

The Japan Household Panel Survey

- This survey questionnaire is for respondents with spouses.
- Please answer the questions by circling the number of the applicable response, or by entering the applicable number in the blank square provided. When your answer is “other,” circle the number and write the specific details inside the parentheses. (When the space is not sufficient, write outside the parentheses).
- Please answer the questions in order. Some questions only apply to certain people. In those cases, please follow the directions.
- The survey includes somewhat personal questions about yourself and your family. These will be used for statistical analyses, so please answer the questions truthfully.
- If you do not know the answers to any of the questions concerning your family, please ask your family before responding.
- Some of the questions concern figures for the month of January. Please respond to those questions when you know the answers.

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

We begin by asking questions regarding yourself.

Q1. (1) Sex

1
Male

2
Female

(2) What is your date of birth?

Year

--	--	--	--

 Month

--	--

 Day

--	--

January 2015

Branch No.		Point No.			Subject No.		Panel No.				Inspector	
							7					

These questions concern your family.

Q1. How many family members do you live with, including yourself?

persons

Q2. If there are any family members temporarily living separately for work, schooling, hospitalization, medical care, institutionalization or other reasons, how many are temporarily living separately?

persons No one is temporarily living separately

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

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

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

Q4. In the above table, which number person is the head of household?
(The head of household is the main worker producing income)

1 2 3 4 5 6 7 8 9 10

SQ1. Do any family members earn more total income (including pension and rental income) than the head of household?

1 Yes 2 No
↓ → (to Q5)

SQ2. In the above table, which number person has the highest total income? (Select the one person with the highest total income)

1 2 3 4 5 6 7 8 9 10

[To be answered by all respondents]

Q5. In the above table, are there any persons temporarily living separately for work?

1 Other than myself 2 Myself 3 No one
↓

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

2 3 4 5 6 7 8 9 10

[To be answered by all respondents]

Q6. Does the above table include any persons who keep separate household finances? If so, which number persons keep separate household finances? (Please circle all the numbers which apply)

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

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.

1 Yes → persons 2 No

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

1 Yes → persons 2 No

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

1 Yes → persons 2 No

Q8. Has your household experienced any of the following changes over the past one year (Feb. 2014 to Jan. 2015)? (Please circle all the numbers which apply)

- 1 I had a child
 - 2 My parent or my spouse's parent moved in
 - 3 A household member returned home after temporarily living separately for work
 - 4 Other (the number of household members increased for other reasons)
 - 5 A household member left to temporarily live separately for work
 - 6 The number of household members decreased because a household member left
 - 7 The number of household members decreased because of death
 - 8 Other (the number of household members decreased for other reasons)
 - 9 I got married
 - 10 I got divorced from my spouse
 - 11 I separated from my spouse
 - 12 I (and my family) left parent's home and formed a separate household
 - 13 I (and my family) moved into parent's home and formed a joint household
 - 14 No particular changes
-

Q9. Were you living at the same address one year ago?

- 1 Yes, I was at the same address
- 2 No, I was at a different address (I moved here _____ months ago)

These questions concern your children.

The following questions are to be answered by those who have children who go to junior high school or younger. If you do not have such children, proceed to Q1 on page 5.

Q1. (1) Does your household have the following items that your children can use or appreciate?
Circle all the numbers of all options that are applicable.

1 Computer **2** Internet **3** Art objects or paintings **4** Musical instrument
(Cell phone excluded)

(2) How many books are there in your house? Include books that belong to all your family members.
(Exclude comics and magazines.)

1 Fewer than 10 **2** 10–50 **3** 51–100 **4** 101–300 **5** 301 or more

Q2. How often do you eat dinner with your children?

1 Almost every day **2** 5–6 days per week **3** 3–4 days per week **4** 1–2 days per week **5** Rarely

The questions on the following pages 5-21 are for the respondent filling out the survey forms. Questions on pages 23-40 are for the respondent's spouse.

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

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

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

Last year | | | | | ten thousand yen

0 Did not receive any financial assistance

(to next page)

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

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

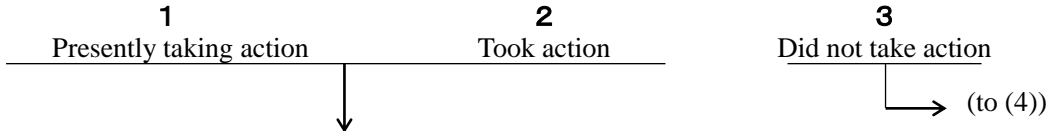
These questions concern your current schooling.

Q1. Are you presently attending school?

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

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

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



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

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

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

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

(3) How much time and money did you spend per month, on average, for that learning? (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

[To be answered by all respondents]

(4) Have you ever studied abroad (including short-term study abroad) or lived in (not visited on holiday) a country other than Japan until now? Please circle all the items that apply. (Multiple responses permitted.)

- 1 I have studied/lived in an English-speaking country
- 2 I have studied/lived in a non-English-speaking country
- 3 I have not studied or lived overseas

(5) Choose one of the following statements that best describes your level of English.

- 1 I can use English at a native level or without any difficulties (a TOEIC score of 800 or more or equivalent to the pre-level 1 English Language Proficiency Test).
- 2 Although I make mistakes, I can have daily conversations in English (a TOEIC score of 600 or more or equivalent to the pre-level 2 English Language Proficiency Test).
- 3 I can manage to use simple words to communicate what I want to say.
- 4 I can hardly understand nor speak English.

These questions concern your employment.

We begin by asking about your work.

Q1. Last month (January), did you perform any paid work (including paid work at family businesses)?

Please circle the item that most closely matches your activity (answer including part-time work).

