

The Japan Household Panel Survey

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

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

We begin by asking questions regarding yourself.

Q1. (1) Sex

1
Male

2
Female

(2) What is your date of birth?

Year | | | |
 Month | |
 Day | |

February 2018

Branch No.		Point No.			Subject No.		Panel No.				Inspector	
							0					

These questions concern your family.

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

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 persons

Q2. 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)

Q3. Has your household experienced any of the following changes over the past one year (Feb. 2017 to Jan. 2018)?
(Please circle all the numbers which apply)

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

The questions on the following pages 3-21 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 are alive
 - 2 Father alive, mother deceased
 - 3 Mother alive, father deceased
 - 4 Both parents deceased
- (to next page)

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

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

Last year ten thousand yen

0 Did not give any financial assistance

→ (to Q3)

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

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

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

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

Last year ten thousand yen

0 Did not receive any financial assistance

→ (to Q4)

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

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

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

- 1 Yes
- 2 No
- 3 Do not know

Q5. Parents' living situation.

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

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

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

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

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

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

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

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

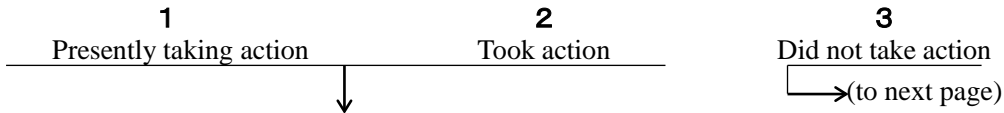
These questions concern your current schooling.

Q1. Are you presently attending school?

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

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

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



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

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

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

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

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

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

These questions concern your employment.

We begin by asking about your work.

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

Performed paid work			Did not perform any paid work		
1	2	3	4	5	6
Mostly worked			Took leave from work		
Worked while mostly attending school			Was looking for work		
Worked while mostly keeping house			Attended school; kept house; other		
_____			_____		
			↓		
→ (to Q2)			→ (to Q6 on page 10)		

[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 page5]

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

(a) Months when I primarily worked

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

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

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

(c) Months when I primarily looked for work

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

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

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

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

	3 times per day	Twice per day	Once per day	4-6 times per week	2-3 times per week	Once per week	1-3 times per month	I didn't eat
Rice • Bread • Noodles	1	2	3	4	5	6	7	8
Meat • Fish and shellfish • Egg • Soy beans and soy beans products	1	2	3	4	5	6	7	8
Vegetables • seaweed • mushroom	1	2	3	4	5	6	7	8
Fish and shellfish	1	2	3	4	5	6	7	8
Vegetables	1	2	3	4	5	6	7	8
Fruits	1	2	3	4	5	6	7	8
Milk and milk products	1	2	3	4	5	6	7	8

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

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

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

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

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

- 1** Twice per day or more **2** Once per day **3** 4-6 times per week
4 2-3 times per week **5** Once per week **6** Less than once per week **7** I don't take them at all

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

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

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

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

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

- 1** Twice per day or more **2** Once per day **3** 4-6 times per week
4 2-3 times per week **5** Once per week **6** Less than once per week **7** I don't cook them at all

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

	Often applicable	Sometimes applicable	Not applicable
I did not eat nutritious meals*, because I had no time to go shopping for ingredients and cook them.	1	2	3
I did not eat nutritious meals*, because I had no enough money to buy ingredients.	1	2	3

*Nutritious meal mean well balanced meal with various foods such as a staple food (Shushoku: rice and noodles), a main dish (Shusai: meat, fish, soy bean, and soy bean products) and side dishes (Fukusai: Vegetables, mushroom and seaweed)

Q11. (1) Please circle the number that corresponds to your recent alcohol drinking habits.

- 1 Never drink → **1-1** I don't/can't drink **1-2** I used to drink, but I quit.
 2 Few times/month 3 1-2 times/week 4 3+ times/week 5 Every day

(2) How much do you drink per day? Please convert the amount of alcohol you drink to sake, and circle the numbers that apply.

※ Sake 1 Go (180ml) is equivalent to beer and light beer M-size (approx. 500ml), Shochu 20 degrees (134ml), shochu 25 degrees (110ml), Shochu 35 degrees (80ml), Chūhai 7 degrees (350ml), Double Whiskey 1 glass (60ml), Wine 2 glasses (240ml).

- 1 Under 1 go (1 go = 180ml) 3 2 go or more to under 3 go (540ml) 5 4 go or more to under 5 go (900ml)
 2 1 go or more to under 2 go (360ml) 4 3 go or more to under 4 go (720ml) 6 5 go (900ml) or over

Q12. Do you smoke cigarettes?

