

# 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

February 2013

Branch Office ID	Location ID			Respondent ID			Name of Examiner
				5			

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

These questions concern 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      **O** 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 Living separately	Marital status		Present working situation		Present schooling situation	
					Single	Married	Not working	Working	Not in school	In school
1 Yourself	0 0									
2 Your spouse	0 1	1 M 2 F		1 2						
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 Contracted/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 household head implies the main earner.)

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

SQ1. Compared to the head of the household, is anyone else in your family earning a larger total annual income including pension and house rent?

**1** Yes  
↓

**2** No  
→ (to Q5)

SQ2. Who earns the largest total annual income? Please select one from the list shown on the left.

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

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

Q5. Have you or any family member in the list shown on the left been temporarily transferred to another location because of business?

**1** Someone other than yourself      **2** Yourself      **3** No one

---

↓

SQ1. Which family members in the list shown on the left are included?

2      3      4      5      6      7      8      9      10

**[Q6 is to be answered by all respondents]**

Q6. Do any family members in the list shown on the left earn their own living separate from you? If yes, please identify all such members by circling the numbers.

2	3	4	5	6	7	8	9	10	X	No
---	---	---	---	---	---	---	---	----	---	----

Q7. Are there other members in your family that are not included in the list shown on the left, but are included in the questions below? If yes, please answer how many.

(1) Persons living with you who shared living expenses.

<b>1</b> Yes $\longrightarrow$		persons	<b>2</b> No
--------------------------------	--	---------	-------------

(2) Persons living with you who do not shared living expenses.

<b>1</b> Yes $\longrightarrow$		persons	<b>2</b> No
--------------------------------	--	---------	-------------

(3) Persons not living with you who shared living expenses.

<b>1</b> Yes $\longrightarrow$		persons	<b>2</b> No
--------------------------------	--	---------	-------------

Q8. If you or your family have experienced any of the events mentioned below within the year from February last year to January this year, please circle all appropriate items.

- 1 Your child was born.
- 2 You started living with your parents or your spouse's parents.
- 3 The family member who had been living away because of his/her job returned to your household.
- 4 The number of your household members increased due to reasons other than those mentioned above.
- 5 Your family member relocated without taking your family.
- 6 Your family member(s) moved out from your household and started living alone or with friends or their mates.
- 7 A member of your household died.
- 8 Members of your household decreased due to reasons other than those mentioned above.
- 9 You got married.
- 10 You got divorced.
- 11 You started living apart from your spouse.
- 12 You (& your family) moved out from your parents' house and began living alone or with others.
- 13 You (& your family) moved into your parents' or your spouse's parents' household and began living with them.
- 14 No specific event.

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Q9. Have you been at the present address since last year?

- 1 Present address
- 2 Change of address (you moved to the present address (     ) months ago)

The questions from page 4 to page 22 are to be answered by the respondent himself/herself.  
Questions to be answered by the spouse of the respondent are listed from page 24 to page 40.

These questions concern your parents.

Q1. Are your parents alive?

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

Q2. How much financial assistance did you give to your parents last year?

Please include housing purchases, rent, land rent, living expenses and other financial assistance.

Last year     ten thousand yen **0** Did not give any financial assistance

↓ (to Q3)

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

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

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

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

Last year     ten thousand yen **0** Did not receive any financial assistance

↓ (to next page)

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

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

These questions concern your current schooling.

Q1. Are you currently attending school?

**1 Yes**

(School location → **1** In the same municipality as your residence  
**2** In a different municipality of the same prefecture as your residence  
**3** In a different prefecture (Please specify: \_\_\_\_\_) )

**2 No**

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

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

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graph TD; A[1 Presently taking action] --> B[2 Took action]; B --> C[3 Did not take action]; C --> D["(to (4))"]
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The flowchart illustrates the decision-making process for a person with a mental health condition. It starts with a horizontal line divided into two sections. The left section is labeled '1 Presently taking action' and the right section is labeled '2 Took action'. An arrow points down from the boundary between these two sections to a third section labeled '3 Did not take action'. From the end of the third section, an arrow points right to a label '(to (4))'.

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

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

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

1	2
Yes, completed and graduated	Have not yet completed or graduated
<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p> <p>45</p> <p>46</p> <p>47</p> <p>48</p> <p>49</p> <p>50</p> <p>51</p> <p>52</p> <p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>57</p> <p>58</p> <p>59</p> <p>60</p> <p>61</p> <p>62</p> <p>63</p> <p>64</p> <p>65</p> <p>66</p> <p>67</p> <p>68</p> <p>69</p> <p>70</p> <p>71</p> <p>72</p> <p>73</p> <p>74</p> <p>75</p> <p>76</p> <p>77</p> <p>78</p> <p>79</p> <p>80</p> <p>81</p> <p>82</p> <p>83</p> <p>84</p> <p>85</p> <p>86</p> <p>87</p> <p>88</p> <p>89</p> <p>90</p> <p>91</p> <p>92</p> <p>93</p> <p>94</p> <p>95</p> <p>96</p> <p>97</p> <p>98</p> <p>99</p> <p>100</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p> <p>45</p> <p>46</p> <p>47</p> <p>48</p> <p>49</p> <p>50</p> <p>51</p> <p>52</p> <p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>57</p> <p>58</p> <p>59</p> <p>60</p> <p>61</p> <p>62</p> <p>63</p> <p>64</p> <p>65</p> <p>66</p> <p>67</p> <p>68</p> <p>69</p> <p>70</p> <p>71</p> <p>72</p> <p>73</p> <p>74</p> <p>75</p> <p>76</p> <p>77</p> <p>78</p> <p>79</p> <p>80</p> <p>81</p> <p>82</p> <p>83</p> <p>84</p> <p>85</p> <p>86</p> <p>87</p> <p>88</p> <p>89</p> <p>90</p> <p>91</p> <p>92</p> <p>93</p> <p>94</p> <p>95</p> <p>96</p> <p>97</p> <p>98</p> <p>99</p> <p>100</p>

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

Time: Approx. 

