate pension, personal pension	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None
(8) Unemployment benefit, childcare leave benefit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None
(9) Child allowance, Lone-parent child benefit	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	(Please enter the total amount received by your household)	
(10) Social assistance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	(Please enter the total amount received by your household)	
(11) Other income	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10 ths × yen None

\*1 Check the certificate of withholding tax, and enter the sum of incomes from the employer including monthly base salaries, bonuses, allowance for dependents, housing allowance, overtime allowance, extra incomes, etc. If the person runs a self-owned business and works as an employee somewhere at the same time, please enter that income here.

\*2 Please enter the **net earnings, which are the sales amount minus costs and expenses necessary for management** such as purchase amounts, raw material costs, material costs including costs for farm equipment, fertilizers, feedstuff, fishing nets, labor cost, business tax, and fixed property tax.

\*3 Check the bankbook, etc., and please enter the before-tax amount.

\*4 Please enter only the child allowance and lone-parent child benefit from the government. Please include the allowance for dependents from corporate employer in “(1) Annual income from employment.”

About expenditure

Q1 What was the total living expenditure of your household in the last month? Please enter the amount corresponding to each type of expenditure.

- If the expense corresponding to any of the items was not paid, enter “0”.
- The expenditure includes the items bought on credit, electronic payments or in installments.

(1) Food.....→	<input type="text"/>	thousand yen
(2) Eating out • school lunch fees.....→	<input type="text"/>	thousand yen
(3) Rents for dwelling & land, repairs & maintenance.....→ (excluding housing loan and common-area charge of apartment)	<input type="text"/>	thousand yen
(4) Condominium fee.....→	<input type="text"/>	thousand yen
(5) Fuel, light & water charges.....→	<input type="text"/>	thousand yen
(6) Furniture & household utensils, electric appliances .....→ (Electric appliances exclude digital appliances)	<input type="text"/>	thousand yen
(7) Digital home appliances.....→ (Computers, TVs, VCRs, digital cameras, DVD players, etc.)	<input type="text"/>	thousand yen
(8) Clothes & footwear.....→	<input type="text"/>	thousand yen
(9) Medical care .....→ (Medicines, medical care, eyeglasses, contact lenses, etc.)	<input type="text"/>	thousand yen
(10) Transportation.....→ (Car-related costs, transportation charges, commuter passes, taxi fares, tolls, etc.)	<input type="text"/>	thousand yen
(11) Communication.....→ (Postal charges, telephone charges, mobile telephone charges, etc.)	<input type="text"/>	thousand yen
(12) Internet communication charge.....→ (Internet charges, modem rental charge, etc.)	<input type="text"/>	thousand yen
(13) Education.....→ (Tuitions, textbooks, study guides, supplemental study, etc.)	<input type="text"/>	thousand yen
(14) Reading & recreation.....→ (Stationery, sporting goods, travels, culture, and after-school lessons)	<input type="text"/>	thousand yen
(15) Social expenses .....→ (Allowances, membership fees, union dues, etc.)	<input type="text"/>	thousand yen
(16) Remittance.....→ (Room and board, etc., for children)	<input type="text"/>	thousand yen
(17) Other living expenditures.....→ (Haircut and hairdressing, cigarettes, childcare center fees, nursing-care services charges, personal items for daily life, etc.)	<input type="text"/>	thousand yen
<hr/>		
Total.....→	<input type="text"/>	thousand yen

[Q2 and Q3 are to be answered by all respondents.]

Q2. Do you keep your household accounts or keep records of expenditures?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never

---

Q3. What amount did your household pay for loan repayment in the last month (January)?

This should exclude housing loans.

Loan repayment (incl. payment for purchases using credit card) ··· →  ten thousand yen

---

(Please go on to the next page)



# Housing

Q1. (1) Which best describes the building in which you reside?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
One-unit building, detached from other buildings	One-unit building, attached to one or more buildings	Reinforced concrete building with two or more apartments	Wooden building with two or more apartments	Other type of building
↓	↘ Skip to (2)	↓		↘ Skip to (2)

SQ1 How many stories are there in your house?

 stories

SQ3 How many stories are there in your building?

 stories

SQ2 Does the house have any yard or garden?

**1** Yes → How large is the (yard/garden)?


 m<sup>2</sup>

SQ4 The floor on which you reside.

 floor

**2** No

(2) Total floor space is



 m<sup>2</sup>

(3) When did you/your household move into the current place of residence?