- 1**
Every day
2
Sometimes
3
Used to smoke but do not now
4
Never smoked
- (to Q13)

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

SQ1. Please provide answers about the cigarettes you currently smoke

Brand :	Amount of tar :	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	mg
Amount of nicotine : <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> mg	Price <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	yen per pack
Number of cigarettes		<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	per day

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

[To be answered by all respondents]

Q13. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitted)

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

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

SQ. Did you apply for a High-Cost Medical Care Benefit or High Aggregate Cost for Long-term Care Service during the last year? 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]

Q14. Did you pay for the treatment of disease or injury last year? Please circle the numbers that apply. If you did, please write the amount of payment for the last year.

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

	Paid?	How much did you pay on your own last year?
(a) Expenses for treatment at hospital/clinic (Expenses paid at hospital/clinic, prescription charge, etc.)	1. Yes 2. No	<input style="width: 100px;" type="text"/> thousand yen
(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))	1. Yes 2. No	<input style="width: 100px;" type="text"/> thousand yen

Q15. Please circle the approximate time of visiting if you remember the date when you received the medical examination. (Multiple responses permitted)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> 1 | No exam or screening | |
| <input checked="" type="checkbox"/> 2 | Periodic company or municipal government screening | Time of visiting (Before April 2017 or after March 2017) |
| <input checked="" type="checkbox"/> 3 | Multiphase health screening | Time of visiting (Before April 2017 or after March 2017) |
| <input type="checkbox"/> 4 | Lung cancer screening | Time of visiting (Before April 2017 or after March 2017) |
| <input type="checkbox"/> 5 | Uterine cancer screening (Women only) | Time of visiting (Before April 2017 or after March 2017) |
| <input type="checkbox"/> 6 | Breast cancer screening | Time of visiting (Before April 2017 or after March 2017) |
| <input type="checkbox"/> 7 | Colon cancer screening | Time of visiting (Before April 2017 or after March 2017) |
| <input type="checkbox"/> 8 | Other () | |

[SQ1 is for respondents who answered [2] or [3] in Q15]

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

- | | | | |
|----------------------------|------------------------|--|---------------------|
| <input type="checkbox"/> 1 | Blood pressure related | <input type="checkbox"/> 8 | Electrolyte related |
| <input type="checkbox"/> 2 | Bone density related | <input type="checkbox"/> 9 | Prostrate related |
| <input type="checkbox"/> 3 | Heart related | <input type="checkbox"/> 10 | Metabolism related |
| <input type="checkbox"/> 4 | Anemia related | <input type="checkbox"/> 11 | Obesity related |
| <input type="checkbox"/> 5 | Liver related | <input checked="" type="checkbox"/> 12 | No problems noted |
| <input type="checkbox"/> 6 | Kidney related | | |
| <input type="checkbox"/> 7 | Diabetes related | | |

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

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

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

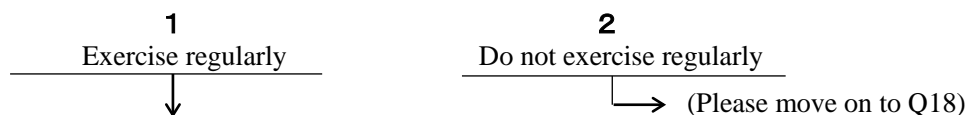
[To be answered by all respondents]

Q16. What is your height and weight?

Height . cm Weight . kg

Q17. Do you undertake a form of exercise such as those listed below on a regular basis?

If you undertake the exercise on a regular basis, please answer how many days per month and how many minutes per day of exercise, as well as how many years you have continued to undertake this exercise. With regard to the amount of time spent exercising, please answer in units of 10 minutes. In the "Other" section, please write the type of exercise you undertake most frequently (e.g. baseball, golf, etc.) and provide the amount of time you have spent performing this exercise.



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

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

[To be answered by all respondents]

Q18. (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 | |

Q19. 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 |
|----------------|-----------------|--------------------|----------------|

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We will ask you about the transfer of assets to your children and grandchildren using the trust system.

Q1. The system of "Qualified Educational Fund Giving Trusts (QEFGT)" was established in April 2014. This is a tax-exemption on gift tax when grandparents entrust money up to 15 million yen to trust banks as educational funds for their grandchildren.

(1) Do you know the QEFGT? **1** Yes **2** No

(2) Do you have a QEFGT account from you or your spouse for your grandchildren?

1 Yes **2** No **3** I do not have grandchildren.

(3) In the case of answering "1 yes" in (2), for whom did you start the QEFGT? Please fill out the family ID of your grandchildren from the "Questionnaire about your family (Offprint)" and the date you opened the account.