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 hours      Money: Approx. 

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 ten thousand yen

(For all respondents)

(4) Did you make use of the Training and Education Benefits System over the past year?

- 1 Used it and received benefits
- 2 Am using it and will receive benefits
- 3 Know about the system, but have not used it
- 4 Do not know about the system, and have not used it

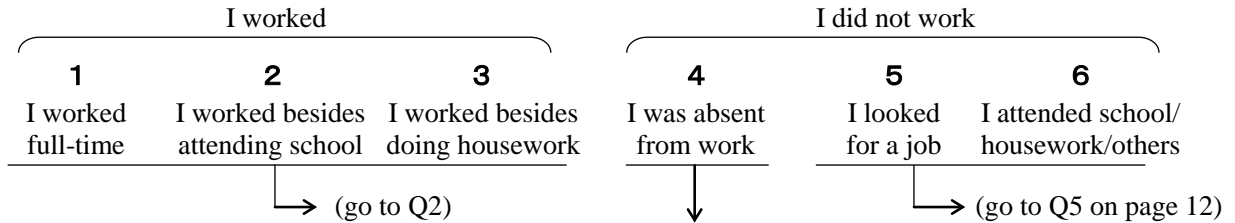
(5) (Only for respondents who answered 3 in (4))  
Are you eligible to use the Training and Education Benefits System?

<b>1</b>	<b>2</b>	<b>3</b>
Yes	No	I do not know

These questions concern your employment.

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?

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

**[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 office)
- 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 worker
- 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 officer, firefighter, guard)
- 12** Other (Please specify: )

(2) In what type of 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?

- |                           |                                |
|---------------------------|--------------------------------|
| <b>1</b> 1- 4 employees   | <b>4</b> 100- 499 employees    |
| <b>2</b> 5- 29 employees  | <b>5</b> 500 or more employees |
| <b>3</b> 30- 99 employees | <b>6</b> 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) |



**[Those who chose 1-4 for Q1 on page 6, please provide answers to the following questions]**

(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 (9))

---

**[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: \_\_\_\_\_ )

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**[Those who answered [5] for (6), please answer (9)-(10)]**

(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

---

(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 6, please provide answers to the following questions]

(11) 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)

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

Last year 

--	--	--	--

 ten thousand yen

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

**1** Monthly  
↓

**3** Daily  
↓

**4** Hourly  
↓

**5** Yearly  
↓

(1) How much were you paid per month?  
(Please include overtime pay, but not bonus payments, and calculate your gross before tax earnings)

Per month  

--	--	--	--

  
thousand yen

(2) What was your daily payment?

Per day  

--	--	--	--	--

  
yen

(3) What was your hourly payment?

Hourly payment  

--	--	--	--	--

  
yen

(4) What was your annual income?

Annual income  

--	--	--	--

  
ten thousand yen

(14) 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 6.]

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?

- |          |  |
|----------|--|
| <b>1</b> | Regular working hours  |
| <b>2</b> | Flexible working hours (start and finish times can be adjusted within a certain time frame)  |
| <b>3</b> | Irregular working hours (different hours for a certain period), shift system (day/night time, etc.)                                  |
| <b>4</b> | Discretionary work or deemed working hours system (specialist, sales, or planning subject to law, working at home, etc.)             |
| <b>5</b> | 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?

**1** Changed      **2** Same

2) Please provide answers to the following questions about your present situation.

	I think so	I sort of think so	I cannot say either way	I do not really think so	I do not think so
I often work on holidays and at home.	1	2	3	4	5
I have great amounts of responsibility, authority, and discretion at work.	1	2	3	4	5
I often make mistakes at work.	1	2	3	4	5
I feel a high sense of fulfillment and satisfaction at work.	1	2	3	4	5
I have a good relationship with my boss at work.	1	2	3	4	5
I have a good relationship with my colleagues at work.	1	2	3	4	5

**[Those who chose 1-4 for Q1 on page 6, please provide answers to the following questions]**

3) 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. 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.

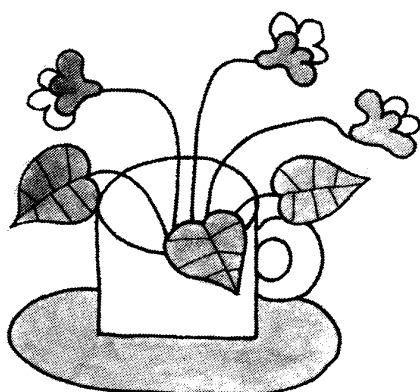


**[This sub-question is to be answered by those who chose 3 for Q4.]**

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: \_\_\_\_\_ )

**(Please continue to the next page.)**



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

Q5. 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)

**[This sub-question is to be answered by those who chose 4 or 6 for Q5.]**

SQ. 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 ( )

**[Q6 is to be answered by all respondents]**

Q6. (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.                  | 4 I did not work at all.                |
| 2 I was absent from my work throughout the year. | 5 I was not absent from my work at all. |
| 3 I searched for a job throughout the year.      | 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

Q7. During last year (Jan.-Dec.) did you ever have a side job in addition to your main job?

- |                |                     |  |
|----------------|---------------------|--|
| 1              | 2                   | 3                                      |
| Had a side job | Side job prohibited | Side job allowed, but did not have one |

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

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

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

	Inapplicable	Is 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

Q3. Circle the appropriate number for each of the following questions. Choose **0** if you totally disagree with the statement. Choose **50** if you partially agree with the statement (50%). Choose **100** if you completely agree with the statement.

( a ) Hardship and suffering in life, in many cases, do not happen by coincidence, but are directly caused by one's own actions.										
0	10	20	30	40	50	60	70	80	90	100
( b ) Joy and happiness in life, in many cases, do not happen by coincidence, but are directly caused by one's own actions.										
0	10	20	30	40	50	60	70	80	90	100
( c ) Hardship and suffering in life happen by coincidence, and there is no reason as to why they happen.										
0	10	20	30	40	50	60	70	80	90	100

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

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

Q1. Instead of receiving 10 thousand yen today, at least how much would you like to receive **seven days (one week) later**? Please choose one option from the following options **1–8** specified below.