Performed paid work			Did not perform any paid work		
1 Mostly worked 2 Worked while mostly attending school 3 Worked while mostly keeping house	4 Took leave from work 5 Was looking for work 6 Attended school; kept house; other		4 Took leave from work	5 Was looking for work	6 Attended school; kept house; other
1	2	3	4	5	6
	↘ (to Q2)		↓		↘ (to Q6 on page12)

[For respondents who answered "4 Took leave from work" in Q1]

SQ. Why did you take leave from work last month (Jan.), even though you have a job?

- | | |
|---|--|
| 1 Because of my own health | 4 For childcare leave |
| 2 Because of late stock buy-in, weak markets, etc. | 5 For nursing care leave |
| 3 To prepare for opening business | 6 Other() |

[If you answered SQ, proceed to Q2]

[For respondents who answered 1-4 in Q1]

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

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

(Job description: _____)

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

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

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

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

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

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

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

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

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

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

(6) What is the form of your employment?

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

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

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

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

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

- 1 Full-time, regular employee – no title
 - 2 Full-time, regular employee – with title
 - 3 Full-time, regular employee - manager
 - 4 Contract employee
 - 5 Part-time worker
 - 6 Subcontracted worker
 - 7 Specialized contract employee
- } → (Proceed to (9))

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

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

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

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

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

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

→ Contract period: months

[For respondents who answered [3]]

SQ. How many times have you renewed your contract?

Contract renewed times

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

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

[For respondents who answered 1-4 in Q1 on page7]

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

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

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

Last year ten thousand yen No income

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

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

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

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

ten thousand yen None

Q3. This question concerns your working hours. If you have more than one job, respond for the job which generates the highest income. Include overtime provided for free in items concerning overtime.

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

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

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

Q4. This question concerns the nature of your work.

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

- 1** Yes **2** No

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

- Reduced working hours system **1** No **2** Yes **3** Have used **4** Do not know
- Working at home system **1** No **2** Yes **3** Have used **4** Do not know
- Half-day or hourly leave system **1** No **2** Yes **3** Have used **4** Do not know
- Long-term refreshment leave system **1** No **2** Yes **3** Have used **4** Do not know
- In-house transfers advertising system **1** No **2** Yes **3** Have used **4** Do not know
- System for rehiring employees who retired for childcare or nursing care **1** No **2** Yes **3** Have used **4** Do not know
- Reclassification system from non-regular to regular employees **1** No **2** Yes **3** Have used **4** Do not know

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

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

[For respondents who answered 3 in Q5]

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

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

[To be answered by all respondents]

Q6. Are you working at the same job you were working at one year ago?

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

[For respondents who answered 4 or 6 in Q6]

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 ()

[To be answered by all respondents]

Q7. (1) Please circle all of the following items that apply concerning your employment status last year (Jan.-Dec.). (Multiple responses permitted)

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

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

(a) Months when I primarily worked

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

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

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

(c) Months when I primarily looked for work

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

Q8. 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 |

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

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

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

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

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

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

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

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

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

Q2. When you go out to a place you have never been to before with your family or friends, what percentage of chance of rain makes you decide to take an umbrella?

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

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

These questions concern your health.

Q1. How is your health normally?

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

Q2. Do you smoke cigarettes?

- | | | | |
|-----------|-----------|---------------------------------|--------------|
| 1 | 2 | 3 | 4 |
| Every day | Sometimes | Used to smoke
but do not now | Never smoked |
| ↓ | | → (to O3) | → (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 style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> mg
Amount of nicotine : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> mg	Price <input style="width: 30px;" type="text"/> per pack
Number of cigarettes <input style="width: 30px;" 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.

Q3. Please circle the number that corresponds to your recent alcohol drinking habits.

- | | | | |
|-------------|-----------------|----------------|---------------|
| 1 | 2 | 3 | 4 |
| Never drink | Few times/month | 1-2 times/week | 3+ times/week |

Q4. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitted)

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

[SQ is to be answered by those who chose [3] or [4] for Q4]

SQ. Did you ever apply for a High-Cost Medical Care Benefit or High Aggregate Cost for Long-term Care Service during the last year? Did you apply for Medical Expenses Deduction at the time of year-end adjustment last year?

- | | |
|---|--------------------|
| (a) Applied for High-Cost Medical Care Benefit? | [1. Yes · 2. No] |
| (b) Applied for High Aggregate Cost for Long-term Care Service? | [1. Yes · 2. No] |
| (c) Applied for Medical Expenses Deduction? | [1. Yes · 2. No] |

Q5. Did you pay for the treatment of disease or injury last year? Please circle the numbers that apply. If you did, please write the amount of copayment for the last year.

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

	Paid?	How much did you pay on your own last year?						
(a) Expenses for treatment at hospital/clinic (Expenses paid at hospital/clinic, prescription charge, etc.)	1. Yes 2. No	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding-left: 10px;">thousand yen</td> </tr> </table>						thousand yen
					thousand yen			
(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))	1. Yes 2. No	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="padding-left: 10px;">thousand yen</td> </tr> </table>						thousand yen
					thousand yen			

Q6. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted)

- 1 No exam or screening
- 2 Periodic company or municipal government screening
- 3 Multiphase health screening
- 4 Cancer screening
- 5 Other ()

[SQ1 is for respondents who answered [2] or [3] in Q6]

SQ1. What types of problems were noted in the examination results? (Multiple responses permitted)

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

[SQ2 is for respondents who answered [1-11] in SQ1]

SQ2. Did you go to a medical institution after the problem was noted?

