

The Japan Household Panel Survey

Questionnaire about your family (Offprint)

◎ Apology and request for entry

With the declining birthrate and aging of the population, understanding how the society should support parenting, nursing care and caring for grandchildren over generations has become an extremely important issue. Under such circumstances, your contribution providing information about your family and relatives enhances the social significance of our survey. This survey was designed in a way that the information of surveyed households could reflect the reality of all households throughout Japan. To obtain more accurate results, the information of each surveyed individual is extremely valuable. We would like to kindly ask for your understanding and cooperation in this regard.

Please fill in the information of family members/relatives that are inside the range shown in the figure below and of those that are currently living with you, but are outside the range shown in the figure.

If you do not know the answers to any of the questions concerning your relatives, please ask them and fill in the survey as far as you can.

The purpose of this survey is for statistical analysis. As the result, the individuals, family members or relatives will not be identified. Please respond the questions truthfully.

In order to reduce your burden, we are considering print the answers you provide this year in next year's family questionnaire. Next year you will have to answer only the questions for which changes occurred.

< Individuals within the scope of this survey >

(1) Anyone living with you (including yourself).

(2) In addition to (1), the following family and relative members, regardless of whether they live with you or not:

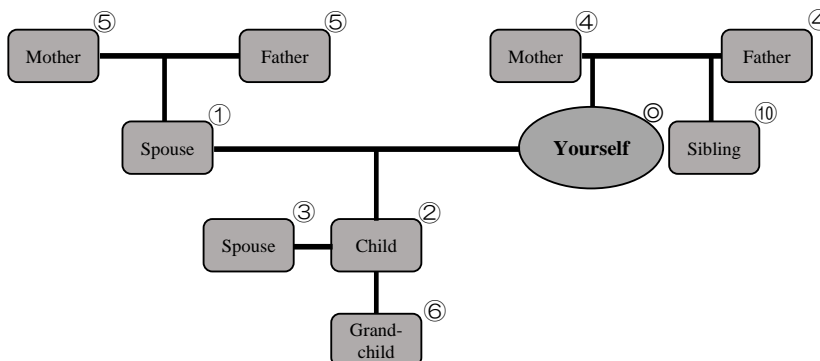
Your parents
Your sibling

Your spouse
Parents of your spouse

Child
Spouse of child

Grandchild

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



Q1. Please fill in the following table with information about your family, your relatives, and those who live with you.

Information of the following family members should be recorded (for Family ID1 (Yourself) just answer the questions on the columns on the right side):

(1) Anyone living with you (including yourself).

(2) In addition to (1), the following family and relative members, regardless of whether they live with you or not:

Your parents Your spouse Child Grandchild

Your sibling Parents of your spouse Spouse of child

It is not necessary to fill in information of those deceased

Family ID	Relationship to you	Relationship codes (Use codes below)	Sex	Year and month of birth * Please write the birth year in AD * Please fill in the birth year in the case of birth month unknown * Circle "unknown" in the case of birth year unknown	Final academic background		Marital Status			Living situation		Working situation			Schooling situation			Circle the applicable option						
					Type of school (Use codes below)	I don't know (Circle "unknown")	Not in school / In school (Circle "Not")	Single	Married	I don't know	Living together with you	Not living with you	How many hours does it take from your house to the following eligible person's house (One-way / hours min)	Not working	Working	Employment form (Use codes below)	I don't know	Not in school	In school	I don't know	Not keeping in contact with you or your spouse	Sharing household expenses with you	Chronic restrictions on daily activities (※1)	Certified as needing support/nursing care/disability support
No. 1	Yourself																							
No. 2			M	Y ____ M	unknown	<input type="checkbox"/>	Not unknown	unknown	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3									
No. 3			M	Y ____ M	unknown	<input type="checkbox"/>	Not unknown	unknown	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3									
No. 4			F	Y ____ M	unknown	<input type="checkbox"/>	Not unknown	unknown	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3									
No. 5			M	Y ____ M	unknown	<input type="checkbox"/>	Not unknown	unknown	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3									
No. 6			F	Y ____ M	unknown	<input type="checkbox"/>	Not unknown	unknown	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3									
No. 7			M	Y ____ M	unknown	<input type="checkbox"/>	Not unknown	unknown	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3									
No. 8			M	Y ____ M	unknown	<input type="checkbox"/>	Not unknown	unknown	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3									
No. 9			M	Y ____ M	unknown	<input type="checkbox"/>	Not unknown	unknown	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3									
No. 10			M	Y ____ M	unknown	<input type="checkbox"/>	Not unknown	unknown	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3									
No. 11			M	Y ____ M	unknown	<input type="checkbox"/>	Not unknown	unknown	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3									

※ 1: "Restrictions on daily activities" refers to the restrictions of daily activities due to chronic mental and physical health problems, illness, and disability.

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

Family ID	Relationship to you	Relationship codes (Use codes below)	Sex	Year and month of birth * Please write the birth year in AD * Please fill in the birth year in the case of birth month unknown * Circle "unknown" in the case of birth year unknown	Final academic background Type of school (Use codes below)	Marital Status			Living situation		How many hours does it take from your house to the following eligible person's house (One-way / hours min)	Working situation			Schooling situation			Circle the applicable option		
						Single	Married	I don't know	Living together with you	I don't know		Not living with you	Working	Employment form (Use codes below)	I don't know	In school	I don't know	Not keeping in contact with you or your spouse	Chronic restrictions on daily activities (*1)	Sharing household expenses with you
No. 12			M	____ Y	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ hrs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
			F	____ M	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ min	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
No. 13			M	____ Y	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ hrs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
			F	____ M	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ min	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
No. 14			M	____ Y	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ hrs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
			F	____ M	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ min	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
No. 15			M	____ Y	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ hrs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
			F	____ M	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ min	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
No. 16			M	____ Y	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ hrs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
			F	____ M	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ min	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
No. 17			M	____ Y	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ hrs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
			F	____ M	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ min	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
No. 18			M	____ Y	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ hrs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
			F	____ M	unknown	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	____ min	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			

◀ In case you have more than 18 members in your family, please use the appropriate space on page 4 ▶

These questions concern your household (those who share household expenses with you).

Q2. From the family members listed until page 4, who is the head of household? Please list the family ID.
(The head of household is the center of the family or the main earner)

No.

Q3. Among the family members listed in the table, are there any persons temporarily living separately for work reasons?

- 1 Other than myself 2 Myself 3 No one

SQ1. Which members in the above table are temporarily living separately for work reasons? Please list their family ID.

No. No. No. No.

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

Family ID	Relationship to you	Relationship codes (Use codes below)	Sex	Year and month of birth * Please write the birth year in AD * Please fill in the birth year in the case of birth month unknown * Circle "unknown" in the case of birth year unknown	Final academic background	Marital Status			Living situation			Working situation			Schooling situation			Circle the applicable option				
					Type of school (Use codes below)	Single 1	Married 2 (if you have not submitted a marriage notification [Z])	I don't know 3	Living together with you 1	Not living with you 2	How many hours does it take from your house to the following eligible person's house (One-way / hours min)	Not working 1	Working 2	Employment form (Use codes below) I don't know 3	In school 2	Not in school 1	Type of school (Use codes below) I don't know 3	Not keeping in contact with you or your spouse	Sharing household expenses with you	Chronic restrictions on daily activities (*1)	Certified as needing support/nursing care/disability support	
No. 19			M	____ Y	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ hrs	1	2	3	1	2	3			
			F	____ M	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ min	1	2	3	1	2	3			
No. 20			M	____ Y	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ hrs	1	2	3	1	2	3			
			F	____ M	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ min	1	2	3	1	2	3			
No. 21			M	____ Y	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ hrs	1	2	3	1	2	3			
			F	____ M	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ min	1	2	3	1	2	3			
No. 22			M	____ Y	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ hrs	1	2	3	1	2	3			
			F	____ M	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ min	1	2	3	1	2	3			
No. 23			M	____ Y	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ hrs	1	2	3	1	2	3			
			F	____ M	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ min	1	2	3	1	2	3			
No. 24			M	____ Y	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ hrs	1	2	3	1	2	3			
			F	____ M	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ min	1	2	3	1	2	3			
No. 25			M	____ Y	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ hrs	1	2	3	1	2	3			
			F	____ M	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ min	1	2	3	1	2	3			
No. 26			M	____ Y	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ hrs	1	2	3	1	2	3			
			F	____ M	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ min	1	2	3	1	2	3			
No. 27			M	____ Y	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ hrs	1	2	3	1	2	3			
			F	____ M	unknown	<input type="checkbox"/>	1	2	<input type="checkbox"/>	3	1	2	____ min	1	2	3	1	2	3			

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

Thank you for participating in the Japan Household Panel Survey.