Option	1	2	3	4	5	6	7	8
Amount	9,981 yen	10,000 yen	10,019 yen	10,038 yen	10,096 yen	10,191 yen	10,383 yen	10,574 yen
Annual interest	-10%	0%	10%	20%	50%	100%	200%	300%

Q2. Instead of receiving 10 thousand yen 90 days later, at least how much would you like to receive **97 days later**? Please choose one option from the following options **1–8**.

Option	1	2	3	4	5	6	7	8
Amount	9,981 yen	10,000 yen	10,019 yen	10,038 yen	10,096 yen	10,191 yen	10,383 yen	10,574 yen
Annual interest	-10%	0%	10%	20%	50%	100%	200%	300%

Q3. Instead of receiving 10 thousand yen one month later, at least how much would you like to receive **13 months later**? Please choose one option from the following options **1–8**.

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

Q4. Instead of receiving 1 million yen one month later, at least how much would you like to receive **13 months later**? Please choose one option from the following options **1–8**.

Option	1	2	3	4	5	6	7	8
Amount	950,000 yen	1,000,000 yen	1,001,000 yen	1,005,000 yen	1,010,000 yen	1,020,000 yen	1,060,000 yen	1,100,000 yen
Annual interest	-5%	0%	0.1%	0.5%	1%	2%	6%	10%

Q5. Suppose you are obligated to **pay** 1 million yen one month later. **If the payment can wait for 13 months more, up to how much would you be willing to pay?** Please choose one option from the following options **1–8**.

Option	1	2	3	4	5	6	7	8
Amount	950,000 yen	1,000,000 yen	1,001,000 yen	1,005,000 yen	1,010,000 yen	1,020,000 yen	1,060,000 yen	1,100,000 yen
Annual interest	-5%	0%	0.1%	0.5%	1%	2%	6%	10%

Q6. **When you go out to a place you have never been to** before with your family or friends, what percentage of chance of rain makes you decide to take an umbrella?

1  % or higher

2 I always take a folding umbrella.

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

These questions concern your health.

Q1. How 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. Do you smoke?

- 1 I smoke every day      2 I smoke sometimes      3 I used to smoke but I do not now      4 I have never smoked
- ↓ (to SO2)      → (to O3)

【SQ1 is to be answered by those who chose 1 or 2 for Q2.】

SQ1. Please provide answers about the cigarettes you currently smoke

Brand :		Amount of tar : <input type="text"/> <input type="text"/> mg	
Amount of nicotine : <input type="text"/> <input type="text"/> mg	Price <input type="text"/> <input type="text"/> <input type="text"/> per pack	Number of cigarettes <input type="text"/> <input type="text"/> <input type="text"/> per day:	

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

【To be answered by those who chose 1, 2, or 3 for Q2.】

SQ2. What are your thoughts on quitting or cutting down on smoking through outpatient treatment at a hospital?

- 1 Used to receive outpatient treatment.  
2 Intend to receive outpatient treatment.  
3 Would like to quit or cut down on smoking, but do not wish to receive outpatient treatment.  
4 Not planning to quit.

【To be answered by all respondents】

Q3. Do you discuss smoking at home with your family? What is the present situation on non-smoking in the area you live in, or your workplace?

	Non-smoking	Separation of smoking areas	No restrictions	Unknown	N/A
(1) At home	1	2	3	4 [ Has not been discussed ]	5 [ There are no smokers ]
(2) Public facilities (Indoors)	1	2	3	4	
(3) Public facilities (Outdoors)	1	2	3	4	
(4) Workplace	1	2	3	4	5 [ Unemployed/There are no smokers at work ]

Q4. 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

Q5. 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
- Applied for high-cost medical care benefit? [ 1. Yes      •      2. No ]  
→ Applied for medical expenses deduction? [ 1. Yes      •      2. No ]



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

Q6. 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 (Expenses paid at hospital/clinic, prescription charge, etc.)	1. Yes 2. No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand yen
(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))	1. Yes 2. No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand yen

Q7. 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
Prevention of diseases including complete medical checkup, health checkup, and vaccination (excl. regular workplace checkup)	1. Yes 2. No	<input type="checkbox"/> 1. Less than hundred thousand yen <input type="checkbox"/> 2. Hundred thousand yen or more

Q8. How much do you weigh?

<input type="text"/> <input type="text"/> <input type="text"/>	kg	× Don't know
--	----	--------------

Q9. Do you undertake a form of exercise such as those listed below on a regular basis?

If you undertake the exercise on a regular basis, please answer how many days per month and how many minutes per day of exercise, as well as how many years you have continued to undertake this exercise.

With regard to the amount of time spent exercising, please answer in units of 10 minutes. In the "Other" section, please write the type of exercise you undertake most frequently (e.g. baseball, golf, etc.) and provide the amount of time you have spent performing this exercise.

1	2
Exercise regularly	Do not exercise regularly
↓	→ (Please move on to Q10 on the next page)

Type of exercise	Exercise regularly	Number of days per month exercise is undertaken	Number of minutes per day exercise is undertaken	Number of years exercise has been undertaken on a continual basis	Main places where exercise is carried out
(a) Walking/strolling	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(b) Running/jogging	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(c) Radio calisthenics	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(d) Swimming	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(e) Cycling	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(f) Others ( )	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other

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

【Q10 is to be answered by those who chose 2 for Q9.】

Q10. Which of the following are reasons for you not exercising regularly at present? Please circle all applicable answers. (Multiple answers possible.)