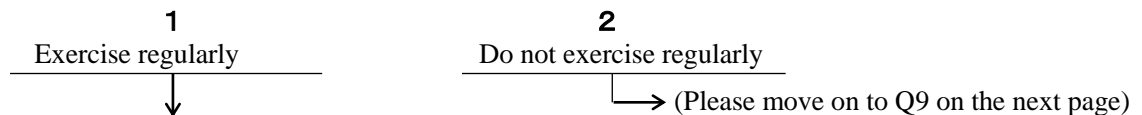
- 1 Yes
- 2 Plan to go
- 3 Did not (and will not) go

Q7. How much do you weigh?

kg × Don't know

Q8. 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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center; font-weight: bold;" type="text"/> 0 minutes	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(b) Running/jogging	1 Yes → 2 No	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center; font-weight: bold;" type="text"/> 0 minutes	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(c) Radio calisthenics	1 Yes → 2 No	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center; font-weight: bold;" type="text"/> 0 minutes	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(d) Swimming	1 Yes → 2 No	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center; font-weight: bold;" type="text"/> 0 minutes	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(e) Cycling	1 Yes → 2 No	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center; font-weight: bold;" type="text"/> 0 minutes	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(f) Other ()	1 Yes → 2 No	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center; font-weight: bold;" type="text"/> 0 minutes	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other

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

[To be answered by all respondents]

Q9. (1) On average, how many minutes do you walk per day in commuting to school or work? (Circle one only)

--	--	--

minutes

0 do not walk

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

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

Q10. Have you recently experienced the following symptoms? Please select and circle the number that applies for each item (one number for each item).

(a) Had a headache or dizziness

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

(b) Had a palpitation or shortness of breath

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

(c) Had sensitive stomach and intestines

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

(d) Had a backache or shoulder pain

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

(e) Got tired easily

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

(f) Caught a cold easily

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

(g) Felt reluctant to meet other people

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

(h) Been dissatisfied with the present life

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

(i) Felt anxiety over the future

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

This part cannot be displayed by copyright.

This part cannot be displayed by copyright.

These questions concern social insurance.

Q1. Circle the public pension to which you subscribe. (Everyone between 20 and 60 subscribes to one of these public pensions).

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

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

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

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

[To be answered by all respondents]

Q2. Do you subscribe to employment insurance?

- 1 Yes 2 No

[Q3 is for respondents 65 and over]

Q3. What is your nursing care insurance premium category?

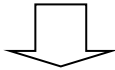
*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

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

[To be answered by all respondents]

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

- | | |
|------------------|----------------------------|
| 1 Myself | 5 Grandparent/grandparents |
| 2 Spouse | 6 Grandchild/grandchildren |
| 3 Child/children | 7 Other family members |
| 4 Parent/parents | 8 No one subscribes |



SQ. How much in total does your household pay per month for the national health insurance premiums for all the family members who join the national health insurance?

--	--	--

thousand yen per month

These questions concern long-term care 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"/> min	Avg. <input type="text"/> <input type="text"/> min	Avg. <input type="text"/> <input type="text"/> min	4	5
Housework (prepare meals, laundry, grocery shopping, cleaning)	Avg. <input type="text"/> <input type="text"/> hrs/day	Avg. <input type="text"/> <input type="text"/> hrs/wk	Avg. <input type="text"/> <input type="text"/> hrs/wk	4	5
Childcare	Avg. <input type="text"/> <input type="text"/> hrs/day	Avg. <input type="text"/> <input type="text"/> hrs/wk	Avg. <input type="text"/> <input type="text"/> hrs/wk	4	5
Training or study for work	Avg. <input type="text"/> <input type="text"/> hrs/day	Avg. <input type="text"/> <input type="text"/> hrs/wk	Avg. <input type="text"/> <input type="text"/> hrs/wk	4	5
Volunteer activities	Avg. <input type="text"/> <input type="text"/> hrs/day	Avg. <input type="text"/> <input type="text"/> hrs/wk	Avg. <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					
	0	1	2	3	4	5	6	7	8	9	10
Household income	0	1	2	3	4	5	6	7	8	9	10
Your employment	0	1	2	3	4	5	6	7	8	9	10
Housing	0	1	2	3	4	5	6	7	8	9	10
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

Q2. Which do you think is more important: freedom or equality?

- 1** Freedom **2** Equality **3** I cannot say either way

[Lastly]

Q. For the questions on pages 5-21, please indicate who answered, and to what extent they answered the questions? Please circle the applicable option in each case (A-E). If your answer was “3. Other person,” please provide specific information about your relationship to the questionnaire subject. (Please circle one answer (1, 2, or 3) for each section.)

A Page 14 (Feeling of happiness)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify: _____)
B Page 14 (Future and uncertain matters)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify: _____)
C Page 15-18 (Health)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify: _____)
D Pages 21 (Feeling of satisfaction and social awareness)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify: _____)
E Pages other than A-D	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify: _____)

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

The questions on pages 23-40 are for the spouse of the respondent who is filling out the survey.

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

Thank you very much for your cooperation.



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

These questions concern your parents.

Q1. Are your parents alive?

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

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

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

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

↓

→ (to next page)

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

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

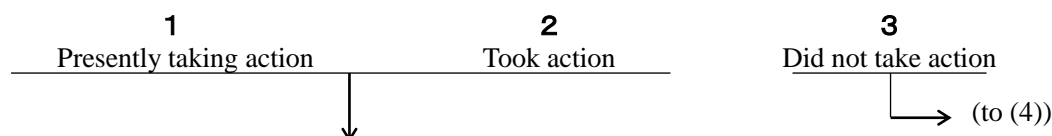
These questions concern your current schooling.

Q1. Are you presently attending school?

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

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

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



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

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

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

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

(3) How much time and money did you spend per month, on average, for that learning? (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

[To be answered by all respondents]

(4) Have you ever studied abroad (including short-term study abroad) or lived in (not visited on holiday) a country other than Japan until now? Please circle all the items that apply. (Multiple responses permitted)

- 1 I have studied/lived in an English-speaking country 3 I have not studied or lived overseas
2 I have studied/lived in a non-English-speaking country

(5) Choose one of the following statements that best describes your level of English.