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

The Japan Household Panel Survey

- This survey questionnaire is for respondents with spouses.
- Please answer the questions by circling the number of the applicable response, or by entering the applicable number in the blank square provided. When your answer is “other,” circle the number and write the specific details inside the parentheses. (When the space is not sufficient, write outside the parentheses).
- Please answer the questions in order. Some questions only apply to certain people. In those cases, please follow the directions.
- The survey includes personal questions about yourself and your family. These will be used for statistical analyses, so please answer the questions truthfully.
- 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 2019

Branch No.		Point No.			Subject No.		Panel No.				Inspector
							1				

These questions concern your family.

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

--	--

 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. 2018 to Jan. 2019)?
(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 2-29 are for the respondent filling out the survey forms. Questions on pages 30-56 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)

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

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

Please exclude inheritance items, but include housing 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)

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

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)

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Living alone | <input type="checkbox"/> 3 Living with her child | <input type="checkbox"/> 5 <u>Deceased</u> |
| <input type="checkbox"/> 2 Living with her spouse (your father) | <input type="checkbox"/> 4 Other | → (to (2-A)) |

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

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> 1 Detached House | <input type="checkbox"/> 3 House for elderly people | <input type="checkbox"/> 5 Other |
| <input type="checkbox"/> 2 Collective housing
(Condominium, Apartment, etc.) | <input type="checkbox"/> 4 Facilities, hospital, group home
(Nursing Home, Medical Long-Term Care Sanatorium, etc.) | |

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

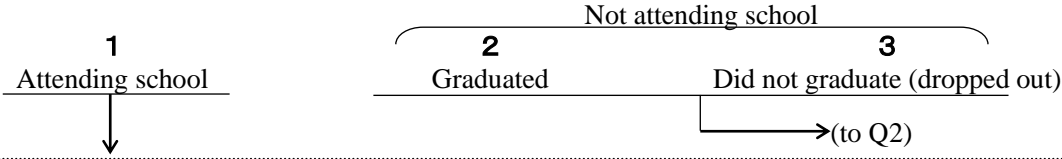
- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Living alone | <input type="checkbox"/> 3 Living with his child | <input type="checkbox"/> 5 <u>Deceased</u> |
| <input type="checkbox"/> 2 Living with his spouse (your mother) | <input type="checkbox"/> 4 Other | → (to next page) |

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

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> 1 Detached House | <input type="checkbox"/> 3 House for elderly people | <input type="checkbox"/> 5 Other |
| <input type="checkbox"/> 2 Collective housing
(Condominium, Apartment, etc.) | <input type="checkbox"/> 4 Facilities, hospital, group home
(Nursing Home, Medical Long-Term Care Sanatorium, etc.) | |

These questions concern your academic history.

Q1. Are you presently attending school? If you are not attending school, did you graduate from the last school you attended?



SQ. Where is your school located?

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

Q2. Which is the last school you attended? If you are presently attending school, please respond with the school you are now attending. (If you attended school under the pre-war system, select the applicable number referring to the pre-war system schools inside the parentheses)

- 1 Junior high school (pre-war ordinary or higher primary school) → (to Q3 on the next page)
 - 2 High school (pre-war junior high or girls' high school) → (to SQ1)
 - 3 Junior college or technical college (pre-war high school, vocational school or higher normal school)
 - 4 University (pre-war university)
 - 5 Graduate school (pre-war graduate school)
 - 6 Other (_____) → (to Q3 on the next page)
- } → (to SQ2)

[For respondents who answered “2 High school (pre-war junior high or girls’ high school)” in Q2]

SQ1. What category of school was it?

- | | | | | | | |
|------------------|---|---|--|--------------|---|---|
| Full-time school | { | <ul style="list-style-type: none"> 1 Regular 2 Technical 3 Commercial 4 Other (_____) | | Night school | { | <ul style="list-style-type: none"> 5 Regular 6 Technical 7 Commercial 8 Other (_____) 9 Correspondence |
|------------------|---|---|--|--------------|---|---|

(If you answered SQ1, proceed to Q3 on the next page)

[For respondents who answered 3-5 in Q2]

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

- | | |
|--------------------|---------------------|
| 1
Public school | 2
Private school |
|--------------------|---------------------|

(b) What was your major?

- | | |
|---|--|
| <ul style="list-style-type: none"> 1 Humanities 2 Social science 3 Science 4 Engineering 5 Agriculture | <ul style="list-style-type: none"> 6 Medicine or dentistry 7 Pharmacology 8 Education 9 Home economics 10 Other (_____) |
|---|--|

(3) This question is directed at those persons who answered “1” or “2” to Question (2). Please record each opportunity to improve your skills and abilities for your own work that you have taken over the last 10 years, including the present. In principle, please **answer beginning with the most recent opportunity**.

Education and training	①Period of implementation (Example: March 2010 to July 2010)	②Training contents (Refer to Code Table A below)	③Public assistance used (Refer to Code Table B below)	④Total costs incurred (course fees) and itemization of those costs ※Monetary aid received from your family, etc. is included as costs paid by you. ※Please include any funds temporarily advanced to be paid back later within education and training benefits.	⑤Occasion for training (Refer to Code Table C below) (Circle all applicable options)	⑥Qualification obtained?
1	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
2	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
3	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
4	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
5	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
6	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
7	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
8	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No

• Code Table A: ②Training contents

- | | |
|--|---|
| 1 Office work, business, and sales | 5 Healthcare and sanitation, such as caregivers and nurses; social welfare; education |
| 2 Study of foreign languages such as English | 6 Production techniques; construction and public works; agriculture, forestry, and the fisheries industry |
| 3 The use of computers and information processing techniques | 7 Specialized fields offered by colleges and graduate schools |
| 4 Services (for specialists and businesses, or individuals and households) | 8 Other |

• Code Table B: ③Public assistance used

- | | |
|---|-------------------------------|
| 1 Education and training benefits (Before Oct. 2014) | 4 Job seeker support training |
| 2 Education and training benefits: General education and training (Oct. 2014 or after) | 5 None |
| 3 Education and training benefits: Professional education and training (Oct. 2014 or after) | |

• Code Table C: ⑤Occasion for taking “efforts to improve technical skills and abilities”

- | | |
|--|--|
| 1 Ordered by company | 5 Voluntarily due to job seeking or a change of job |
| 2 Recommended by superiors or colleagues | 6 Voluntarily as skill in question, although not be directly used in current job, may be necessary in the future |
| 3 Not ordered by company but necessary for job
(Example: Caregiver qualification required, company switching to use of English, etc.) | 7 Other |
| 4 Voluntarily to increase compensation
(Example: Qualification allowance paid to those with certain qualifications, etc.) | |

(4) Are there any efforts to improve your skills and abilities for your own work that you were unable to record in the above table, as you engaged in 9 or more of such trainings?

1
Yes

2
No

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
1 Mostly worked 2 Worked while mostly attending school 3 Worked while mostly keeping house			4 Took leave from work 5 Was looking for work 6 Attended school; kept house; other		
<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-around;"> 1 2 3 </div>			<hr style="width: 100%;"/> <div style="display: flex; justify-content: space-around;"> 4 5 6 </div>		
<div style="display: flex; justify-content: space-around;"> → (to Q3 on page8) </div>			<div style="display: flex; justify-content: space-around;"> ↓ → (to Q2) </div>		

[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 Q3 on page8]

[For respondents who answered 5-6 in Q1]

Q2. Have you ever performed paid work continuously for at least one year?