Family ID () Opening date Year _____ Mont _____

Family ID () Opening date Year _____ Mont _____

Family ID () Opening date Year _____ Mont _____

Family ID () Opening date Year _____ Mont _____

Q2. The system of "Marriage and Childcare Support Trusts (MCST)" was established in April 2015. This is a tax-exemption on gift tax when grandparents entrust up to 10 million yen to trust banks as financial support for marriage, childbearing, and child care of their children and grandchildren.

(1) Do you know the MCST? **1** Yes **2** No

(2) Do you have a MCST account from you or your spouse for your children or grandchildren?

1 Yes **2** No **3** I do not have grandchildren.

(3) In the case of answering "1 yes" in (2), for whom did you start the MCST? Please fill out the family ID of your grandchildren from the "Questionnaire about your family (Offprint)" and the date you opened the account.

Family ID () Opening date Year _____ Mont _____

Family ID () Opening date Year _____ Mont _____

Family ID () Opening date Year _____ Mont _____

Family ID () Opening date Year _____ Mont _____

These questions concern social insurance.

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

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

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

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

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

[To be answered by all respondents]

Q2. Do you subscribe to employment insurance?

- 1 Yes 2 No

[Q3 is for respondents 65 and over]

Q3. What is your nursing care insurance premium category?

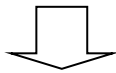
*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

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

[To be answered by all respondents]

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

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



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

--	--	--

thousand yen per month

These questions concern long-term care, disability, and your use of time.

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

- 1** Yes (in nursing home) **2** Yes (living together) **3** Yes (other) **4** No

 ↘ (Proceed to Q5)

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

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

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

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

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

Q4. Are you providing nursing care/assistance to your family members currently living with you or elsewhere? What kind of nursing care are you providing? Please circle those that are applicable.

Providing nursing care	Relatives receiving your nursing care (Circle all that are applicable)		The types of nursing care (Circle all that are applicable)
1 Yes	1 Your father	7 Spouse	1 Bathing
2 No	2 Your mother	8 Your siblings	2 Dressing
	3 Spouse's father	9 Spouse's siblings	3 Eating
	4 Spouse's mother	10 Child	4 Using the toilet
	5 Your grandparents	11 Grandchild	5 Indoor movement
	6 Spouse's grandparents	12 Others	6 Going out
			7 Supervising

[To be answered by all respondents]

Q5. This question concerns your use of time. How frequently do you perform each of the following daily activities? Also, please specify the time you spend for those activities you perform at least once a week. (Please answer to the first decimal point, except for "Commute to school or work")

Example: 1.0 hour → hrs 30 minutes → hrs

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

*1 Please include the travel time

Q6. Please write your usual sleeping hours.

(Please answer to the first decimal point.

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

Weekdays hours per night on average

Weekends and holidays hours per night on average

Q7. Please copy the “Family ID” number from No.1 to No. 27 for “You,” “Your parents,” “Parents of your spouse,” or “Other family members living with you” who were classified as having “Chronic restrictions in daily activities” or as “An individual who is certified as needing support/nursing care/disability support” in question 1 on pages 2-4 of “Questionnaire about your family (Offprint)”.

If you were classified in one of the aforementioned categories, please fill ID number 1 for you.

Please fill in the “Family ID” of those who were classified as having “Chronic restrictions in daily activities” or as “An individual who is certified as needing support/nursing care/disability support”.	Daily Life Situation (use codes in Table A below)	How long have they been in this situation?	Affected Daily Activities (Please circle the appropriate number)				Disability Certificate Yes/No		Clinical diagnosis of dementia Yes/No		Condition of long-term care/disability (use codes in Table B below)
			The activity of daily life (getting up, dressing, eating, bathing)	Going out (restricted time, workload, etc.)	Work, Housework, Schooling (restricted time, workload, etc.)	Exercise (including sports)	Yes	No	Yes	No	
<i>(Entry Example) No. 3 (Your Father)</i>	1	0 year(s) 5 month(s)	1	2	3	4	1	2	1	2	15
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID → No.		year(s) month(s)	1	2	3	4	1	2	1	2	

*The Disability Certificate refers to Physical Disability Certificate, Rehabilitation Certificate (e.g. Aigo-Techo, Ai-no-Techo, Midori-Techo), and Health and Welfare Certificate of Mental Disorders.