- 1 I can use English at a native level or without any difficulties (a TOEIC score of 800 or more or equivalent to the pre-level 1 English Language Proficiency Test).
2 Although I make mistakes, I can have daily conversations in English (a TOEIC score of 600 or more or equivalent to the pre-level 2 English Language Proficiency Test).
3 I can manage to use simple words to communicate what I want to say.
4 I can hardly understand nor speak English.

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

These questions concern your employment.

We begin by asking about your work.

Q1. Last month (January), did you perform any paid work (including paid work at family businesses)?
Please circle the item that most closely matches your activity (answer including part-time work).

- | Performed paid work | | | Did not perform any paid work | | |
|---------------------|--------------------------------------|-----------------------------------|-------------------------------|----------------------|------------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Mostly worked | Worked while mostly attending school | Worked while mostly keeping house | Took leave from work | Was looking for work | Attended school; kept house; other |
| _____ | | | _____ | _____ | _____ |
| | → (to Q2) | | ↓ | | → (to Q6 on page30) |

[For respondents who answered “4 Took leave from work” in Q1]

SQ. Why did you take leave from work last month (Jan.), even though you have a job?

- | | | | |
|---|--|---|------------------------|
| 1 | Because of my own health | 4 | For childcare leave |
| 2 | Because of late stock buy-in, weak markets, etc. | 5 | For nursing care leave |
| 3 | To prepare for opening business | 6 | Other() |

[If you answered SQ, proceed to Q2]

[For respondents who answered 1-4 in Q1]

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

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

(Job description:)

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

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

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

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

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

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

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

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

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

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

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

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

(6) What is the form of your employment?

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

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

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

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

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

- 1 Full-time, regular employee – no title
 - 2 Full-time, regular employee – with title
 - 3 Full-time, regular employee - manager
 - 4 Contract employee
 - 5 Part-time worker
 - 6 Subcontracted worker
 - 7 Specialized contract employee
- } → (Proceed to (9))

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

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

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

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

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

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

→ Contract period: months

[For respondents who answered [3]]

SQ. How many times have you renewed your contract?

Contract renewed times

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

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

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

[For respondents who answered 1-4 in Q1 on page25]

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

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

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

Last year ten thousand yen No income

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

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

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

Per month thousand yen

(2) What is your daily wage?

Per day yen

(3) What is your hourly wage?

Hourly payment yen

(4) What is your annual salary?

Annual income ten thousand yen

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

ten thousand yen None

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

Q3. This question concerns your working hours. If you have more than one job, respond for the job which generates the highest income. Include overtime provided for free in items concerning overtime.

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

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

2) On average, how many days of paid work do you perform each month? days/month

3) On average, how many hours of paid work do you perform each week (including overtime)? hours/week

4) Of those, how many are overtime hours?
(Leave this blank if you are self-employed or otherwise do not receive overtime) hours/week

5) How many are overtime hours paid at increased wages for overtime work? hours/week

Q4. This question concerns the nature of your work.

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

- 1 Yes 2 No

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

- Reduced working hours system 1 No 2 Yes 3 Have used 4 Do not know
- Working at home system 1 No 2 Yes 3 Have used 4 Do not know
- Half-day or hourly leave system 1 No 2 Yes 3 Have used 4 Do not know
- Long-term refreshment leave system 1 No 2 Yes 3 Have used 4 Do not know
- In-house transfers advertising system 1 No 2 Yes 3 Have used 4 Do not know
- System for rehiring employees who retired for childcare or nursing care 1 No 2 Yes 3 Have used 4 Do not know
- Reclassification system from non-regular to regular employees 1 No 2 Yes 3 Have used 4 Do not know

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

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

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

[For respondents who answered 3 in Q5]

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

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

[To be answered by all respondents]

Q6. Are you working at the same job you were working at one year ago?

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

[For respondents who answered 4 or 6 in Q6]

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 ()

[To be answered by all respondents]

Q7. (1) Please circle all of the following items that apply concerning your employment status last year (Jan.-Dec.). (Multiple responses permitted)

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

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

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

(a) Months when I primarily worked

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

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

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

(c) Months when I primarily looked for work

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

Q8. During last year (Jan.-Dec.) did you ever have a side job in addition to your main job?

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

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

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

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

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

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

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

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

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

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

These questions concern your health.

Q1. How is your health normally?

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

Q2. Do you smoke cigarettes?

- 1** **2** **3** **4**
 Every day Sometimes Used to smoke but do not now Never smoked
- ↓ ↘ (to Q3) ↘ (to Q3)

[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 style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> mg
Amount of nicotine : <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> mg	Price <input style="width: 40px;" type="text"/> per pack
Number of cigarettes <input style="width: 40px;" 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.

Q3. Please circle the number that corresponds to your recent alcohol drinking habits.

- 1** **2** **3** **4**
 Never drink Few times/month 1-2 times/week 3+ times/week

Q4. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitted)

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

[SQ is to be answered by those who chose [3] or [4] for Q4]

SQ. Did you ever apply for a High-Cost Medical Care Benefit or High Aggregate Cost for Long-term Care Service during the last year? Did you apply for Medical Expenses Deduction at the time of year-end adjustment last year?

- (a) Applied for High-Cost Medical Care Benefit? [1. Yes · 2. No]
- (b) Applied for High Aggregate Cost for Long-term Care Service? [1. Yes · 2. No]
- (c) Applied for Medical Expenses Deduction? [1. Yes · 2. No]

Q5. Did you pay for the treatment of disease or injury last year? Please circle the numbers that apply. If you did, please write the amount of copayment for the last year.