1	2
Yes I have	No, I have not
↓	→ (to Q12 on page16)

SQ1. When did you quit your last paid job?

Year

SQ2. How long did you work at that job?

years months

SQ3. Why did you quit that job?

- 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()

SQ4. What was 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 SQ8]

[SQ5 is for respondents who answered "5 Wage worker" in SQ4]

SQ5. Which of the following was your work status?

- 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 SQ7)
- } → (proceed to SQ6)

[SQ6 is for respondents who answered 4-7 in SQ5]

SQ6. Why did you work with that work status (select the closest answer)?

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

[SQ7 is for respondents who answered "5 Wage worker" in SQ4]

SQ7. What was the period of your work contract?

- 1 Employment contract with no period specified
- 2 Employment contract with period specified → Period months

[SQ8 to SQ10 are for respondents who answered "1 Yes I have" in Q2]

SQ8. What was the nature of your regular work?

- 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 ()

SQ9. How long did it take before you could perform that work (that job) properly?

- | | | | |
|---|--------------------------|---|--|
| 1 | about 1 week to 1 month | 5 | about 1-3 years |
| 2 | about 1 to 3 months | 6 | about 3-5 years |
| 3 | about 3 to 6 months | 7 | 5 years or more |
| 4 | about 6 months to 1 year | | ↳ (specify below) <input type="text"/> years |

SQ10. How many employees did your company have in total?

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

[If you answered through SQ10, proceed to Q12 on page 16]

[For respondents who answered 1-4 in Q1 on page 6]

Q3. 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 page 6]

(11) Since when have you been working at your present company or organization?

Since Year Month

(12) 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)

(13) What was your income from your main job during the three years up until last year? Please enter your gross income before deductions for taxes and social insurance.

Last year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen	<input type="radio"/> No income
2 years ago	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen	<input type="radio"/> No income
3 years ago	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen	<input type="radio"/> No income

(14) 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	2	3	4	5
Monthly Salary	Weekly Salary	Daily Wage	Hourly Wage	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> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">thousand yen</p>	<p>(2) What is your daily wage?</p> <p>Per day</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">yen</p>	<p>(3) What is your hourly wage?</p> <p>Hourly payment</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">yen</p>	<p>(4) What is your annual salary?</p> <p>Annual income</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">ten thousand yen</p>
---	---	---	---

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

--	--	--	--

ten thousand yen

None

Q4. 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

Q5. 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
---	----	---	-----	---	-----------	---	-------------

Q6. 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 Q6]

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 ()

[For respondents who answered 1-4 in Q1 on page 6]

Q7. To what extent do you agree or disagree with the following statements related to your job or workplace?

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not applicable
① My job description is clear	1	2	3	4	5	6
② I can choose the order and method of task	1	2	3	4	5	6
③ I can choose the volume of task	1	2	3	4	5	6
④ I work as a team in cooperation with others	1	2	3	4	5	6
⑤ I often deal with unforeseen interruptions	1	2	3	4	5	6
⑥ People who respond to overtime and holiday work are highly appreciated	1	2	3	4	5	6
⑦ I have to achieve high quotas and goals	1	2	3	4	5	6
⑧ Evaluation varies greatly depending on the achievement	1	2	3	4	5	6
⑨ Job responsibility and authority is heavy	1	2	3	4	5	6
⑩ I feel it difficult to leave the company if people around me are working overtime	1	2	3	4	5	6
⑪ If overtime or holiday work continues, some late arrival is allowed	1	2	3	4	5	6
⑫ Communication between colleagues is good	1	2	3	4	5	6
⑬ Colleagues tend to share work knowledge	1	2	3	4	5	6
⑭ The boss gives proper feedback as part of my evaluation	1	2	3	4	5	6
⑮ Communication between boss and subordinates is good	1	2	3	4	5	6
⑯ The boss circulates the necessary information among the members in the workplace	1	2	3	4	5	6
⑰ The boss has a sharp way of working	1	2	3	4	5	6

Q8. This question concerns the kinds of tasks that you regularly do on your job.

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

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

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

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

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

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

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

- 1** Never read at job **3** 6 to 10 pages **5** More than 25 pages
2 less than 6 pages **4** 11 to 25 pages

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

	All of the time	Almost all of the time	Around 3/4 of the time	Around half of the time	Around 1/4 of the time	Almost never	Never
① Working at very high speed	1	2	3	4	5	6	7
② Working to tight deadline	1	2	3	4	5	6	7
③ Not having enough time to get the job done	1	2	3	4	5	6	7
④ Hiding your feeling	1	2	3	4	5	6	7
⑤ Handling angry clients, customers, patients, pupils etc.	1	2	3	4	5	6	7
⑥ Being in situations that are emotionally disturbing for you	1	2	3	4	5	6	7

Q9. This question concerns new technologies.

(1) In your workplace, how is the adoption of the following technologies?

	Already adopted	Now planning for adoption	Adoption is now under consideration	No plan or consideration	I don't know
① Cloud	1	2	3	4	5
② Robotics	1	2	3	4	5
③ RPA (Robotics Process Automation)	1	2	3	4	5
④ Artificial Intelligence (AI)	1	2	3	4	5
⑤ Wearable device	1	2	3	4	5
⑥ Telework or remote work	1	2	3	4	5

(2) To what extent do you feel resistance to the occurrence of the following after the spread of new technology?

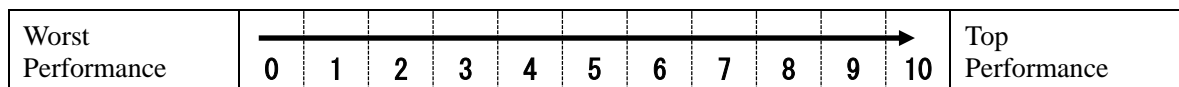
	Very great resistance	Some resistance	Not sure	Not much resistance	No resistance at all
① Work hours become halved with the same income	1	2	3	4	5
② Work hours become zero with the same income	1	2	3	4	5
③ Both work hours and income become halved	1	2	3	4	5
④ Both work hours and income become zero	1	2	3	4	5

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

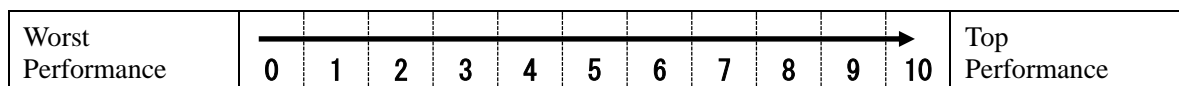
	Very great resistance	Some resistance	Not sure	Not much resistance	No resistance at all
① Boss	1	2	3	4	5
② Colleague, or subordinate	1	2	3	4	5

Q10. This question concerns job performance.

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



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



Q11. The following 9 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the “0” (zero) in the space after the statement. If you have had this feeling, indicate how often you felt it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.

	Never	Almost never (A few times a year or less)	Rarely (Once a month or less)	Sometimes (A few times a month)	Often (Once a week)	Very often (A few times a week)	Always (Every day)
① At my work, I feel bursting with energy	0	1	2	3	4	5	6
② At my job, I feel strong and vigorous	0	1	2	3	4	5	6
③ I am enthusiastic about my job	0	1	2	3	4	5	6
④ My job inspires me	0	1	2	3	4	5	6
⑤ When I get up in the morning, I feel like going to work	0	1	2	3	4	5	6
⑥ I feel happy when I am working intensely	0	1	2	3	4	5	6
⑦ I am proud of the work that I do	0	1	2	3	4	5	6
⑧ I am immersed in my work	0	1	2	3	4	5	6
⑨ Time flies when I am working	0	1	2	3	4	5	6

[To be answered by all respondents]

Q12. 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 Q12]

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]

Q13. (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

Q14. 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 |

These questions concern information technologies

Q1. How much knowledge do you have about the following information technologies?