- |  |   |
|--|---|
| 1 Too busy to find the time.                         | 6 No money for exercising.                              |
| 2 Cannot exercise for health-related reasons.        | 7 Even if I exercise, I don't think it has much effect. |
| 3 Inept at exercise or physical movement.            | 8 I do not know where to start.                         |
| 4 No experience with sports-related club activities. | 9 Others( )   |
| 5 Even if I start exercising, I cannot keep it up.   |   |

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【To be answered by all respondents】

Q11. 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
(1) I have a headache or dizziness	1	2	3	4
(2) I have a palpitation or shortness of breath	1	2	3	4
(3) I have sensitive stomach and intestines	1	2	3	4
(4) I have a backache or shoulder pain	1	2	3	4
(5) I get tired easily	1	2	3	4
(6) I catch a cold easily	1	2	3	4
(7) I often feel irritated	1	2	3	4
(8) I have trouble getting to sleep	1	2	3	4
(9) I feel reluctant to meet other people	1	2	3	4
(10) I cannot concentrate on work	1	2	3	4
(11) I am dissatisfied with the present life	1	2	3	4
(12) I feel anxiety over the future	1	2	3	4
(13) I feel rather nervous and sensitive	1	2	3	4
(14) I feel extremely depressed	1	2	3	4
(15) I feel calm and stable	1	2	3	4
(16) I feel depressed and gloomy	1	2	3	4
(17) I feel happy	1	2	3	4

These questions concern 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, or those receiving old-age pensions for active employees, 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 or 2, such as persons under the age of 60 and self-employed, unemployed, or are students. Or, are over the age of 60 and still paying insurance premiums.)
- 4 I am not a member of any plan (Persons over the age of 60 and currently finished to pay insurance premiums, receiving disability pension, or that have not joined the national pension plan, etc.)

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

SQ. Are you paying premiums for the national pension plan?

- 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 is to be answered by all respondents]

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?

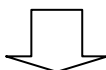
\* The level is provided in the notice of determination of the long-term care insurance premium amount.

- |                       |                       |                       |                       |                       |                       |                            |              |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|--------------|
| 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 | Over 7 <sup>th</sup> level | I don't know |

[Q4 is to be answered by all respondents]

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?

--	--	--

thousand yen per month

These questions concern 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.

1 Yes (in nursing home) 2 Yes (living together) 3 Yes (other)

4 No

(Proceed to Q1 in the section about your use of time)

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

1 Yourself 2 Spouse 3 Parent 4 Grandparent 5 Sibling 6 Other relative 7 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.

These questions concern your use of time.

Q1. This question concerns your use of time. How frequently do you perform each of the following daily activities? Also, please specify the time you spend for those activities you perform at least once a week.

(Please answer to the first decimal point, except for "Commute to school or work")

Example: 1.0 hour →     hrs 30 minutes →     hrs

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

Q2. Please write your usual sleeping hours.

(Please answer to the first decimal point.

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

Weekdays     hours per night on average

Weekends and holidays     hours per night on average

\*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					
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
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 awareness of politics and society.

Q1. If a Lower House election was held now, what political party would you vote for in a proportional representation election?

- |                             |                            |                      |
|-----------------------------|----------------------------|----------------------|
| 1 Liberal Democratic Party  | 5 Your Party               | 9 People's New Party |
| 2 Democratic Party of Japan | 6 People's Life Party      | 10 Other party       |
| 3 Japan Restoration Party   | 7 Japanese Communist Party | 11 Would not vote    |
| 4 New Komeito               | 8 Social Democratic Party  | 12 Do not know       |

Q2. Which political party do you support?

- |                             |                            |                             |
|-----------------------------|----------------------------|-----------------------------|
| 1 Liberal Democratic Party  | 5 Your Party               | 9 People's New Party        |
| 2 Democratic Party of Japan | 6 People's Life Party      | 10 Other party              |
| 3 Japan Restoration Party   | 7 Japanese Communist Party | 11 Do not support any party |
| 4 New Komeito               | 8 Social Democratic Party  | 12 Do not know              |

Q3. Do you support the present Cabinet?

- 1 Yes                      2 No

Q4. Which do you think is more important: freedom or equality?

- 1 Freedom                  2 Equality                  3 I cannot say either way

This page concerns tax and social premiums collected by the government, and benefits to ensure one's living.

Q1. Please think about the following imaginary society. **The number of items has increased slightly compared with last year.**

- ① The imaginary society comprises three households: Household A, Household B, and Household C. **Each household lives in rented housing and comprises four members: a 40-year-old husband who is an office worker, a 40-year-old wife who is a full-time housewife, a 10-year-old child, and a 7-year-old child.**
- ② The government can collect tax and social insurance premiums to provide assurance for the people's lives. **In the case that the government does not collect tax or social security premiums, the estimated annual income for each family is 3,500,000 yen for Household A, 7,000,000 yen for Household B, and 12,500,000 yen for Household C.**
- ③ **The husband in each household intends to continue working at his current company until retirement at age 65. The only assets for each household are savings: 2,500,000 yen for Household A, 5,000,000 yen for Household B, and 12,500,000 yen for Household C.**

- (1) How much in taxes and social insurance premiums do you think should be collected, and paid as benefits to the households? Assuming that each household receives its expected income, please fill in the following amounts for each household in units of 10,000 yen. Do not separate taxes and social insurance premiums, and answer the total amount. If you think no collection or payment is necessary, write 0.

	Amount per household that should be collected as taxes and social insurance	Payment per household that should be made to ensure one's living
Household A (3.5 million yen per annum)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ten thousand yen	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ten thousand yen
Household B (7 million yen per annum)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ten thousand yen	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ten thousand yen
Household C (12.5 million yen per annum)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ten thousand yen	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ten thousand yen

- (2) Household A, Household B, and Household C all wish to borrow money. **The interest rate is 4% over a repayment period of 25 years. What is the upper limit on the loan balance to ensure that each household does not become unable to repay the loan?** Please fill in the following amounts in units of 10,000 yen.

- Please select "X" in the case that repayment is not possible, even for a small loan amount.
- Please select "+" in the case that you believe the household will be able to repay the loan, whatever the amount.

Household A (3.5 million yen per annum)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 ten thousand yen	X Loan not possible	+ Repayment possible regardless of the loan amount
Household B (7 million yen per annum)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 ten thousand yen	X Loan not possible	+ Repayment possible regardless of the loan amount
Household C (12.5 million yen per annum)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 ten thousand yen	X Loan not possible	+ Repayment possible regardless of the loan amount

- (3) Question regarding debt due to government budget deficit in this imaginary society.