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

	Paid?	How much did you pay on your own last year?
(a) Expenses for treatment at hospital/clinic (Expenses paid at hospital/clinic, prescription charge, etc.)	1. Yes 2. No	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> thousand yen
(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))	1. Yes 2. No	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> thousand yen

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

Q6. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted)

- 1 No exam or screening
- 2 Periodic company or municipal government screening
- 3 Multiphase health screening
- 4 Cancer screening
- 5 Other ()

[SQ1 is for respondents who answered [2] or [3] in Q6]

SQ1. What types of problems were noted in the examination results? (Multiple responses permitted)

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

[SQ2 is for respondents who answered [1-11] in SQ1]

SQ2. Did you go to a medical institution after the problem was noted?

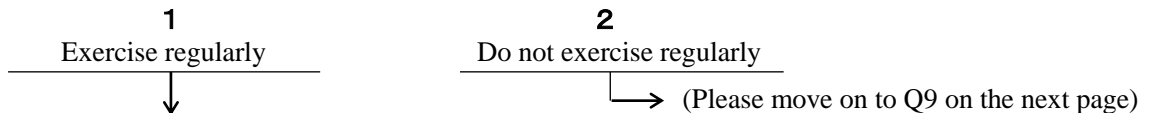
- 1 Yes
- 2 Plan to go
- 3 Did not (and will not) go

Q7. How much do you weigh?

kg × Don't know

Q8. 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 style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(b) Running/jogging	1 Yes → 2 No	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(c) Radio calisthenics	1 Yes → 2 No	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(d) Swimming	1 Yes → 2 No	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(e) Cycling	1 Yes → 2 No	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(f) Other ()	1 Yes → 2 No	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other

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

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

[To be answered by all respondents]

Q9. (1) On average, how many minutes do you walk per day in commuting to school or work? (Circle one only)

--	--	--

minutes

0 do not walk

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

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

Q10. Have you recently experienced the following symptoms? Please select and circle the number that applies for each item (one number for each item).

(a) Had a headache or dizziness

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

(b) Had a palpitation or shortness of breath

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

(c) Had sensitive stomach and intestines

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

(d) Had a backache or shoulder pain

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

(e) Got tired easily

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

(f) Caught a cold easily

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

(g) Felt reluctant to meet other people

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

(h) Been dissatisfied with the present life

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

(i) Felt anxiety over the future

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

This part cannot be displayed by copyright.

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

This part cannot be displayed by copyright.

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

These questions concern social insurance.

Q1. Circle the public pension to which you subscribe. (Everyone between 20 and 60 subscribes to one of these public pensions).

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

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

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

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

[To be answered by all respondents]

Q2. Do you subscribe to employment insurance?

- 1 Yes
- 2 No

[Q3 is for respondents 65 and over]

Q3. What is your nursing care insurance premium category?

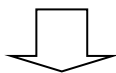
*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

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

[To be answered by all respondents]

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

- | | |
|------------------|----------------------------|
| 1 Myself | 5 Grandparent/grandparents |
| 2 Spouse | 6 Grandchild/grandchildren |
| 3 Child/children | 7 Other family members |
| 4 Parent/parents | 8 No one subscribes |



SQ. How much in total does your household pay per month for the national health insurance premiums for all the family members who join the national health insurance?

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

thousand yen per month

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

These questions concern your use of time.

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

Example: 1.0 hour → . hrs 30 minutes → . hrs

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

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

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

These questions concern your satisfaction level with everyday life.

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

		Dissatisfied \leftarrow					\rightarrow Satisfied				
	0	1	2	3	4	5	6	7	8	9	10
Household income	0	1	2	3	4	5	6	7	8	9	10
Your employment	0	1	2	3	4	5	6	7	8	9	10
Housing	0	1	2	3	4	5	6	7	8	9	10
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

Q2. Which do you think is more important: freedom or equality?

- 1** Freedom **2** Equality **3** I cannot say either way

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

[Lastly]

Q. For the questions on pages 23-39, please indicate who answered, and to what extent they answered the questions? Please circle the applicable option in each case (A-D). If your answer was “3. Other person,” please provide specific information about your relationship to the questionnaire subject. (Please circle one answer (1, 2, or 3) for each section.)

A Page 32 (Feeling of happiness)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify:)
B Page 33-36 (Health)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify:)
C Pages 39 (Feeling of satisfaction, 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.



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

These questions concern savings, assets and liabilities.

We ask about savings separately for “deposits” and “securities”.

● Deposits refer to the following types of items

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

● Securities refer to the following types of items

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

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

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

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

--	--	--	--	--

ten thousand yen

Does not have any deposits

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

--	--	--	--	--

ten thousand yen

Does not have any securities

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

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

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

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

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

SQ. Please enter your present household borrowings balance.

Total present household borrowings balance

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

ten thousand yen

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

[To be answered by all respondents]

Q1. How much do you understand the situation concerning the income and financial assets of your household?
Please circle the answer that best applies to you for each of the following items.

	Understand	Somewhat understand	Cannot say	Hardly understand	Do not understand
Household income	1	2	3	4	5
Household financial assets	1	2	3	4	5

Q2. Does your household own risk assets, such as stocks, bonds, and foreign-denominated assets? Please circle one number.

1 Yes **2** No

Q3. In your household, who manages financial assets involving risk (stocks, bonds, assets denominated in foreign currencies, etc.)? Please circle all appropriate items.

1 Yourself **2** Spouse **3** Other(Please specify:)

Q4. The next questions ask about your management of financial assets.

(1) Do you have financial assets that you manage individually without consulting with family members?
Please circle all appropriate items. If not applicable, please circle "6."

1 Postal savings, Bank deposits **2** Foreign currency deposits **3** Stocks, Stock investment trust
4 Government bonds, Corporate bonds, and their investment trusts **5** Other financial assets **6** None

(2) Do you have financial assets that you manage by consulting with family members? Please circle all appropriate items. If not applicable, please circle "6."

1 Postal savings, Bank deposits **2** Foreign currency deposits **3** Stocks, Stock investment trust
4 Government bonds, Corporate bonds, and their investment trusts **5** Other financial assets **6** None

Q5. Do you think that you will receive pension payments that will be enough for your post-retirement life?
Or, do you currently receive enough pension payments? Please circle the answer that best applies.