Table A. Daily life situation code	1 Self-reliant and be able to go out alone but with mild disabilities 2 Self-reliant in indoor daily life, unable to get out without assistance 3 A bedridden patient with the ability to maintain a sitting position during the day and nursing care is required at home 4 A bedridden patient who needs nursing care in using the toilet, eating, and dressing		
Table B. Condition of long-term care/disability code	1 Provisional care required 2 Support 1 3 Support 2 4 Care level 1 5 Care level 2 6 Care level 3	7 Care level 4 8 Care level 5 9 Disability support type1 10 Disability support type2 11 Disability support type3 12 Disability support type4	13 Disability support type5 14 Disability support type6 15 Never applied for certification 16 Self-reliance certified Note: Codes refer to the long-term care insurance card, disability support types , etc.

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

These questions concern 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
Neighborhood and disaster safety	0	1	2	3	4	5	6	7	8	9	10
Convenience of commuting and shopping	0	1	2	3	4	5	6	7	8	9	10
Natural environment	0	1	2	3	4	5	6	7	8	9	10
Amount of leisure time	0	1	2	3	4	5	6	7	8	9	10
The way you spend your leisure time	0	1	2	3	4	5	6	7	8	9	10
Your health	0	1	2	3	4	5	6	7	8	9	10
Life overall	0	1	2	3	4	5	6	7	8	9	10

[Lastly]

Q. For the questions on pages 3-21, 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 12 (Feeling of happiness)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify: _____)
B Page 12 (Future and uncertain matters)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify: _____)
C Page 13-17 (Health)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify: _____)
D Pages 21 (Feeling of satisfaction)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify: _____)
E Pages other than A-D	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify: _____)

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

The questions on pages 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)

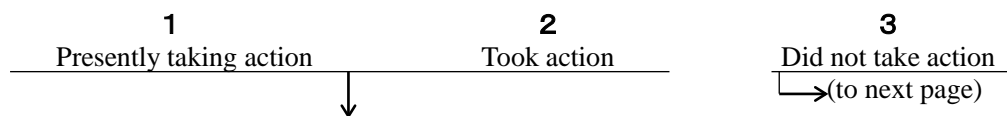
These questions concern your current schooling.

Q1. Are you presently attending school?

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

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

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



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

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

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

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

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

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

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

These questions concern your employment.

We begin by asking about your work.

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

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

- | Performed paid work | | | Did not perform any paid work | | |
|---------------------|--------------------------------------|-----------------------------------|-------------------------------|----------------------------|------------------------------------|
| 1 | 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 |
| <hr/> | | | <hr/> | | |
| <p>→ (to Q2)</p> | | | <p>↓</p> | <p>→ (to Q6 on page30)</p> | |

[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. 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

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

(a) Months when I primarily worked

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

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

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

(c) Months when I primarily looked for work

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

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

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

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

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

	3 times per day	Twice per day	Once per day	4-6 times per week	2-3 times per week	Once per week	1-3 times per month	I didn't eat
Rice • Bread • Noodles	1	2	3	4	5	6	7	8
Meat • Fish and shellfish • Egg • Soy beans and soy beans products	1	2	3	4	5	6	7	8
Vegetables • seaweed • mushroom	1	2	3	4	5	6	7	8
Fish and shellfish	1	2	3	4	5	6	7	8
Vegetables	1	2	3	4	5	6	7	8
Fruits	1	2	3	4	5	6	7	8
Milk and milk products	1	2	3	4	5	6	7	8

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

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

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

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

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

1 Twice per day or more **2** Once per day **3** 4-6 times per week
4 2-3 times per week **5** Once per week **6** Less than once per week **7** I don't take them at all

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

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

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

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

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

1 Twice per day or more **2** Once per day **3** 4-6 times per week
4 2-3 times per week **5** Once per week **6** Less than once per week **7** I don't cook them at all

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

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

	Often applicable	Sometimes applicable	Not applicable
I did not eat nutritious meals*, because I had no time to go shopping for ingredients and cook them.	1	2	3
I did not eat nutritious meals*, because I had no enough money to buy ingredients.	1	2	3

*Nutritious meal mean well balanced meal with various foods such as a staple food (Shushoku: rice and noodles), a main dish (Shusai: meat, fish, soy beans and soy bean products) and side dishes (Fukusai: Vegetables, mushroom and seaweed)

Q11. (1) Please circle the number that corresponds to your recent alcohol drinking habits.

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

2 Few times/month **3** 1-2 times/week **4** 3+ times/week **5** Every day

(2) How much do you drink per day? Please convert the amount of alcohol you drink to sake, and circle the numbers that apply.

※ Sake 1 Go (180ml) is equivalent to beer and light beer M-size (approx. 500ml), Shochu 20 degrees (134ml), shochu 25 degrees (110ml), Shochu 35 degrees (80ml), Chūhai 7 degrees (350ml), Double Whiskey 1 glass (60ml), Wine 2 glasses (240ml).