Even if in the answers for (1) a government budget surplus is expected, the fluctuations in the economic climate may affect annual household income and estimates for tax and social insurance premium collection and benefits for providing assurance for the people's lives may be skewed. In such cases, assume there is the possibility of a government budget deficit. **The annual national income for this imaginary society is the total of the incomes for all its constituent households: 23,000,000 yen. What do you think is the upper limit on outstanding debt to ensure that the government does not become unable to repay its debts?** Please fill in the following amounts in units of 10,000 yen.

- Please select "X" in the case that you believe repayment is not possible, even for a small debt amount.
- Please select "+" in the case that you believe the loan can be repaid, whatever the outstanding debt amount.

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 0 ten thousand yen	X Debt not possible	+ Repayment possible regardless of the outstanding debt amount
---	---------------------	--

(Lastly)

Q. If you answered the questions in pages 4-21, to what extent did you respond in the following sections for the following people? Please circle the applicable answer for each of A-E. In case 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 13 (Sense of happiness)	<b>1</b> Questionnaire subject	<b>2</b> Spouse (Spouse of questionnaire subject)	<b>3</b> Other person (Please specify: )
B Page 14 (Future and uncertain matters)	<b>1</b> Questionnaire subject	<b>2</b> Spouse (Spouse of questionnaire subject)	<b>3</b> Other person (Please specify: )
C Page 15-17 (Health)	<b>1</b> Questionnaire subject	<b>2</b> Spouse (Spouse of questionnaire subject)	<b>3</b> Other person (Please specify: )
D Pages 20 (Sense of satisfaction, political/social awareness)	<b>1</b> Questionnaire subject	<b>2</b> Spouse (Spouse of questionnaire subject)	<b>3</b> Other person (Please specify: )
E Pages other than A-D	<b>1</b> Questionnaire subject	<b>2</b> Spouse (Spouse of questionnaire subject)	<b>3</b> Other person (Please specify: )

**The questions from page 24 to page 40 are to be answered by the spouse of the respondent.**

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





These questions concern your parents.

Q1. Are your parents alive?

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

Q2. How much financial assistance did you give to your parents last year?

Please include housing purchases, rent, land rent, living expenses and other financial assistance.

Last year     ten thousand yen
 ☐ 0 Did not give any financial assistance

↓ (to Q3)

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

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

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

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

Last year     ten thousand yen
 ☐ 0 Did not receive any financial assistance

↓ (to next page)

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

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

These questions concern your current schooling.

Q1. Are you currently attending school?

1 Yes

(School location → 1 In the same municipality as your residence  
2 In a different municipality of the same prefecture as your residence  
3 In a different prefecture (Please specify: )

2 No

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

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

1 Presently taking action      2 Took action      3 Did not take action  
↓      → (to (4))

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

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

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

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

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

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

(For all respondents)

(4) Did you make use of the Training and Education Benefits System over the past year?

- 1 Used it and received benefits
- 2 Am using it and will receive benefits
- 3 Know about the system, but have not used it
- 4 Do not know about the system, and have not used it

(5) (Only for respondents who answered 3 in (4))

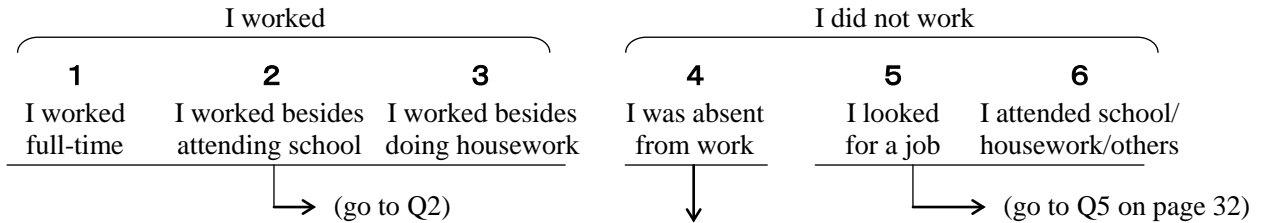
Are you eligible to use the Training and Education Benefits System?

1 Yes      2 No      3 I do not know

These questions concern your employment.

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> Others (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 office)
- 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 worker
- 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 officer, firefighter, guard)
- 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- 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) |

[Those who chose 1-4 for Q1 on page 26, please provide answers to the following questions]

(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 (9))

[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)-(10)]

(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

(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 26, please provide answers to the following questions]

(11) 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)

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

Last year

--	--	--	--

ten thousand yen

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

**1** Monthly  
**2** Weekly

↓

**3** Daily

↓

**4** Hourly

↓

**5** Yearly

↓

(1) How much were you paid per month?  
(Please include overtime pay, but not bonus payments, and calculate your gross before tax earnings)

Per month

--	--	--	--

thousand yen

(2) What was your daily payment?

Per day

--	--	--	--	--

yen

(3) What was your hourly payment?

Hourly payment

--	--	--	--	--

yen

(4) What was your annual income?

Annual income

--	--	--	--

ten thousand yen

(14) 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 26.]

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?

- 1 Change      2 Same

2) Please provide answers to the following questions about your present situation.

	I think so	I sort of think so	I cannot say either way	I do not really think so	I do not think so
I often work on holidays and at home.	1	2	3	4	5
I have great amounts of responsibility, authority, and discretion at work.	1	2	3	4	5
I often make mistakes at work.	1	2	3	4	5
I feel a high sense of fulfillment and satisfaction at work.	1	2	3	4	5
I have a good relationship with my boss at work.	1	2	3	4	5
I have a good relationship with my colleagues at work.	1	2	3	4	5

[Those who chose 1-4 for Q1 on page 26, please provide answers to the following questions]

3) 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. 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

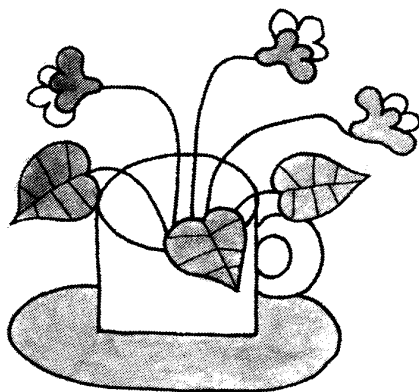
 I want to change jobs.
- 4 I want to quit working.