	I have used and know it very well	I know it to the extent of the specific contents	I know it to the extent of the outline	I have heard about it only to some extent	I have never heard about it
①IoT	1	2	3	4	5
②Cloud	1	2	3	4	5
③AI	1	2	3	4	5
④RPA	1	2	3	4	5
⑤Machine learning	1	2	3	4	5
⑥Deep learning	1	2	3	4	5

Q2. How much computer skills do you have to perform your job?

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

Q3. How do you respond and prepare to acquire knowledge and skills related to new technologies?

- 1 Participating in training programs offered by your company or organization to acquire knowledge and skills
- 2 Implementing self-development to acquire knowledge and skills
- 3 Striving to acquire knowledge through news, etc.
- 4 No response and preparation

Q4. In the last three years, have you lost your jobs or tasks due to the introduction of IT system, AI, Robotics, etc., and organizational reforms accompanying the introduction?

- | | |
|-----------------------------------|--|
| 1 Part of jobs or tasks were lost | 4 No introduction or reform took place |
| 2 Most of jobs or tasks were lost | 5 I don't know |
| 3 No jobs or tasks were lost | |

[For respondents who answered 1 or 2 in Q4]

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

- 1 Experienced no major change
- 2 Tasks were changed
- 3 Jobs were changed or was transferred to other department or workplace
- 4 Lost jobs

Q5. Do you use the following new home appliances at home?

	Yes	No, but want to use	No	I don't know
①Robot vacuum cleaner	1	2	3	4
②AI speaker	1	2	3	4
③Watching or crime prevention robot	1	2	3	4

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

Q2. 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

Q3. 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)

Q4. (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 quitte**d.**
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

Q5. Do you smoke cigarettes?

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

(to Q6 on the next page)

[SQ1 is to be answered by those who chose [1] or [2] for Q5]

SQ1. Please provide answers about the cigarettes you currently smoke

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

※Please write the brand name as specifically as possible (e.g. 'MILD SEVEN AQUA menthol super light box', etc.).
 The amount of tar and nicotine is shown on the package.
 ※For the case of electronic cigarettes: please write the brand name as specifically as possible; the amount of nicotine and tar can be left blank.

[To be answered by all respondents]

Q6. 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 Q6]

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] |

Q7. 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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand yen
(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))	1. Yes 2. No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand yen

Q8. 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 2018 or after March 2018) |
| 3 Multiphase health screening | Time of visiting (Before April 2018 or after March 2018) |
| 4 Lung cancer screening | Time of visiting (Before April 2018 or after March 2018) |
| 5 Uterine cancer screening (Women only) | Time of visiting (Before April 2018 or after March 2018) |
| 6 Breast cancer screening | Time of visiting (Before April 2018 or after March 2018) |
| 7 Colon cancer screening | Time of visiting (Before April 2018 or after March 2018) |
| 8 Other () | |

[SQ1 is for respondents who answered [2] or [3] in Q8]

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

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

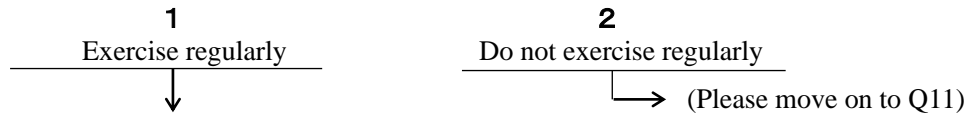
[To be answered by all respondents]

Q9. What is your height and weight?

Height . cm Weight . kg

Q10. 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

[To be answered by all respondents]

Q11. (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 | |

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

Q12. Have you recently experienced the following symptoms? Please select and circle the number that applies for each item (one number for each item).

(a) Been able to concentrate on what you're doing?

1 Yes 2 Same as usual 3 Less than usual 4 Could not concentrate

(b) Lost much sleep over worry?

1 Never 2 Rarely 3 Sometimes 4 Often

(c) Felt that you are playing a useful part in things?

1 Yes 2 Same as usual 3 No 4 Not at all

(d) Felt capable of making decisions about things?

1 Yes 2 Same as usual 3 No 4 Not at all

(e) Felt constantly under strain?

1 Never 2 Rarely 3 Sometimes 4 Often

(f) Felt you couldn't overcome your difficulties?

1 Never 2 Rarely 3 Sometimes 4 Often

(g) Been able to enjoy your normal day to day activities?

1 Yes 2 Same as usual 3 No 4 Not at all

(h) Been able to face up to your problems?

1 Yes 2 Same as usual 3 No 4 Not at all

(i) Been feeling unhappy or depressed?

1 Never 2 Rarely 3 Sometimes 4 Often

(j) Been losing confidence in yourself?

1 Never 2 Rarely 3 Sometimes 4 Often

(k) Been thinking of yourself as a worthless person?

1 Never 2 Rarely 3 Sometimes 4 Often

(l) Been feeling reasonably happy, all things considered?

1 Often 2 Sometimes 3 Rarely 4 Never

Q13. The following questions ask about how you have been feeling during the **past 30 days**. For each question, please circle the number that best describes how often you had this feeling.

During the past 30 days, about how often did you feel ...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...nervous?	1	2	3	4	5
b. ...hopeless?	1	2	3	4	5
c. ...restless or fidgety?	1	2	3	4	5
d. ...so depressed that nothing could cheer you up?	1	2	3	4	5
e. ...that everything was an effort?	1	2	3	4	5
f. ...worthless?	1	2	3	4	5

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

These questions concern yourself

Q1. Here are a number of personality traits that may or may not apply to you. Please choose a number next to each statement to indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

	Agree strongly	Agree moderately	Agree a little	Neither agree nor disagree	Disagree a little	Disagree moderately	Disagree strongly
① Extraverted, enthusiastic	1	2	3	4	5	6	7
② Critical, quarrelsome	1	2	3	4	5	6	7
③ Dependable, self-disciplined	1	2	3	4	5	6	7
④ Anxious, easily upset	1	2	3	4	5	6	7
⑤ Open to new experiences, complex	1	2	3	4	5	6	7
⑥ Reserved, quiet	1	2	3	4	5	6	7
⑦ Sympathetic, warm	1	2	3	4	5	6	7
⑧ Disorganized, careless	1	2	3	4	5	6	7
⑨ Calm, emotionally stable	1	2	3	4	5	6	7
⑩ Conventional, uncreative	1	2	3	4	5	6	7

Q2. How well does each of the following statements below describe you?

	Very much like me	Mostly like me	Somewhat like me	Not much like me	Not like me at all
① I finish whatever I begin	1	2	3	4	5
② I am a hard worker	1	2	3	4	5
③ My interests change from year to year	1	2	3	4	5
④ Setbacks don't discourage me	1	2	3	4	5
⑤ I have been obsessed with a certain idea or project for a short time but later lost interest	1	2	3	4	5
⑥ I have overcome setbacks to conquer an important challenge	1	2	3	4	5
⑦ I have achieved a goal that took years of work	1	2	3	4	5
⑧ I become interested in new pursuits every few months	1	2	3	4	5
⑨ I am diligent	1	2	3	4	5
⑩ I often set a goal but later choose to pursue a different one	1	2	3	4	5
⑪ I have difficulty maintaining my focus on projects that take more than a few months to complete	1	2	3	4	5
⑫ New ideas and projects sometimes distract me from previous ones	1	2	3	4	5

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?

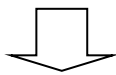
*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

- | | | | | | | | |
|---------|---------|---------|---------|---------|---------|--------------|-------------|
| 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"/> min	Avg. <input type="text" value="2"/> min	Avg. <input type="text" value="3"/> min	4	5
Housework (prepare meals, laundry, grocery shopping, cleaning)	Avg. <input type="text" value="1"/> hrs/day	Avg. <input type="text" value="2"/> hrs/wk	Avg. <input type="text" value="3"/> hrs/wk	4	5
Childcare	Avg. <input type="text" value="1"/> hrs/day	Avg. <input type="text" value="2"/> hrs/wk	Avg. <input type="text" value="3"/> hrs/wk	4	5
Training or study for work	Avg. <input type="text" value="1"/> hrs/day	Avg. <input type="text" value="2"/> hrs/wk	Avg. <input type="text" value="3"/> hrs/wk	4	5
Volunteer activities	Avg. <input type="text" value="1"/> hrs/day	Avg. <input type="text" value="2"/> hrs/wk	Avg. <input type="text" value="3"/> hrs/wk	4	5
Nursing Care*1	Avg. <input type="text" value="1"/> hrs/day	Avg. <input type="text" value="2"/> hrs/wk	Avg. <input type="text" value="3"/> 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, Household, Schooling (restricted time, workload, etc.)	Exercise (including sports)	Yes	No	Yes	No	
(Entry Example) No. 3 (Your Father)	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				

These questions concern your spouse.