Yes	Somewhat yes	Neither	Somewhat no	No
1	2	3	4	5

Q6. When comprehensively judging your retirement allowance and pension (at retirement age), do you think you (if you have a spouse, please include him/her) will have sufficient income and assets to live without any problems during the period after your mandatory retirement? Please circle one answer which is most applicable.

Yes	Somewhat yes	Neither	Somewhat no	No
1	2	3	4	5

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

[To be answered by all respondents]

Q7. This question asks about your impressions for the securities market. Please circle one answer which is most applicable in the following questions A through F.

	Agree	Somewhat agree	Neither	Somewhat disagree	Disagree
A Profits cannot be made with certainty.	1	2	3	4	5
B There is a possibility of heavy loss.	1	2	3	4	5
C Illegal activities such as insider trading are widespread.	1	2	3	4	5
D Information disclosure of corporate performance is not progressed.	1	2	3	4	5
E You should not buy or sell by reacting to a temporary price change.	1	2	3	4	5
F Securities firms unfairly give preferential treatment to large investors such as large corporations compared to general investors.	1	2	3	4	5

Q8. This question asks your impressions about the securities market in the past. Please circle one answer which is most applicable as your first impression in the following questions A through F. Please also mention your approximate age when you had such an impression.

	Agree	Somewhat agree	Neither	Somewhat disagree	Disagree	The age when you first had this impression
A Profits cannot be made with certainty.	1	2	3	4	5	Age
B There is a possibility of heavy loss.	1	2	3	4	5	Age
C Illegal activities such as insider trading are widespread.	1	2	3	4	5	Age
D Information disclosure of corporate performance is not progressed.	1	2	3	4	5	Age
E You should not buy or sell by reacting to a temporary price change.	1	2	3	4	5	Age
F Securities firms unfairly give preferential treatment to large investors such as large corporations compared to general investors.	1	2	3	4	5	Age

Q9. How much stocks and stock investment trusts does your household have?

--	--	--	--	--

ten thousand yen We don't have stocks nor stock investment trusts.

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

[To be answered by all respondents]

Q10. If you have 3 million yen to spare, in which of the following financial products would you invest? Please rank the following financial products from 1 to 6, where 1 is the product in which you would like to invest most and 6 is the one in which you would like to invest least.

*Ranking of 1 through 6; responses may have the same rankings.

Stocks	Stock investment trusts	Corporate bonds	Government bonds	Bank deposits	Postal savings
Rank	Rank	Rank	Rank	Rank	Rank

Q11. What is the reason why you thought the financial product you ranked as the number-one in Q10 was the best?

- | | |
|---|---------------------------------|
| 1 It can predict large profits in a short period. | 5 High liquidity |
| 2 It is a reliable investment that will provide a long-term yield. | 6 Safe investment |
| 3 (Investing in) that financial product is entertaining and fun. | 7 Easy investment |
| 4 The balance between risks and yield is just right for me. | 8 Other (Specifically,) |

Q12. Which financial assets would you like to purchase for your life planning twenty years from now? Or, which financial assets have you purchased for that purpose? Please circle all that apply.

1	2	3	4	5
Time deposits	Government bonds	Stocks	Foreign-denominated financial products	Investment trust

Q13. How do you use the Internet? Please circle **all** that apply.

1	2	3	4	5
Do not use	Mobile phones, smartphones	Tablet	PCs	Other

Q14. The next question is about your view of society. Please circle one answer which is most applicable in the following questions A through F

	Agree	Somewhat agree	Neither	Somewhat disagree	Disagree
A We should trust our neighbors.	1	2	3	4	5
B We can trust the government.	1	2	3	4	5
C Nobody is born bad.	1	2	3	4	5
D It is OK to break an unreasonable law.	1	2	3	4	5
E You cannot make money unless you get your hands dirty.	1	2	3	4	5
F I have a reasonable life.	1	2	3	4	5
G Many people cannot have a reasonable life.	1	2	3	4	5
H I feel more comfortable with buying whatever I buy at a familiar shop.	1	2	3	4	5
I We should spend money now if the interest rate is 10% and the inflation rate is 20%.	1	2	3	4	5
J The price of government bond that has a yield of 10,000 yen after one year should be 10,000 yen.	1	2	3	4	5

These questions concern income.

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

Total annual before-tax income last year ten thousand yen

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

Total annual after-tax income last year ten thousand yen

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

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

1 Yes → ten thousand yen **2** No

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

1 Yes → ten thousand yen **2** No

(3) Retirement benefits

1 Yes → ten thousand yen **2** No

(4) Securities sales profits and losses

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

SQ. Enter the amount of the profits or losses

ten thousand yen

Q4. For each of the following items, enter the amount of income your household earned **last year (Jan. 2014 to Dec. 2014)**. (Enter "0" for items for which you had no income).

- Ⓒ Enter the husband's income in Column A, and enter the wife's income in Column B.
- Ⓒ Enter the approximate total income of **other family members excluding the husband and wife** in Column C. (Do not include the income of parents and children living separately).
- Ⓒ Do not include personal insurance receipts, retirement benefits, or the sales of securities, land, automobiles, etc.
- Ⓒ Include any income whose attribution is not clear in the amount for the respondent or spouse with the higher income.

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

* 1 Refer to the withholding certificate and enter the total income from the employer including monthly base salary, bonuses, dependent allowances, housing allowances, overtime payments and other extraordinary income. If you are self-employed or a business owner but employed at a side job, please enter the income from that employer.

* 2 Please enter the **net profit after deducting** the cost of goods, raw materials expenses, agricultural implements, fertilizer, feed, fishing nets and other materials expenses, wage payments, business taxes, property taxes and other **business expenses** from the gross income.