Year 



Month

(4) When was the house/apartment constructed?  years ago

(5) Have you ever repaired or reformed your house/apartment? What degree of repair/reform was it?

<b>1</b>	<b>2</b>	<b>3</b>
Never repaired or Minor repair/reform	Medium repair/reform	Major repair/reform

(6) How many rooms does this house/apartment have? 
 rooms  
 (Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms)

(7) How long does it take to reach the nearest station/bus stop from your house/apartment?

 minutes

(8) Does your house/apartment have the following barrier-free equipment/facility for elderly?

(Mark all that are applicable.)

- |  |   |
|--|---|
| <b>1</b> Handrails                     | <b>4</b> Floor without steps                |
| <b>2</b> Bathtub with a low entry step | <b>5</b> Accessible entrance for wheelchair |
| <b>3</b> Wide passage for wheelchair   | <b>6</b> No such equipment/facility         |





[SQ9-SQ15 are to be answered by those who chose “1-4 Owned house/apartment” for Q2 on the previous page.]

The following sub-questions concern your current residence and land.

(If you live in an apartment, please fill in the residence columns only.)

SQ9. When did you buy your residence/plot?

(If you don't own the plot, please fill in the residence columns only.)

Residence Year     Month   Plot Year     Month

SQ10. How much did you pay for your residence/plot? Please give approximate figures.

(If you don't own the plot, please fill in the residence columns only.)

Residence       ten thousand yen Plot       ten thousand yen

SQ11. What do you think is the present market rate for this plot?

(If you don't own the plot, please fill in the residence columns only.)

Residence       ten thousand yen Plot       ten thousand yen

SQ1. What is the area of this plot? (To be also answered by those who are living in an apartment or leased land)

Plot area       m<sup>2</sup>

SQ13. How was the residence/plot acquired? Please choose an item from 1~8 listed below for residence and plot separately. (If the residence/plot is owned by your relative such as your parent, please choose 7.)

Residence  Plot

- |   |   |
|---|---|
| <b>1</b> Purchased with your own funds (incl. mortgage)           | <b>5</b> Inherited from your parent(s)                              |
| <b>2</b> Purchased with the financial support from your parent(s) | <b>6</b> Purchased with mortgage obtained from a Housing Loan Corp. |
| <b>3</b> Purchased in co-ownership with your parent(s)            | <b>7</b> Owned by your relative such as your parent                 |
| <b>4</b> Received as donation from your parent(s)                 | <b>8</b> Other  |

SQ14. Do you/your household currently have an unpaid balance of mortgage loan now?

**1**  
Yes
**2**  
No

↓
→ (go to Q5 on page 35.)

SQ15. What is the total amount of the unpaid balance of the loan? What was the amount repaid in the last year? (including mortgage refinancing)

**Total unpaid**       0 ten thousand yen

**Amount repaid**       0 ten thousand yen

**0** No repayments in the last year  
→(go to Q5 on page 35.)

[Q3 and Q4 are to be answered by those who chose “5-7 Rental housing” for Q2 on page 32.]

Q3. (1) Monthly rent (excluding utilities and condominium fees) is

thousand yen

---

(2) Condominium fee is

thousand yen

---

(3) Did you pay a security deposit?

**1**  
Yes  
↓

**2**  
No  
→ (go to (5))

---

(4) How much did you pay for the security deposit?

months of rent (to the tenth digit)

---

(5) Did you pay key money?

**1**  
Yes  
↓

**2**  
No  
→ (go to (7))

---

(6) How much did you pay for the key money?

months of rent (to the tenth digit)

---

(7) How long is the remaining period of the contract?

years  months

---

Q4. We would like to ask you about the rent when you moved into your current residence.

Was the rent the same as it is now?

**1** Same → (go to Q5 on the next page.)

**2** Not the same

---

SQ1. How much was the rent when you moved in (excluding the common-area charge and electricity and water bills)?

thousand yen

---

SQ2. Condominium fee is

thousand yen

[Q5 is to be answered by all respondents.]

Q5. (1) Do you use a computer at home?

- |                 |                |
|-----------------|----------------|
| <b>1</b><br>Yes | <b>2</b><br>No |
| ↓               |                |

(2) Do you have access to the Internet?

- 1** Yes, I have access to the Internet.
- 2** No, I don't have access to the Internet.

**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.**