Q1. Do you have a spouse (including common-law marriages)? How old were you when you got married?

- 1 Married with a spouse..... I was years old when I married my present spouse
- 2 Married but divorced or spouse deceased
.....I was years old when I married my former spouse → (to [Lastly])
- 3 Single → (to [Lastly])

SQ. Is this your second or subsequent marriage?

- 1 No
- 2 Yes → I was years old when I first married

Q2. Does your spouse presently live together with you?

- 1
Live together
- 2
Do not live together

Q3. Was your spouse living at his or her present address one year ago?

- 1
Same address
- 2
Different address

[Lastly]

Q. For the questions on pages 2-29, 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 19 (Feeling of happiness)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify:)
B Page 19 (Future and uncertain matters)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify:)
C Page 20-23 (Health)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify:)
D Pages 28 (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 31-56 are for the spouse of the respondent who is filling out the survey.

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

Thank you very much for your cooperation.

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

These questions concern your parents.

Q1. Are your parents alive?

- 1** Both parents 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 purchases, rent, land rent, living expenses and other financial assistance and allowances.

- Last year ten thousand yen **0** Did not receive any financial assistance
- (to 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)

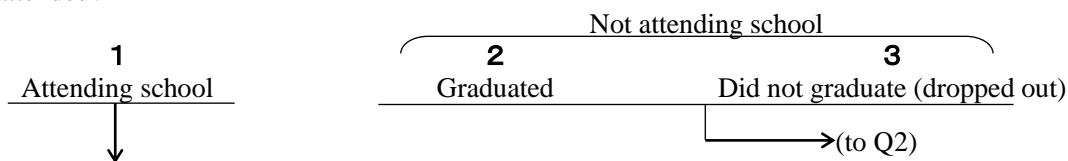
(2-B) What type of housing or facility does your father usually live in? (Please circle just one item)

- 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

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

These questions concern your academic history.

Q1. Are you presently attending school? If you are not attending school, did you graduate from the last school you attended?



SQ. Where is your school located?

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

Q2. Which is the last school you attended? If you are presently attending school, please respond with the school you are now attending. (If you attended school under the pre-war system, select the applicable number referring to the pre-war system schools inside the parentheses)

- 1 Junior high school (pre-war ordinary or higher primary school) → (to Q3 on the next page)
 - 2 High school (pre-war junior high or girls' high school) → (to SQ1)
 - 3 Junior college or technical college (pre-war high school, vocational school or higher normal school)
 - 4 University (pre-war university)
 - 5 Graduate school (pre-war graduate school)
 - 6 Other (_____) → (to Q3 on the next page)
- } → (to SQ2)

[For respondents who answered "2 High school (pre-war junior high or girls' high school)" in Q2]

SQ1. What category of school was it?

- | | | | |
|------------------|-------------------|--------------|-------------------|
| Full-time school | 1 Regular | Night school | 5 Regular |
| | 2 Technical | | 6 Technical |
| | 3 Commercial | | 7 Commercial |
| | 4 Other (_____) | | 8 Other (_____) |
| | | | 9 Correspondence |

(If you answered SQ1, proceed to Q3 on the next page)

[For respondents who answered 3-5 in Q2]

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

- | | |
|---------------|----------------|
| 1 | 2 |
| Public school | Private school |

(b) What was your major?

- | | |
|------------------|-------------------------|
| 1 Humanities | 6 Medicine or dentistry |
| 2 Social science | 7 Pharmacology |
| 3 Science | 8 Education |
| 4 Engineering | 9 Home economics |
| 5 Agriculture | 10 Other (_____) |

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

[To be answered by all respondents]

Q3. 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?

<u>1</u> Presently taking action	<u>2</u> Took action	<u>3</u> Did not take action
	↓	↘ (to Q4)

(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?

<u>1</u> Yes, completed and graduated	<u>2</u> 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

[To be answered by all respondents]

Q4. These questions ask about your learning activities to improve your skills and abilities in the last 10 years.

(1) **In the period of time prior to 10 years ago** (specifically before January 31st 2009), **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?**

Please limit your answer to the period after graduation from school. That is, schools attended continuously from the age of compulsory education is not included in "efforts to improve your technical skills and abilities."

<u>1</u> Did not take action	<u>2</u> Took action
---------------------------------	-------------------------

(2) **In the last 10 years** including the present, **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?**

<u>1</u> Presently taking action	<u>2</u> took action	<u>3</u> did not take action
	↘ (to (3) on the next page)	↘ (to Q1 on page 35)

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

(3) This question is directed at those persons who answered “1” or “2” to Question (2). Please record each opportunity to improve your skills and abilities for your own work that you have taken over the last 10 years, including the present. In principle, please **answer beginning with the most recent opportunity**.

Education and training	①Period of implementation (Example: March 2010 to July 2010)	②Training contents (Refer to Code Table A below)	③Public assistance used (Refer to Code Table B below)	④Total costs incurred (course fees) and itemization of those costs ※ Monetary aid received from your family, etc. is included as costs paid by you. ※ Please include any funds temporarily advanced to be paid back later within education and training benefits.	⑤Occasion for training (Refer to Code Table C below) (Circle all applicable options)	⑥Qualification obtained?
1	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
2	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
3	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
4	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
5	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
6	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
7	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No
8	from ____ to ____			Total cost() (in 10,000 JPY) Of which, paid by you () (in 10,000 JPY), paid by your company () (in 10,000 JPY) Training and Education benefits () (in 10,000 JPY), job seeker support () (in 10,000 JPY)	1 2 3 4 5 6 7	Yes No

• Code Table A: ②Training contents

- | | |
|--|---|
| 1 Office work, business, and sales | 5 Healthcare and sanitation, such as caregivers and nurses; social welfare; education |
| 2 Study of foreign languages such as English | 6 Production techniques; construction and public works; agriculture, forestry, and the fisheries industry |
| 3 The use of computers and information processing techniques | 7 Specialized fields offered by colleges and graduate schools |
| 4 Services (for specialists and businesses, or individuals and households) | 8 Other |

• Code Table B: ③Public assistance used

- | | |
|---|-------------------------------|
| 1 Education and training benefits (Before Oct. 2014) | 4 Job seeker support training |
| 2 Education and training benefits: General education and training (Oct. 2014 or after) | 5 None |
| 3 Education and training benefits: Professional education and training (Oct. 2014 or after) | |

• Code Table C: ⑤Occasion for taking “efforts to improve technical skills and abilities”

- | | |
|--|--|
| 1 Ordered by company | 5 Voluntarily due to job seeking or a change of job |
| 2 Recommended by superiors or colleagues | 6 Voluntarily as skill in question, although not be directly used in current job, may be necessary in the future |
| 3 Not ordered by company but necessary for job
(Example: Caregiver qualification required, company switching to use of English, etc.) | 7 Other |
| 4 Voluntarily to increase compensation
(Example: Qualification allowance paid to those with certain qualifications, etc.) | |

(4) Are there any efforts to improve your skills and abilities for your own work that you were unable to record in the above table, as you engaged in 9 or more of such trainings?

1
Yes

2
No

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

These questions concern your employment.

We begin by asking about your work.

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

Performed paid work			Did not perform any paid work		
1	2	3	4	5	6
Mostly worked	Worked while mostly attending school	Worked while mostly keeping house	Took leave from work	Was looking for work	Attended school; kept house; other
→ (to Q3 on page37)			↓	→ (to Q2)	

[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 Q3 on page37]

[For respondents who answered 5-6 in Q1]

Q2. Have you ever performed paid work continuously for at least one year?