* 3 Please enter the pre-tax amount referring to deposit passbooks, etc

* 4 Please enter government child allowances and childcare allowances only. Please include company dependent allowances in (1) annual employment income.

These questions concern expenditures

Q1. Enter the amount your household spent on each of the following living expenditures last month (Jan.).
 (Enter "0" for items which you did not buy)
 (In addition to items bought with cash, include the amounts for items bought using credit cards, loans, automatic bank or postal savings payments; include the full sales price for items bought but being paid in installments).

- (1) Food → thousand yen
- (2) Eating out & school lunches → thousand yen
- (3) Rent, land rent, home repairs (excluding mortgages) → thousand yen
 excluding multi-family housing common charges
- (4) Multi-family housing common charges → thousand yen
- (5) Electricity, gas, water (supply & sewage) → thousand yen
- (6) Furniture, electric appliances, household supplies
 (furniture, household electric appliances [excl. digital consumer
 electronics], misc. household items, etc.) → thousand yen
- (7) Digital consumer electronics purchases
 (PCs, TVs, video cameras, digital cameras, DVD players, etc.) → thousand yen
- (8) Clothing & shoes → thousand yen
- (9) Healthcare(medicine, treatment, glasses, contact lenses, etc.) → thousand yen
- (10) Transportation(including automobile expenses, fares, → thousand yen
 commuting passes, taxes, tolls, etc.)
- (11) Communications(postage, fixed-line, and mobile phone charges) → thousand yen
- (12) Internet communications (provider fees, modem rental, etc.) → thousand yen
- (13) Education → thousand yen
 (school tuition, textbooks, learning reference materials, tutoring, etc.)
- (14) Culture & amusement(stationery, sporting goods, travel, hobbies) → thousand yen
- (15) Entertaining & pocket money → thousand yen
 (allowances, membership fees and other association fees, etc.)
- (16) Remittances (children's food & board, etc.) → thousand yen
- (17) Other expenditures (barbers and beauty parlors, cigarettes,
 nursery school, nursing care, other personal goods, etc.) → thousand yen

Total → thousand yen

[To be answered by all respondents]

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

Loan repayments (including payment for credit card purchases) →ten thousand yen

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

yen 0 yen

Q4. 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 Q3? 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%

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

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

Type of insurance	Already 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

Q2. Have you ever seen disaster control materials such as the “disaster prevention map” (*bosai map*) and the hazard map in your resident area?

- 1** Confirmed
- 2** Would like to confirm, but materials are not available
- 3** Not confirmed

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

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

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

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

1
Sufficient

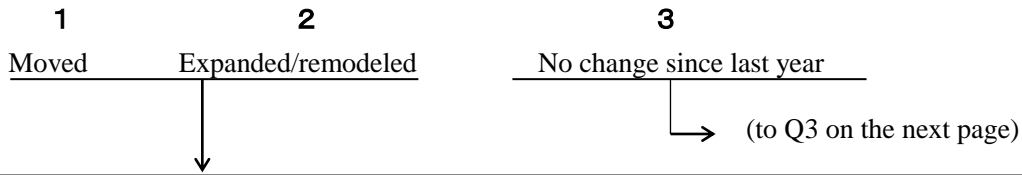
2
Insufficient

3
Don't know

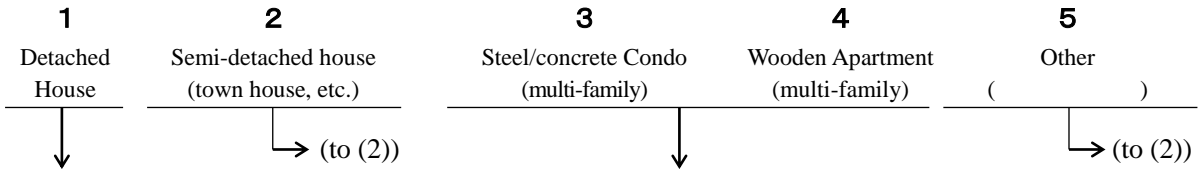
These questions concern housing.

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 2014**?



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



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

SQ1. How many stories is your house?

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

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

1	Yes		m ²	2	No
----------	-----	--	----------------	----------	----

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

SQ3. How many stories is the building?

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

SQ4. Which floor do you live on?

Floor	
-------	--

[To be answered by all respondents]

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

				m ²
--	--	--	--	----------------

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

		years old
--	--	-----------

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

		Rooms
--	--	-------

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

		Minutes
--	--	---------

(6) Does your residence have amenities for the elderly? (Circle all the items that apply; multiple responses permitted)

- | | |
|---|---|
| <p>1 Handrails</p> <p>2 Low bathtub walls for easy access</p> <p>3 Hallways wide enough to accommodate wheelchairs</p> | <p>4 No indoor floor-height differentials</p> <p>5 Entrance from road is wheelchair accessible</p> <p>6 No amenities for the elderly</p> |
|---|---|

[To be answered by all respondents]

Q3. What is the ownership status of your home? (Respond "homeowner" if the home is in the name of parents or other family members)

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

(To SQ7 on the next page)

(to Q5 on page55)

SQ4. This question concerns the term lease system established in March 2000. Does your present residence have a fixed-term lease? (a residence for which a fixed-term building lease has been concluded)

- 1 Yes
- 2 No

SQ5. Have you renewed the contract last year?

- 1 Yes
- 2 No

a) Renewal fee: thousand yen

[For respondents who answered 4 in Q3]

SQ1. How much did you pay as the guarantee deposit?

ten thousand yen

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

- 1 Yes
- 2 No

[For respondents who answered 3 or 4 in Q3]

SQ3. How much is the land rent?(per month)

ten thousand yen

SQ6. This question continues asking about the term lease system established in March 2000.