1 Under 1 go (1 go = 180ml) **3** 2 go or more to under 3 go (540ml) **5** 4 go or more to under 5 go (900ml)
2 1 go or more to under 2 go (360ml) **4** 3 go or more to under 4 go (720ml) **6** 5 go (900ml) or over

Q12. Do you smoke cigarettes?

1
Every day
2
Sometimes
3
Used to smoke but do not now
4
Never smoked

(to Q13)

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

SQ1. Please provide answers about the cigarettes you currently smoke

Brand :		Amount of tar :	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	mg
Amount of nicotine :	<input style="width: 20px; height: 20px;" type="text"/>	mg	Price	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
			yen per pack	Number of cigarettes	<input style="width: 20px; height: 20px;" type="text"/>
				per day	<input style="width: 20px; height: 20px;" type="text"/>

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

[To be answered by all respondents]

Q13. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitted)

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

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

SQ. Did you apply for a High-Cost Medical Care Benefit or High Aggregate Cost for Long-term Care Service during the last year? 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] |

Q14. Did you pay for the treatment of disease or injury last year? Please circle the numbers that apply. If you did, please write the amount of payment for the last year.

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

	Paid?	How much did you pay on your own last year?
(a) Expenses for treatment at hospital/clinic (Expenses paid at hospital/clinic, prescription charge, etc.)	1. Yes 2. No	<input style="width: 100%; height: 20px;" 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: 100%; height: 20px;" type="text"/> thousand yen

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

Q15. Please circle the approximate time of visiting if you remember the date when you received the medical examination. (Multiple responses permitted)

- 1 No exam or screening
- 2 Periodic company or municipal government screening Time of visiting (Before April 2017 or after March 2017)
- 3 Multiphase health screening Time of visiting (Before April 2017 or after March 2017)
- 4 Lung cancer screening Time of visiting (Before April 2017 or after March 2017)
- 5 Uterine cancer screening (Women only) Time of visiting (Before April 2017 or after March 2017)
- 6 Breast cancer screening Time of visiting (Before April 2017 or after March 2017)
- 7 Colon cancer screening Time of visiting (Before April 2017 or after March 2017)
- 8 Other ()

[SQ1 is for respondents who answered [2] or [3] in Q15]

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

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

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

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

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

[To be answered by all respondents]

Q16. What is your height and weight?

Height . cm Weight . kg

Q17. Do you undertake a form of exercise such as those listed below on a regular basis?

If you undertake the exercise on a regular basis, please answer how many days per month and how many minutes per day of exercise, as well as how many years you have continued to undertake this exercise. With regard to the amount of time spent exercising, please answer in units of 10 minutes. In the "Other" section, please write the type of exercise you undertake most frequently (e.g. baseball, golf, etc.) and provide the amount of time you have spent performing this exercise.

1
2
Exercise regularly Do not exercise regularly
↓ ↘ (Please move on to Q18)

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

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

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

[To be answered by all respondents]

Q18. (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 | |

Q19. 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 |
|----------------|-----------------|--------------------|----------------|

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

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

These questions concern social insurance.

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

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

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

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

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

[To be answered by all respondents]

Q2. Do you subscribe to employment insurance?

- 1 Yes
- 2 No

[Q3 is for respondents 65 and over]

Q3. What is your nursing care insurance premium category?

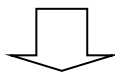
*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

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

[To be answered by all respondents]

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

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



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

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

thousand yen per month

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

These questions concern your use of time.

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

Example: 1.0 hour → hrs 30 minutes → hrs

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

*1 Please include the travel time

Q2. Please write your usual sleeping hours.

(Please answer to the first decimal point.

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

Weekdays hours per night on average

Weekends and holidays hours per night on average

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

[Lastly]

Q. For the questions on pages 23-40, 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 33-37 (Health)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify: _____)
C Pages 40 (Feeling of satisfaction)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify: _____)
D Pages other than A-C	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify: _____)

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

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

Q1 and Q2 below ask about inheritance and advancement

Q1. Answer the following questions regarding your household's thoughts on inheritance and advancement.

(1) Do you want to leave your assets to someone other than your spouse? Please circle the answer that best applies to you for each of the following items.

	Want to leave assets	Do not want to leave assets	Do not have assets to leave	Do not know
Financial assets	1	2	3	4
Real estate	1	2	3	4

SQ. [For respondents who answered 1 in Q1(1) for both of "Financial assets" and "Real estate"]

Please circle one answer.

- 1** The value of financial assets and that of real estate to be left will be almost the same.
- 2** The value of financial asset to be left will be smaller than that of real estate.
- 3** The value of financial asset to be left will be larger than that of real estate.