1 Yes I have ↓	2 No, I have not → (to Q12 on page45)
----------------------	---

SQ1. When did you quit your last paid job?

Year

SQ2. How long did you work at that job?

years months

SQ3. Why did you quit that job?

- 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()

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

SQ4. What was 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 SQ8]

[SQ5 is for respondents who answered "5 Wage worker" in SQ4]

SQ5. Which of the following was your work status?

- 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 SQ7)
- (proceed to SQ6)

[SQ6 is for respondents who answered 4-7 in SQ5]

SQ6. Why did you work with that work status (select the closest answer)?

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

[SQ7 is for respondents who answered "5 Wage worker" in SQ4]

SQ7. What was the period of your work contract?

- 1 Employment contract with no period specified
- 2 Employment contract with period specified → Period months

[SQ8 to SQ10 are for respondents who answered "1 Yes I have" in Q2]

SQ8. What was the nature of your regular work?

- 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)

SQ9. How long did it take before you could perform that work (that job) properly?

- | | |
|-----------------------------------|--|
| 1 about 1 week to 1 month | 5 about 1-3 years |
| 2 about 1 to 3 months | 6 about 3-5 years |
| 3 about 3 to 6 months | 7 5 years or more |
| 4 about 6 months to 1 year | ↳ (specify below) <input type="text"/> years |

SQ10. How many employees did your company have in total?

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

[If you answered through SQ10, proceed to Q12 on page 45]

[For respondents who answered 1-4 in Q1 on page 35]

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 page 35]

(11) Since when have you been working at your present company or organization?

Since Year Month

(12) 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)

(13) What was your income from your main job during the three years up until last year? Please enter your gross income before deductions for taxes and social insurance.

Last year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen	<input type="radio"/> No income
2 years ago	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen	<input type="radio"/> No income
3 years ago	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen	<input type="radio"/> No income

(14) 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	2	3	4	5
Monthly Salary	Weekly Salary	Daily Wage	Hourly Wage	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> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">thousand yen</p>	<p>(2) What is your daily wage?</p> <p>Per day</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">yen</p>	<p>(3) What is your hourly wage?</p> <p>Hourly payment</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">yen</p>	<p>(4) What is your annual salary?</p> <p>Annual income</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <p style="text-align: center;">ten thousand yen</p>
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(For the spouse of the respondent who is filling out the survey)

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

--	--	--	--

ten thousand yen

0 None

Q4. 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

Q5. 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)

Q6. 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 Q6]

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 ()

[For respondents who answered 1-4 in Q1 on page 35]

Q7. To what extent do you agree or disagree with the following statements related to your job or workplace?

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Not applicable
① My job description is clear	1	2	3	4	5	6
② I can choose the order and method of task	1	2	3	4	5	6
③ I can choose the volume of task	1	2	3	4	5	6
④ I work as a team in cooperation with others	1	2	3	4	5	6
⑤ I often deal with unforeseen interruptions	1	2	3	4	5	6
⑥ People who respond to overtime and holiday work are highly appreciated	1	2	3	4	5	6
⑦ I have to achieve high quotas and goals	1	2	3	4	5	6
⑧ Evaluation varies greatly depending on the achievement	1	2	3	4	5	6
⑨ Job responsibility and authority is heavy	1	2	3	4	5	6
⑩ I feel it difficult to leave the company if people around me are working overtime	1	2	3	4	5	6
⑪ If overtime or holiday work continues, some late arrival is allowed	1	2	3	4	5	6
⑫ Communication between colleagues is good	1	2	3	4	5	6
⑬ Colleagues tend to share work knowledge	1	2	3	4	5	6
⑭ The boss gives proper feedback as part of my evaluation	1	2	3	4	5	6
⑮ Communication between boss and subordinates is good	1	2	3	4	5	6
⑯ The boss circulates the necessary information among the members in the workplace	1	2	3	4	5	6
⑰ The boss has a sharp way of working	1	2	3	4	5	6

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

Q8. This question concerns the kinds of tasks that you regularly do on your job.

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

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

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

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

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

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

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

- 1** Never read at job **3** 6 to 10 pages **5** More than 25 pages
2 less than 6 pages **4** 11 to 25 pages

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

	All of the time	Almost all of the time	Around 3/4 of the time	Around half of the time	Around 1/4 of the time	Almost never	Never
① Working at very high speed	1	2	3	4	5	6	7
② Working to tight deadline	1	2	3	4	5	6	7
③ Not having enough time to get the job done	1	2	3	4	5	6	7
④ Hiding your feeling	1	2	3	4	5	6	7
⑤ Handling angry clients, customers, patients, pupils etc.	1	2	3	4	5	6	7
⑥ Being in situations that are emotionally disturbing for you	1	2	3	4	5	6	7

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

Q9. This question concerns new technologies.

(1) In your workplace, how is the adoption of the following technologies?

	Already adopted	Now planning for adoption	Adoption is now under consideration	No plan or consideration	I don't know
① Cloud	1	2	3	4	5
② Robotics	1	2	3	4	5
③ RPA (Robotics Process Automation)	1	2	3	4	5
④ Artificial Intelligence (AI)	1	2	3	4	5
⑤ Wearable device	1	2	3	4	5
⑥ Telework or remote work	1	2	3	4	5

(2) To what extent do you feel resistance to the occurrence of the following after the spread of new technology?

	Very great resistance	Some resistance	Not sure	Not much resistance	No resistance at all
① Work hours become halved with the same income	1	2	3	4	5
② Work hours become zero with the same income	1	2	3	4	5
③ Both work hours and income become halved	1	2	3	4	5
④ Both work hours and income become zero	1	2	3	4	5

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

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

Q10. This question concerns job performance.

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

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

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

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

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

Q11. The following 9 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the “0” (zero) in the space after the statement. If you have had this feeling, indicate how often you felt it by crossing the number (from 1 to 6) that best describes how frequently you feel that way

	Never	Almost never (A few times a year or less)	Rarely (Once a month or less)	Sometimes (A few times a month)	Often (Once a week)	Very often (A few times a week)	Always (Every day)
① At my work, I feel bursting with energy	0	1	2	3	4	5	6
② At my job, I feel strong and vigorous	0	1	2	3	4	5	6
③ I am enthusiastic about my job	0	1	2	3	4	5	6
④ My job inspires me	0	1	2	3	4	5	6
⑤ When I get up in the morning, I feel like going to work	0	1	2	3	4	5	6
⑥ I feel happy when I am working intensely	0	1	2	3	4	5	6
⑦ I am proud of the work that I do	0	1	2	3	4	5	6
⑧ I am immersed in my work	0	1	2	3	4	5	6
⑨ Time flies when I am working	0	1	2	3	4	5	6

[To be answered by all respondents]

Q12. 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 Q12]

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 ()

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

[To be answered by all respondents]

Q13. (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

Q14. 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)

These questions concern information technologies

Q1. How much knowledge do you have about the following information technologies?

	I have used and know it very well	I know it to the extent of the specific contents	I know it to the extent of the outline	I have heard about it only to some extent	I have never heard about it
①IoT	1	2	3	4	5
②Cloud	1	2	3	4	5
③AI	1	2	3	4	5
④RPA	1	2	3	4	5
⑤Machine learning	1	2	3	4	5
⑥Deep learning	1	2	3	4	5

Q2. How much computer skills do you have to perform your job?

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

Q3. How do you respond and prepare to acquire knowledge and skills related to new technologies?

- 1 Participating in training programs offered by your company or organization to acquire knowledge and skills
- 2 Implementing self-development to acquire knowledge and skills
- 3 Striving to acquire knowledge through news, etc.
- 4 No response and preparation

Q4. In the last three years, have you lost your jobs or tasks due to the introduction of IT system, AI, Robotics, etc., and organizational reforms accompanying the introduction?

- | | | | |
|---|---------------------------------|---|--------------------------------------|
| 1 | Part of jobs or tasks were lost | 4 | No introduction or reform took place |
| 2 | Most of jobs or tasks were lost | 5 | I don't know |
| 3 | No jobs or tasks were lost | | |

[For respondents who answered 1 or 2 in Q4]

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

- 1 Experienced no major change
- 2 Tasks were changed
- 3 Jobs were changed or was transferred to other department or workplace
- 4 Lost jobs

Q5. Do you use the following new home appliances at home?