[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: )

(Please continue to the next page.)





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

Q5. 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)

**[This sub-question is to be answered by those who chose 4 or 6 for Q5.]**

SQ. 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 ( )

**[Q6 is to be answered by all respondents]**

Q6. (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.                  | 4 I did not work at all.                |
| 2 I was absent from my work throughout the year. | 5 I was not absent from my work at all. |
| 3 I searched for a job throughout the year.      | 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

Q7. During last year (Jan.-Dec.) did you ever have a side job in addition to your main job?

- |                |                     |  |
|----------------|---------------------|--|
| 1              | 2                   | 3                                      |
| Had a side job | Side job prohibited | Side job allowed, but did not have one |

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

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

Q2. Please circle the appropriate number for each of the following statements. For example, if you absolutely would not have agreed with a statement at that time, please circle “0”; if you would have agreed with it with roughly a 50% probability, please circle “50”; if you would have absolutely agreed with it, please circle “100”.

A) In many cases, hardships and sufferings in one’s life do not occur by chance and are attributed to one’s previous actions.

(Absolutely not) (Yes, absolutely)

0	10	20	30	40	50	60	70	80	90	100
---	----	----	----	----	----	----	----	----	----	-----

B) In many cases, joy and happiness in one’s life do not arise by chance and are attributed to one’s previous actions.

(Absolutely not) (Yes, absolutely)

0	10	20	30	40	50	60	70	80	90	100
---	----	----	----	----	----	----	----	----	----	-----

C) Hardships and sufferings in one’s life occur by chance, and there are no reasons for them.

(Absolutely not) (Yes, absolutely)

0	10	20	30	40	50	60	70	80	90	100
---	----	----	----	----	----	----	----	----	----	-----

D) I have something to live for.

(Absolutely not) (Yes, absolutely)

0	10	20	30	40	50	60	70	80	90	100
---	----	----	----	----	----	----	----	----	----	-----

E) There is hope in my life.

(Absolutely not) (Yes, absolutely)

0	10	20	30	40	50	60	70	80	90	100
---	----	----	----	----	----	----	----	----	----	-----

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

These questions concern 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. Do you smoke?

- 1** I smoke every day      **2** I smoke sometimes      **3** I used to smoke but I do not now      **4** I have never smoked
- \_\_\_\_\_ ↓ \_\_\_\_\_ → (to SO2) \_\_\_\_\_ → (to O3)

【SQ1 is to be answered by those who chose 1 or 2 for Q2.】

SQ1. Please provide answers about the cigarettes you currently smoke

<b>Brand :</b>		Amount of tar : <input type="text"/> <input type="text"/> mg
Amount of nicotine : <input type="text"/> . <input type="text"/> mg	Price <input type="text"/> <input type="text"/> <input type="text"/> per pack	Number of cigarettes <input type="text"/> <input type="text"/> <input type="text"/> per day:

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

【To be answered by those who chose 1, 2, or 3 for Q2.】

SQ2. What are your thoughts on quitting or cutting down on smoking through outpatient treatment at a hospital?

- 1** Used to receive outpatient treatment.  
**2** Intend to receive outpatient treatment.  
**3** Would like to quit or cut down on smoking, but do not wish to receive outpatient treatment.  
**4** Not planning to quit.

【To be answered by all respondents】

Q3. Do you discuss smoking at home with your family? What is the present situation on non-smoking in the area you live in, or your workplace?

	Non-smoking	Separation of smoking areas	No restrictions	Unknown	N/A
(1) At home	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b> 〔 Has not been discussed 〕	<b>5</b> 〔 There are no smokers 〕
(2) Public facilities (Indoors)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
(3) Public facilities (Outdoors)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
(4) Workplace	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b> 〔 Unemployed/There are no smokers at work 〕

Q4. 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

Q5. 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
- Applied for high-cost medical care benefit? [ **1**. Yes      •      **2**. No ]  
 → Applied for medical expenses deduction? [ **1**. Yes      •      **2**. No ]

(Regarding your spouse)

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

Q6. 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 (Expenses paid at hospital/clinic, prescription charge, etc.)	1. Yes 2. No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand yen
(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))	1. Yes 2. No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand yen

Q7. 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
Prevention of diseases including complete medical checkup, health checkup, and vaccination (excl. regular workplace checkup)	1. Yes	➢ 1. Less than hundred thousand yen
	2. No	➢ 2. Hundred thousand yen or more

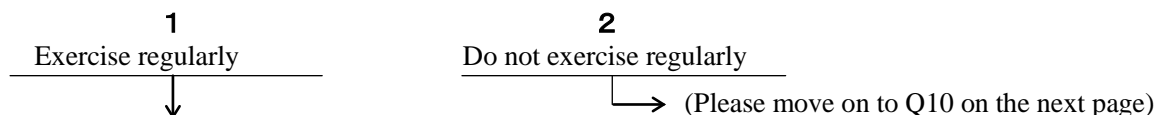
Q8. How much do you weigh?

<input type="text"/> <input type="text"/> <input type="text"/>	kg	× Don't know
--	----	--------------

Q9. Do you undertake a form of exercise such as those listed below on a regular basis?

If you undertake the exercise on a regular basis, please answer how many days per month and how many minutes per day of exercise, as well as how many years you have continued to undertake this exercise.

With regard to the amount of time spent exercising, please answer in units of 10 minutes. In the "Other" section, please write the type of exercise you undertake most frequently (e.g. baseball, golf, etc.) and provide the amount of time you have spent performing this exercise.