[The following Q1(2)–(4) are for respondents who answered 1 in Q1(1) for both/either of "Financial assets" and "Real estate". For other respondents, go to next page.]

(2) To whom do you want to leave your assets? (Multiple responses permitted)

- 1** Children **2** Brothers and sisters **3** Other than relatives **4** Other (Please specify: _____)

SQ. [For respondents who answered 1 in Q1(2)] About how much do you want to leave of your assets (sum of "Financial assets and "Real estate") to your children ? Please circle one answer.

- 1** Almost the same value as I inherited/will inherit from my parents
- 2** Larger than the value I inherited/will inherit from my parents
- 3** Smaller than the value I inherited/will inherit from my parents

(3) Which of the followings do you prefer when leaving your assets? Please circle one answer.

	Only inheritance	Only advancement	Both of inheritance and advancement
Financial assets	1	2	3
Real estate	1	2	3

SQ. [For respondents who answered 3 in Q1(3)] About what fraction do you want to leave as advancement? Fill in the ratio of the amount of advancement relative to the amount of inheritance.

Financial assets	Advancement to inheritance . . .				percent
Real estate	Advancement to inheritance . . .				percent

(4) Do you agree with the following thoughts regarding your inheritance and/or advancement? (Multiple responses permitted)

- 1** I want to leave my assets as equally as possible in general, while complying with inheritance law.
- 2** I want to leave my assets as much as possible to those who assisted my life after retiring.
- 3** I want to leave my assets as much as possible to those indigent or to those whom I cannot support enough during lifetime.
- 4** Other (Please specify: _____)

[To be answered by all respondents]

Q2. Answer the following questions regarding your household's experience on inheritance and advancement from your parents and relatives.

(1) How many times did you receive inheritance so far? Please circle one answer.

- 1** None **2** Once **3** Twice **4** Three times **5** Four times

(2) Please fill in the form below regarding inheritance you received so far. As for "B Inheritee", choose one of the followings in each cell:

- 1** Your father **2** Your mother **3** Your spouse's father **4** Your spouse's mother **5** Other relatives

	A When (in western calendar year)	B Inheritee	C Approximate value of the total assets that the inheritee left	D The fraction that your household received out of total assets (C)
①		1 2 3 4 5	About () 10 thousand yen	About ()%
②		1 2 3 4 5	About () 10 thousand yen	About ()%
③		1 2 3 4 5	About () 10 thousand yen	About ()%
④		1 2 3 4 5	About () 10 thousand yen	About ()%

(3) How many times did you receive advancement so far? Please circle one answer.

- 1** None **2** Once **3** Twice **4** Three times **5** More than four times (irregularly) **6** More than four times (regularly)

(4) About how much did you receive advancement in total so far?

- (4)-1 From you parents About () ten thousand yen
 (4)-2 From your spouse's parents About () ten thousand yen
 (4)-3 From other relatives About () ten thousand yen

Q1 and Q2 below ask about pensions and financial literacy.

Q1. Choose the pension program that you and your spouse are currently joining. (Please answer all that apply.)

You	Your spouse
-----	-------------

- 1** Defined contribution (corporate) **5** The National Pension fund
2 Define benefit (corporate) **6** Defined contribution (private)
3 The Employees' Welfare Pension fund **7** Other personal pension (e.g., Zaikei-nenkin)
4 Other corporate pensions **8** Other (Please specify:)

Q2. Do you think that the following statement is true or false? (Circle one only)

	True	False	Do not know
(1) Buying a single company stock usually provides a safer return than a stock mutual fund.	1	2	3
(2) When interest rates go up, it is appropriate to invest in fixed interest rate assets and borrow variable interest rate loans.	1	2	3
(3) Suppose you had ¥100 thousand borrowings and the interest rate was 20 percent per year. If you do not make any repayments and leave the borrowings to grow, it is after 5 years that your amount of borrowings increases to ¥200 thousand.	1	2	3

These questions concern savings, assets and liabilities.

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

● Deposits refer to the following types of items

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

● Securities refer to the following types of items

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

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

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

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

ten thousand yen Does not have any deposits → (to (2))

SQ. These questions concern a breakdown of the current amount of deposits and savings.

(A) Gold investment account/Gold saving account

ten thousand yen Does not have any deposits

(B) Medium-term government bond

ten thousand yen Do not have one.

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

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

SQ. These questions concern a breakdown of the current amount of securities held.

(A) Stocks, Stock investment trust (market value, Yen denominated only)

ten thousand yen Do not have one.

(B) Foreign currency denominated financial products

ten thousand yen Do not have one.

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

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

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

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

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

SQ. Please enter your present household borrowings balance.

Total present household borrowings balance

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

ten thousand yen

These questions concern income.