	Yes	No, but want to use	No	I don't know
①Robot vacuum cleaner	1	2	3	4
②AI speaker	1	2	3	4
③Watching or crime prevention robot	1	2	3	4

(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 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

Q3. 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)

Q4. (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 quitted.
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

Q5. Do you smoke cigarettes?

- 1**
Every day
2
Sometimes
3
Used to smoke but do not now
4
Never smoked
- ↳ (to Q6 on the next page)

[SQ1 is to be answered by those who chose [1] or [2] for Q5]

SQ1. Please provide answers about the cigarettes you currently smoke

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

※Please write the brand name as specifically as possible (e.g. 'MILD SEVEN AQUA menthol super light box', etc.).

The amount of tar and nicotine is shown on the package.

※For the case of electronic cigarettes: please write the brand name as specifically as possible; the amount of nicotine and tar can be left blank.

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

[To be answered by all respondents]

Q6. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitted)

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

[SQ is to be answered by those who chose [3] or [4] for Q6]

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]

Q7. 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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand yen
(b) Expenses for treatment other than above (Purchase of non-prescription medicines (cold medicine, stomach medicine, etc.))	1. Yes 2. No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> thousand yen

Q8. 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 2018 or after March 2018)
- 3 Multiphase health screening Time of visiting (Before April 2018 or after March 2018)
- 4 Lung cancer screening Time of visiting (Before April 2018 or after March 2018)
- 5 Uterine cancer screening (Women only) Time of visiting (Before April 2018 or after March 2018)
- 6 Breast cancer screening Time of visiting (Before April 2018 or after March 2018)
- 7 Colon cancer screening Time of visiting (Before April 2018 or after March 2018)
- 8 Other ()

[SQ1 is for respondents who answered [2] or [3] in Q8]

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]

Q9. What is your height and weight?

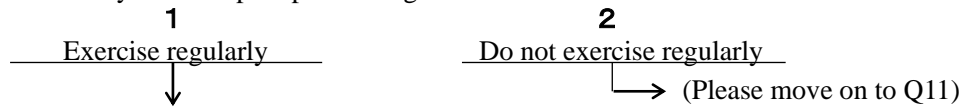
Height . cm Weight . kg

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

Q10. 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

[To be answered by all respondents]

Q11. (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 | |

(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.

Q12. Have you recently experienced the following symptoms? Please select and circle the number that applies for each item (one number for each item).

(a) Been able to concentrate on what you're doing?

1 Yes 2 Same as usual 3 Less than usual 4 Could not concentrate

(b) Lost much sleep over worry?

1 Never 2 Rarely 3 Sometimes 4 Often

(c) Felt that you are playing a useful part in things?

1 Yes 2 Same as usual 3 No 4 Not at all

(d) Felt capable of making decisions about things?

1 Yes 2 Same as usual 3 No 4 Not at all

(e) Felt constantly under strain?

1 Never 2 Rarely 3 Sometimes 4 Often

(f) Felt you couldn't overcome your difficulties?

1 Never 2 Rarely 3 Sometimes 4 Often

(g) Been able to enjoy your normal day to day activities?

1 Yes 2 Same as usual 3 No 4 Not at all

(h) Been able to face up to your problems?

1 Yes 2 Same as usual 3 No 4 Not at all

(i) Been feeling unhappy or depressed?

1 Never 2 Rarely 3 Sometimes 4 Often

(j) Been losing confidence in yourself?

1 Never 2 Rarely 3 Sometimes 4 Often

(k) Been thinking of yourself as a worthless person?

1 Never 2 Rarely 3 Sometimes 4 Often

(l) Been feeling reasonably happy, all things considered?

1 Often 2 Sometimes 3 Rarely 4 Never

Q13. The following questions ask about how you have been feeling during the **past 30 days**. For each question, please circle the number that best describes how often you had this feeling.

During the past 30 days, about how often did you feel ...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...nervous?	1	2	3	4	5
b. ...hopeless?	1	2	3	4	5
c. ...restless or fidgety?	1	2	3	4	5
d. ...so depressed that nothing could cheer you up?	1	2	3	4	5
e. ...that everything was an effort?	1	2	3	4	5
f. ...worthless?	1	2	3	4	5

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

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

These questions concern yourself

Q1. Here are a number of personality traits that may or may not apply to you. Please choose a number next to each statement to indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

	Agree strongly	Agree moderately	Agree a little	Neither agree nor disagree	Disagree a little	Disagree moderately	Disagree strongly
① Extraverted, enthusiastic	1	2	3	4	5	6	7
② Critical, quarrelsome	1	2	3	4	5	6	7
③ Dependable, self-disciplined	1	2	3	4	5	6	7
④ Anxious, easily upset	1	2	3	4	5	6	7
⑤ Open to new experiences, complex	1	2	3	4	5	6	7
⑥ Reserved, quiet	1	2	3	4	5	6	7
⑦ Sympathetic, warm	1	2	3	4	5	6	7
⑧ Disorganized, careless	1	2	3	4	5	6	7
⑨ Calm, emotionally stable	1	2	3	4	5	6	7
⑩ Conventional, uncreative	1	2	3	4	5	6	7

Q2. How well does each of the following statements below describe you?

	Very much like me	Mostly like me	Somewhat like me	Not much like me	Not like me at all
① I finish whatever I begin	1	2	3	4	5
② I am a hard worker	1	2	3	4	5
③ My interests change from year to year	1	2	3	4	5
④ Setbacks don't discourage me	1	2	3	4	5
⑤ I have been obsessed with a certain idea or project for a short time but later lost interest	1	2	3	4	5
⑥ I have overcome setbacks to conquer an important challenge	1	2	3	4	5
⑦ I have achieved a goal that took years of work	1	2	3	4	5
⑧ I become interested in new pursuits every few months	1	2	3	4	5
⑨ I am diligent	1	2	3	4	5
⑩ I often set a goal but later choose to pursue a different one	1	2	3	4	5
⑪ I have difficulty maintaining my focus on projects that take more than a few months to complete	1	2	3	4	5
⑫ New ideas and projects sometimes distract me from previous ones	1	2	3	4	5

(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?

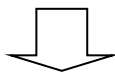
*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

- | | | | | | | | |
|---------|---------|---------|---------|---------|---------|--------------|-------------|
| 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 numerical input.

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 31-56, 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 48 (Feeling of happiness)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify: _____)
B Page 49-52 (Health)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify: _____)
C Pages 56 (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

[The following Q1(2)–(5) 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 financial assets? (Multiple responses permitted)

- 1** Child (Firstborn) **4** Brothers and sisters **6** Other (Please specify:)
2 Child (Secondborn) **5** Other than relatives **7** To none of the previous
3 Child (Thirdborn or younger children)

(3) To whom do you want to leave your real state? (Multiple responses permitted)

- 1** Child (Firstborn) **4** Brothers and sisters **6** Other (Please specify:)
2 Child (Secondborn) **5** Other than relatives **7** To none of the previous
3 Child (Thirdborn or younger children)

(4) 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

(5) 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:)

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

↓ → (to next page)

SQ. Enter the amount of the profits or losses

ten thousand yen

Q4. For each of the following items, enter the amount of income your household earned **last year (Jan. 2018 to Dec. 2018)**. (Enter "0" for items for which you had no income).

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

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

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

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

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

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

These questions concern expenditures

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

(1) Food → thousand yen

(2) Eating out & school lunches → thousand yen

(3) Rent, land rent, home repairs (excluding mortgages) → thousand yen
 excluding multi-family housing common charges)

(4) Multi-family housing common charges → thousand yen

(5) Electricity, gas, water (supply & sewage) → thousand yen

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

These questions concern the disaster prevention and earthquake resistance measures adopted in your household.

Q1. 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

Q2. 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

Q3. 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?