Type of exercise	Exercise regularly	Number of days per month exercise is undertaken	Number of minutes per day exercise is undertaken	Number of years exercise has been undertaken on a continual basis	Main places where exercise is carried out
(a) Walking/strolling	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(b) Running/jogging	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(c) Radio calisthenics	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(d) Swimming	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(e) Cycling	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other
(f) Others ( )	1 Yes → 2 No	<input type="text"/> <input type="text"/> days	<input type="text"/> <input type="text"/> <input type="text"/> 0 minutes	<input type="text"/> <input type="text"/> years	1 Facilities requiring fee payment 2 Other

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

【Q10 is to be answered by those who chose 2 for Q9.】

Q10. Which of the following are reasons for you not exercising regularly at present? Please circle all applicable answers. (Multiple answers possible.)

- |  |   |
|--|---|
| 1 Too busy to find the time.                         | 6 No money for exercising.                              |
| 2 Cannot exercise for health-related reasons.        | 7 Even if I exercise, I don't think it has much effect. |
| 3 Inept at exercise or physical movement.            | 8 I do not know where to start.                         |
| 4 No experience with sports-related club activities. | 9 Others( )   |
| 5 Even if I start exercising, I cannot keep it up.   |   |

【To be answered by all respondents】

Q11. 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
(1) I have a headache or dizziness	1	2	3	4
(2) I have a palpitation or shortness of breath	1	2	3	4
(3) I have sensitive stomach and intestines	1	2	3	4
(4) I have a backache or shoulder pain	1	2	3	4
(5) I get tired easily	1	2	3	4
(6) I catch a cold easily	1	2	3	4
(7) I often feel irritated	1	2	3	4
(8) I have trouble getting to sleep	1	2	3	4
(9) I feel reluctant to meet other people	1	2	3	4
(10) I cannot concentrate on work	1	2	3	4
(11) I am dissatisfied with the present life	1	2	3	4
(12) I feel anxiety over the future	1	2	3	4
(13) I feel rather nervous and sensitive	1	2	3	4
(14) I feel extremely depressed	1	2	3	4
(15) I feel calm and stable	1	2	3	4
(16) I feel depressed and gloomy	1	2	3	4
(17) I feel happy	1	2	3	4

These questions concern 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, or those receiving old-age pensions for active employees, 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 or 2, such as persons under the age of 60 and self-employed, unemployed, or are students. Or, are over the age of 60 and still paying insurance premiums.)
- 4 I am not a member of any plan (Persons over the age of 60 and currently finished to pay insurance premiums, receiving disability pension, or that have not joined the national pension plan, etc.)

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

SQ. Are you paying premiums for the national pension plan?

- 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 is to be answered by all respondents]

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 | Over 7 <sup>th</sup> level | I don't know |

These questions concern your use of time.

Q1. This question concerns your use of time. How frequently do you perform each of the following daily activities? Also, please specify the time you spend for those activities you perform at least once a week. (Please answer to the first decimal point, except for “Commute to school or work”)

Example: 1.0 hour →   1  0 hrs      30 minutes →   0  5 hrs

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

Q2. Please write your usual sleeping hours.

(Please answer to the first decimal point.

For example: 7 hours →   7  0 hours, 8 hours and 30 minutes →   8  5 hours.)

Weekdays   .  hours per night on average



Weekends and holidays   .  hours per night on average

(Regarding your spouse)

\* This page must be answered by the spouse of 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					
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	
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 awareness of politics and society.

Q1. If a Lower House election was held now, what political party would you vote for in a proportional representation election?

- |                             |                            |                      |
|-----------------------------|----------------------------|----------------------|
| 1 Liberal Democratic Party  | 5 Your Party               | 9 People's New Party |
| 2 Democratic Party of Japan | 6 People's Life Party      | 10 Other party       |
| 3 Japan Restoration Party   | 7 Japanese Communist Party | 11 Would not vote    |
| 4 New Komeito               | 8 Social Democratic Party  | 12 Do not know       |

Q2. Which political party do you support?

- |                             |                            |                             |
|-----------------------------|----------------------------|-----------------------------|
| 1 Liberal Democratic Party  | 5 Your Party               | 9 People's New Party        |
| 2 Democratic Party of Japan | 6 People's Life Party      | 10 Other party              |
| 3 Japan Restoration Party   | 7 Japanese Communist Party | 11 Do not support any party |
| 4 New Komeito               | 8 Social Democratic Party  | 12 Do not know              |

Q3. Do you support the present Cabinet?

- 1 Yes                      2 No

Q4. Which do you think is more important: freedom or equality?

- 1 Freedom              2 Equality              3 I cannot say either way



(Last ly)

Q. If you answered the questions in pages 24-40, to what extent did you respond in the following sections for the following people? Please circle the applicable answer for each of A-D. In case 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 33 (Sense of happiness)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify: )
B Page 34-36 (Health)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify: )
C Pages 39 (Sense of satisfaction, political/social awareness)	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.



## 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?

(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

These questions concern 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?

**Total 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.

**Total 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 2012)**? Write “0” for items for which no income was generated.

⊙ 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	B	C
	Male head of your household	A's wife	Total of all members (other than male head of the household and his wife) Enter approximate amount.
	1000 100 10 1 yen	1000 100 10 1 yen	1000 100 10 1 yen
(1) Annual earnings from employment *1	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None	<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"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None
(3) House or land rent income	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None
(4) Interest, dividend *3	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None
(5) Allowance, gift money	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None
(6) Public pension	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None
(7) Corporate pension, personal pension	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None
(8) Unemployment benefit, childcare leave benefit	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None
(9) Child allowance, Lone-parent child benefit	<input type="text"/> 10 ths × yen None	(Please enter the total amount received by your household)	
(10) Social assistance	<input type="text"/> 10 ths × yen None	(Please enter the total amount received by your household)	
(11) Other income	<input type="text"/> 10 ths × yen None	<input type="text"/> 10 ths × yen None	<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”.

These questions concern expenditures

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

Q2. How much did your household pay for contributions or donations to charity or religious organizations in the last month (January)? Please do not include money offerings to shrines, political donations or donations to educational institutes.