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

Total annual before-tax income last year ten thousand yen

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

Total annual after-tax income last year ten thousand yen

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

Saving approximate percentage

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

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

1 Yes → ten thousand yen **2** No

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

1 Yes → ten thousand yen **2** No

(3) Retirement benefits

1 Yes → ten thousand yen **2** No

(4) Securities sales profits and losses

1 Profits received **2** Losses incurred **3** No



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. 2017 to Dec. 2017)**. (Enter "0" for items for which you had no income).

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

	A Husband <small>(Unit: ten thousand yen)</small>	B Wife <small>(Unit: ten thousand yen)</small>	C Other Family Total (Approx) <small>(Unit: ten thousand yen)</small>
(1) Annual employment income*1	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
(2) Self-employment, business, home work income (including agriculture, forestry & fishery income)*2	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
(3) Rent & land rent income	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
(4) Interest & dividends*3	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
(5) Remittances & gifts	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
(6) Public pension	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
(7) Corporate & personal pensions	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
(8) Unemployment benefits & child-care leave benefits	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
(9) Child allowances and childcare allowances*4 (Household total)	<input style="width: 40px; height: 20px;" type="text"/>	<small>(Please enter the total amount received by your household)</small>	
(10) Welfare benefits (Household total)	<input style="width: 40px; height: 20px;" type="text"/>	<small>(Please enter the total amount received by your household)</small>	
(11) Other income	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" 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

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

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

--	--	--	--

 thousand yen

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

--	--	--	--

 thousand yen

(8) Clothing & shoes →

--	--	--	--

 thousand yen

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

--	--	--	--

 thousand yen

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

--	--	--	--

 thousand yen

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

--	--	--	--

 thousand yen

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

--	--	--	--

 thousand yen

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

--	--	--	--

 thousand yen

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

--	--	--	--

 thousand yen

(15) Entertaining & pocket money →

--	--	--	--

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

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

--	--	--	--

 thousand yen

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

--	--	--	--

 thousand yen

Total →

--	--	--	--

 thousand yen

[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 0 yen

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 belongings)	1	2	3
Earthquake insurance (residence)	1	2	3
Earthquake insurance (household belongings)	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**
Do not know

[To be answered by all respondents]

Q5. 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 Q13 on page 53) (to Q17 on page 54)			

[Q6 to Q11 is for respondents who answered “1-4 homeowner” in Q5]

Q6. These questions concern respectively the housing and plot where you presently live.

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

				ten thousand yen	<input checked="" type="checkbox"/> I own the plot and do not pay any land rent
--	--	--	--	------------------	---

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

Housing					ten thousand yen		Plot					ten thousand yen
---------	--	--	--	--	------------------	--	------	--	--	--	--	------------------

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

<p>Housing value will</p> <p>1 Increase <input type="checkbox"/> → Approx %</p> <p>2 Decrease <input type="checkbox"/> →</p> <p>3 Not change</p>	<p>Plot value will</p> <p>1 Increase <input type="checkbox"/> → Approx %</p> <p>2 Decrease <input type="checkbox"/> →</p> <p>3 Not change</p>
--	---

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

Housing					ten thousand yen		Plot					ten thousand yen
---------	--	--	--	--	------------------	--	------	--	--	--	--	------------------

Q7. How did you acquire your current residence? (please circle one)

- | | |
|--|---|
| <p>1 Purchased a newly-built custom home</p> <p>2 Purchased a newly-built, ready-built house/condo</p> <p>3 Purchased an used house</p> | <p>4 Gift / inheritance</p> <p>5 Other (Please specify:)</p> |
|--|---|

Q8. Do you have the following building certifications issued at the time your house was built?
(including cases where condo associations have them) (circle all that apply)

- | | |
|---|---|
| <p>1 Notice of verification of building construction</p> <p>2 Design drawing for confirmation</p> <p>3 Examined building certificate</p> | <p>4 The condo association has them (in the case of condo)</p> <p>5 Do not know</p> |
|---|---|

Q11. Have your household move or expanded/ remodeled your housing **since January 2017**?

(Please provide your answer to Q1 on page 49 again.)

1	2	3
Moved	Expanded/remodeled	No change since last year
↓		→ (to Q17 on page54)

[Q12 is for respondents who answered “1 Moved” in Q11]

Q12. These questions concern respectively the housing and plot where you presently live.