Did you have a fixed-term lease when you moved into your present residence? (a residence for which a fixed-term building lease has been concluded)

- 1 Yes
- 2 No

(Respondents who answered 5-7 in Q3, proceed to Q4 on p.54)

(proceed to next page)

[For respondents who answered “1-4 homeowner” in Q3]

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

(For condos, enter the housing column only.)

SQ7. Around when did you purchase the real estate?

(If you do not own the plot, enter housing amount only.)

Housing Year Month Plot Year Month

SQ8. Approximately how much was the purchase price?

(If you do not own the plot, enter housing amount only.)

Housing ten thousand yen Plot ten thousand yen

SQ9. What is the approximate present total market value of the real estate (the price you would receive if you sold it)? (If you do not own the plot, enter housing value only)

Housing ten thousand yen Plot ten thousand yen

SQ10. How do you think the present market value will change next year?

(If you do not own the plot, enter the housing value only).

Housing value will

1 Increase → Approx.
 2 Decrease →
 3 Not change

Plot value will

1 Increase → Approx.
 2 Decrease →
 3 Not change

SQ11. What is the appraised value of the real estate for property taxes?

(If you do not own the plot, enter housing value only)

Housing ten thousand yen Plot ten thousand yen

SQ12. What is the area of the plot? (Answer even if you reside in a condo or lease the plot)

Plot area m²

SQ13. How did you acquire the real estate? Choose the number of the acquisition method that applies for the housing and plot, respectively. (Select 7 if the title is in the name of parents or other family members)

Housing Plot

- | | |
|---|--------------------------------------|
| 1 All self-financing (including loans) | 5 Inherited from parents |
| 2 Received some assistance from parents | 6 Government Housing Loan Corp. |
| 3 Joint purchase with parents | 7 Title in name of parents or family |
| 4 Gift from parents | 8 Other |

[Proceed to Q5 on p.55]

[This page is for respondents who answered “5-7 rental housing” in Q3 on p.52]

Q4 (1) How much is the rent per month (excluding common charges and utilities)?

thousand yen

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

thousand yen

(3) Did you pay a security deposit?

1
Yes
↓

2
No
→ (to (5))

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

month's rent

(5) Did you pay key money?

1
Yes
↓

2
No
→ (to (7))

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

month's rent

(7) What is the remaining lease period?

Years months

[To be answered by all respondents]

Q5. Which of the following indicates your living situation with your parents?

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

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

[For respondents who answered [1-8] in Q5]

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

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

[To be answered by all respondents]

Q6. (1) Is there a possibility that you will inherit a parent's home in the future?

- | | |
|----------|----------|
| 1 | 2 |
| Yes | No |

SQ. [For respondents who answered "1 Yes"]

Do you plan to live in that property?

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

[To be answered by all respondents]

(2) Is there a possibility that you will inherit some other housing or land in the future?

- | | |
|----------|----------|
| 1 | 2 |
| Yes | No |

Q7. The next question asks about your inheritance of real estate in the past. Have you ever inherited your parent's house? (If you have inherited more than once, please answer the most recent one.)

- | | | |
|------------------------------|----------------|---|
| 1 Single-family house | 2 Condo | 3 I have not inherited real estate |
|------------------------------|----------------|---|

SQ1. In what year? Year

SQ2. Where is it located? Prefecture Municipality

SQ3. How big is it (m²)? m²

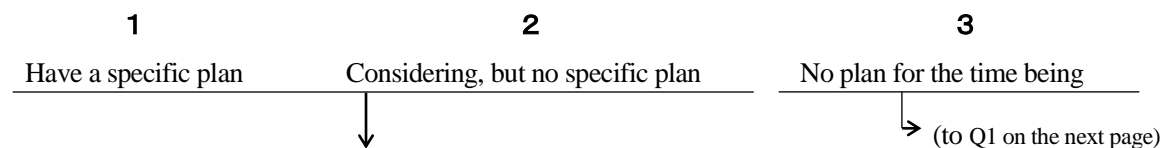
SQ4. How did you use it after inheritance?

- | | | |
|------------------------------|------------------------|--|
| 1 As a main residence | 3 I sold it | 5 I don't use it (vacant property / vacant lot) |
| 2 As a holiday home | 4 I rent it out | 6 Other (Specifically, _____) |

[To be answered by all respondents]

Q8. These questions concern your future housing plans and ideas.

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



SQ1. When do you expect to realize your plan?

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

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

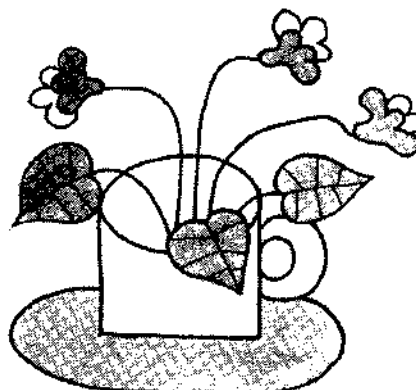
- 1** Owned detached house (plot owned or partially owned)
 - 2** Owned detached house (plot regular lease)
 - 3** Owned detached house (plot term lease)
 - 4** Owned condo (plot partially owned)
 - 5** Owned condo (plot regular lease)
 - 6** Owned condo (plot term lease)
 - 7** Private rental housing
 - 8** Private rental housing (term lease)
 - 9** Public rental housing
 - 10** Public rental housing (term lease)
 - 11** Company housing or dormitory (incl. company leased housing)
 - 12** Other ()
- } → (to Q1 on the next page)

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

SQ3. Where is the location of your planned housing?

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

(Please continue to the next page)



These questions concern mortgage loans.

[To be answered by all respondents]

Q1. Does your household presently have any mortgage loans?



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

Total mortgage loan balance

--	--	--	--	--

ten thousand yen

Total repaid over past year

--	--	--	--	--

ten thousand yen

No repayments past year

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.