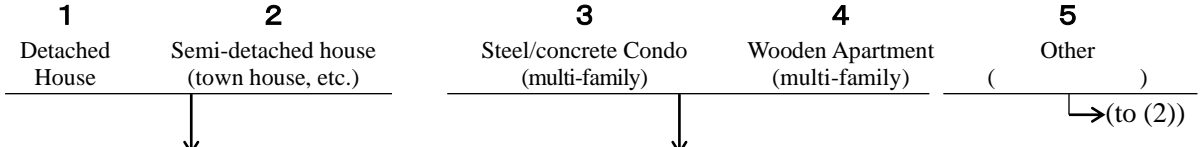
1
Sufficient

2
Insufficient

3
Do not know

These questions concern housing.

Q1. (1) What type of housing do you presently live in?



[For respondents who answered 1 or 2 in Q1(1)]

SQ1. How many stories is your house?

stories

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

1 Yes

 m²
2 No

[For respondents who answered 3 or 4 in Q1(1)]

SQ3. How many stories is the building?

stories

SQ4. Which floor do you live on?

Floor

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

m²

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

years old

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

Rooms

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

Minutes

[To be answered by all respondents]

Q2. 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 Q6 on page 67)		(to Q9 on page 69)	

[Q3 to Q5 is for respondents who answered “1-4 homeowner” in Q2]

Q3. These questions concern respectively the housing and plot where you presently live.

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

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>					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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>							ten thousand yen	Plot	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>							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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1 Increase</td> <td style="width: 10%; border: 1px solid black; height: 15px;"></td> <td style="width: 10%; text-align: center;">→</td> <td style="width: 15%;">Approx</td> <td style="border: 1px solid black; width: 40px; height: 20px; text-align: center;"></td> <td style="width: 5%; text-align: center;">%</td> </tr> <tr> <td>2 Decrease</td> <td style="border: 1px solid black; height: 15px;"></td> <td style="text-align: center;">→</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 Not change</td> <td colspan="5"></td> </tr> </table>	1 Increase		→	Approx		%	2 Decrease		→				3 Not change						<p>Plot value will</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1 Increase</td> <td style="width: 10%; border: 1px solid black; height: 15px;"></td> <td style="width: 10%; text-align: center;">→</td> <td style="width: 15%;">Approx</td> <td style="border: 1px solid black; width: 40px; height: 20px; text-align: center;"></td> <td style="width: 5%; text-align: center;">%</td> </tr> <tr> <td>2 Decrease</td> <td style="border: 1px solid black; height: 15px;"></td> <td style="text-align: center;">→</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 Not change</td> <td colspan="5"></td> </tr> </table>	1 Increase		→	Approx		%	2 Decrease		→				3 Not change					
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1 Increase		→	Approx		%																																
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3 Not change																																					

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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>							ten thousand yen	Plot	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>							ten thousand yen

Q4. These questions concern respectively the housing and plot where you presently live.

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

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

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

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

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

I did not purchase either a housing or a plot. \longrightarrow (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 type="text"/>	ten thousand yen
When did you take out the mortgage?	<input type="text"/> Year <input type="text"/> Month	
2. Personal funds (savings etc.)	<input type="text"/>	ten thousand yen
3. (In case of removal) Funds from the sale of a previous home	<input type="text"/>	ten thousand yen
4. Borrow from relatives	<input type="text"/>	ten thousand yen
5. Assistance from relatives	<input type="text"/>	ten thousand yen
1~5 Total	<input 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

Q5. The following questions are related to any rebuilding/renovation (remodeling/repair, etc.) that has occurred at your current place of residence. Have you done any rebuilding or renovation so far?

- 1 Yes 2 No 3 Do not know
 ↓ → (to Q9 on page 69)

(1) What type of construction has taken place? If more than one answer applies, please circle the option that identifies the largest change. (please circle one)

- 1 The house was rebuilt
- 2 Construction to increase the floor space of the house (expansion)
- 3 Construction to decrease the floor space of the house (reduction)
- 4 Demolished a part of the house, and then rebuilt (but the newly constructed area is equal to the area demolished) (renovation)
- 5 Construction work such as interior remodeling, roof replacement, floor plan change, and facilities improvement without an increase in the floor space or a demolition of a part of the house (repair / remodeling)

(2) When did this construction take place?

--	--	--	--

Year

(3) What was the reason for the construction work? (circle all that apply)

- | | |
|--|---|
| 1 Improve earthquake resistance | 6 Response to a change in the number of residents (children moving out, etc.) |
| 2 Improve accessibility (barrier free) | 7 To maintain the asset value in case of future sale, etc. |
| 3 Energy saving measures / to save energy | 8 General repair/renovation |
| 4 Reform related to maintaining long-term, quality housing | 9 Other (specific reason:) |
| 5 Response to combining households | |

(4) What was the approximate cost associated with construction?

--	--	--	--

ten thousand yen

[Proceed to Q9 on page 69]

[Q6 to Q8 is for respondents who answered “5-7 rental housing” in Q2 on page 65]

Q6. 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?

<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px; height: 30px;"></td> </tr> </table> <p>Years</p>		<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px; height: 30px;"></td> </tr> </table> <p>months</p>	

Q7. 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)

1 Yes 2 No 3 Not applicable (e.g., company house or dormitory)

↓ ↘ (to Q8)

SQ2. Have you renewed the contract last year?

1 Yes 2 No

↓ ↘ (to Q8)

SQ3. How much was the contract renewal fee?

--	--	--	--

thousand yen

Q8. 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?

1 Yes 2 No

↓ ↘ (to SQ3)

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

--	--	--

month's rent

SQ3. Did you pay key money?

1 Yes 2 No

↓ ↘ (to Q9 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]

Q9. Which of the following indicates your living situation with your parents?

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

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

[For respondents who answered [1-8] in Q9]

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

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

[To be answered by all respondents]

Q10(1) Is there a possibility that you will receive housing or land **from your parents** by way of a bequest or a gift in the future? Circle both **1** and **2** if you have the possibility to receive both a bequest and a gift.

- 1** I have a possibility to receive a bequest **2** I have a possibility to receive a gift **3** I have no possibility to receive a bequest or a gift

↓

SQ1. For respondents who answered “**1** or **2**” in the previous question. Do you plan to use that real estate by yourself?

1	2	3
Yes	Do not know	No

SQ2. What is the approximate present total market value of that real estate? (If you do not own the plot, enter housing value only. On the other hand, if you do not own the housing, enter plot value only.)

Housing ten thousand yen Plot ten thousand yen

(2) Is there a possibility that you will receive financial assets from your parents by way of a bequest or a gift in the future? Circle both **1** and **2** if you have the possibility to receive both a bequest and a gift.

- 1** I have a possibility to receive a bequest **2** I have a possibility to receive a gift **3** I have no possibility to receive a bequest or a gift

↓

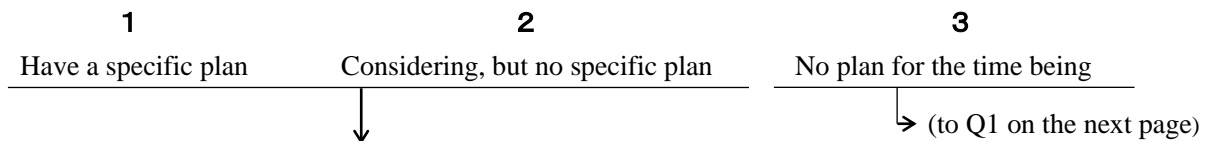
SQ1. For respondents who answered “**1** or **2**” in the previous question. What is the approximate amount value of those financial assets?

ten thousand yen

[To be answered by all respondents]

Q11. 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?

- | | |
|---|------------------------------|
| <ul style="list-style-type: none"> 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 → | <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> 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. 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
-

SQ3. Considering your current mortgage loan, have you make any advanced repayment in the past year?

- 1 No 2 Yes
-

SQ4. Did you take out a new mortgage or refinance existing mortgages in the last year?

- 1 I took out a new mortgage in the last year (no mortgages previously)
- 2 I refinanced existing mortgage(s) in the last year
- 3 I did not either take out or refinance mortgages in the last year

Thank you for participating in the Japan Household Panel Survey.

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