SQ1. How did you acquire the real estate? Choose the number of the acquisition method that applies for the housing and plot, respectively. (Select **6** if the title is in the name of parents or other family members)

Housing

Plot

- | | |
|--|---|
| <p>1 All self-financing (including loans)</p> <p>2 Received some financial assistance from parents</p> <p>3 Joint purchase with parents</p> <p>4 Gift from parents</p> | <p>5 Inherited from parents</p> <p>6 Title in name of parents or family</p> <p>7 Other</p> |
|--|---|

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

Housing Year Month Plot Year Month

X I did not purchase either a housing or a plot. → (to SQ5)

SQ3. 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

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

1. Mortgage (initial borrowing amount at the time of purchase)	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
When did you take out the mortgage?	<input style="width: 100%; height: 20px;" type="text"/> Year <input style="width: 30px; height: 20px;" type="text"/> Month	
2. Personal funds (savings etc.)	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
3. (In case of removal) Funds from the sale of a previous home	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
4. Borrow from relatives	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
5. Assistance from relatives	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
1~5 Total	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen

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

Plot area m²

[Proceed to Q17 on p.54]

[This page is for respondents who answered “5-7 rental housing” in Q5 on p.50]

Q13. I would like to ask you about the housing rent and contract terms of your current residence.

SQ1. How much is the rent per month (excluding common charges and utilities)?

--	--	--

 thousand yen

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

--	--	--

 thousand yen

SQ3. What is the remaining lease period?

		Years
--	--	-------

		months
--	--	--------

Q14. I would like to ask you about the housing rental/lease agreement of your current residence.

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

<u>1 Yes</u>	<u>2 No</u>	<u>3 Not applicable (e.g., company house or dormitory)</u>
↓		↘ (to Q15)

SQ2. Have you renewed the contract last year?

<u>1 Yes</u>	<u>2 No</u>
↓	↘ (to Q15)

SQ3. How much was the contract renewal fee?

--	--	--	--

 thousand yen

Q15. Did your household move or expand or remodel housing **since January 2017**?

(Please provide your answer to Q1 on page 49 again.)

<u>1 Moved</u>	<u>2 Expanded/remodeled</u>	<u>3 No change since last year</u>
↓		↘ (to Q17 on the next page)

[Q16 is for respondents who answered “1 Moved” in Q15]

Q16. I would like to ask you about the security deposit (Shikikin) and key money (Reikin) that were paid at the time when you moved into the current residence.

SQ1. Did you pay a security deposit?

<u>1 Yes</u>	<u>2 No</u>
↓	↘ (to SQ3)

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

		.	
--	--	---	--

 month's rent

SQ3. Did you pay key money?

<u>1 Yes</u>	<u>2 No</u>
↓	↘ (to Q17 on the next page)

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

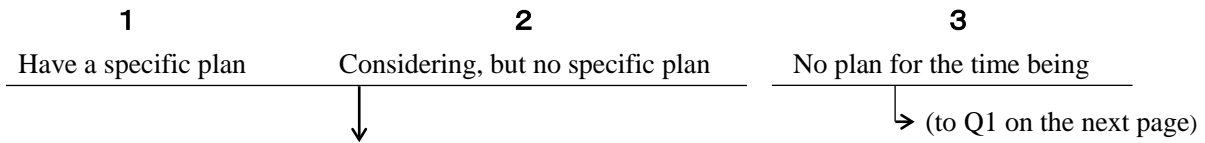
		.	
--	--	---	--

 month's rent

[To be answered by all respondents]

Q21. 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

SQ4. What is the total floor space of the housing you plan to purchase/move in?

(2 tatami mats = 1 *tsubo* = 3.3m²)

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

These questions concern mortgage loans.

[To be answered by all respondents]

Q1. Does your household presently have any mortgage loans?



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

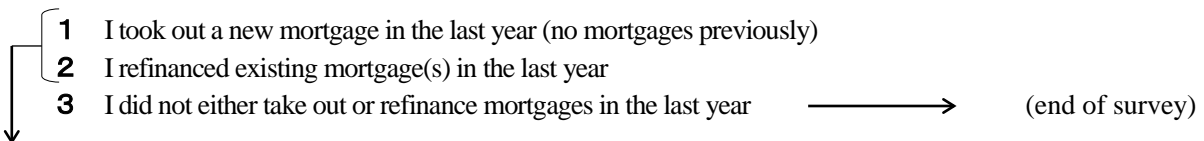
Total mortgage loan balance 0 ten thousand yen

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

SQ2. Have you ever made advance payments towards the current mortgage?

1 No 2 Yes (once) 3 Yes (twice) 4 Yes (3 times or more)

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



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

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

- 1 Floating interest rate
- 2 Fixed interest rate for the whole period
- 3 Fixed interest rate with selection (when the initial fixed interest rate period ends, select fixed interest rate or floating interest rate)
- 4 Other

Thank you for participating in the Japan Household Panel Survey.

Place the completed form in the collection envelope and hand it to the survey agent.