--	--	--	--	--	--	--

yen     0 0 yen

Q3. How much do your family members spend for “(8) Clothes & footwear,” “(13) Education,” and “(14) Reading & recreation,” as answered in Q1? Further, how much did your family members pay as personal contributions and donations in Q2? Please answer in such a manner that the total for each item is 100%. Enter 0% if no family member is applicable. Enter 0% for items with no expenditure.

	Common expenses	Your share	Your spouse's share	Your children's share	Other household members' share	Total
Clothes & footwear	%	%	%	%	%	100%
Education	%	%	%	%	%	100%
Reading & recreation	%	%	%	%	%	100%
Contributions & donations	%	%	%	%	%	100%

Q4. 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

This question concerns various insurance policies to which your household subscribe and their starting periods.

Q5. 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 held	Not held, but intend to hold	Not held, and no intention to hold
Fire insurance (residence)	1	2	3
Fire insurance (household effects)	1	2	3
Earthquake insurance (residence)	1	2	3
Earthquake insurance (household effects)	1	2	3
Life insurance (husband)	1	2	3
Life insurance (wife)	1	2	3

Q6. Have you seen materials prepared for disaster prevention, such as the “disaster prevention map” (*bosai mappu*) and the hazard map, for your local area? If you have, was it before or after the Great East Japan Earthquake that you saw them for the first time?

- 1 Saw them before the earthquake
- 2 Saw them for the first time after the earthquake
- 3 Would like to see them but they are not available
- 4 Have not seen them

Q7. This question concerns the situation regarding seismic retrofitting on your residence. Has a seismic retrofit already been performed on your residence? Or, do you intend to have it done in the near future? If a seismic retrofit has been performed, was the work done before or after the Great East Japan Earthquake?

※If a seismic retrofit has not been performed because you live in an apartment or a rented house, please indicate your intention based on your need, regardless of what other residents or the owner of the house might be thinking.

- 1 Retrofit performed before the earthquake
- 2 Retrofit performed after the earthquake
- 3 Retrofit not performed yet, but would like to have it done some day
- 4 Retrofit not performed yet, and have no intention to have it done

Q8. 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?

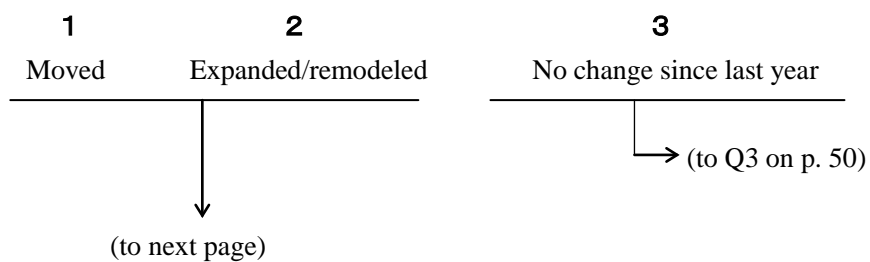
- |            |              |            |
|------------|--------------|------------|
| <b>1</b>   | <b>2</b>     | <b>3</b>   |
| Sufficient | Insufficient | Don't know |



These questions concern housing.

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

Q1. Did your household move or expand or remodel housing **since January 2012**?



These questions concern housing.

Q2. (1) Which best describes the building in which you reside?

1

2

3

4

5

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 and SQ2 are to be answered by those who chose 1 for Q2(1) .]

SQ1 How many stories are there in your house?

stories

SQ2 Does the house have any yard or garden?

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

m<sup>2</sup>

2 No

[SQ3 and SQ4 are to be answered by those who chose 3 or 4 for Q2(1) .]

SQ3 How many stories are there in your building?

stories

SQ4 The floor on which you reside.

floor

(2) Total floor space is     m<sup>2</sup>

(3) When was the house/apartment constructed?

years ago

(4) How many rooms does this house/apartment have?

rooms

(Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms)

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

minutes

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

(Mark all that are applicable.)

1 Handrails

2 Bathtub with a low entry step

3 Wide passage for wheelchair

4 Floor without steps

5 Accessible entrance for wheelchair

6 No such equipment/facility

[Q3 is to be answered by all respondents.]

Q3. What best describes the ownership status of your current residence?

1	2	3	4	5	6	7	8
Owned detached house	Owned apartment (owned land)	Owned apartment/house (general leased land)	Owned apartment/house (fixed term leased land)	Private rental housing	Public rental housing	Company housing or dormitory	Other type

(To SQ7 on the next page)

SQ4. Is your current residence on a fixed-term lease contract based on the fixed-term house lease system established in March 2000?

- 1 Fixed-term lease  
2 Not fixed-term lease

SQ5. Have you renewed the contract last year?

- 1 Yes  
2 No

a) Renewal fee

--	--	--	--

thousand yen

(finish)

(SQ1 and SQ2 are to be answered by those who chose 4 for Q3.)

SQ1. Guarantee deposit was

--	--	--	--

ten thousand yen

SQ2. Do you plan to buy the land in the future?

- 1 Yes 2 No

(SQ3 is to be answered by those who chose 3 or 4 for Q3.)

SQ3. Monthly land rent is

--	--	--	--

ten thousand yen

SQ6. When you moved into your current residence, was the contract based on the fixed-term house lease system established in March 2000?

- 1 Fixed-term lease  
2 Not fixed-term lease

(For those who chose 5-7 for Q3, please go to Q4 on page 52)

(Move on to the next page.)

[SQ7-SQ13 are to be answered by those who chose “1-4 Owned house/apartment” for Q3 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.)

SQ7. 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

SQ8. 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

SQ9. 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

SQ10. 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>

SQ11. 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  |

SQ12. Do you/your household currently have an unpaid balance of mortgage loan now?

**1**  
 Yes  
 ↓  
**2**  
 No  
 → (finish)

SQ13. 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

(finish)

[Q4 is to be answered by those who chose “5-7 Rental housing” for Q3 on page 50.]

Q4. (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

**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.**