

# The Japan Household Panel Survey

## Questionnaire about your family (Offprint)

### ◎ Request for entry

We kindly request that you fill in the information of all those who live with you. Also, regardless of whether you live together or not, we request that you fill in the information referent to your family and relatives, including your spouse, parents, spouse's parents, children, children's spouse, grandchildren, and your siblings.

Information of family members, relatives and people living with you that were filled in the previous survey are already printed in this survey. Please, inform in case of any changes. Only the information of above-mentioned family/relatives are required to be filled in (please refer to the explanation in the figure below).

By obtaining a clear picture of your family members and relatives, we are able to carry out a more accurate statistical analysis about relationships between family members and relatives, concerning parenting, nursing care and caring for grandchildren over generations. We would appreciate your understanding on this point.

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. The individuals, family members or relatives will not be identified in the statical analysis results. Please answer the questions truthfully.

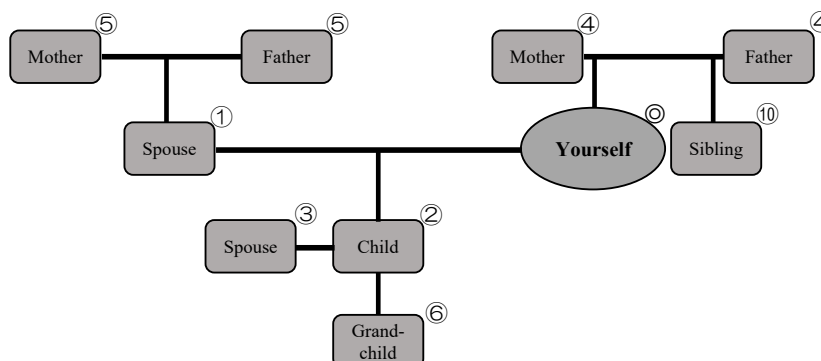
### < Individuals within the scope of this survey >

(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:

<b>Your parents</b>	<b>Your spouse</b>	<b>Child</b>	<b>Grandchild</b>
<b>Your sibling</b>	<b>Parents of your spouse</b>	<b>Spouse of child</b>	

◆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 the information of your family, your relatives, and those who live with you.

○ Please fill in the information of all those living with you plus the following individuals: your parents, your sibling, your spouse, parents of your spouse, child, spouse of child, and grandchild.

※ For Family ID1 (Yourself) just answer the questions on the columns on the right side

○ Information of family members, relatives and people living with you that were filled in the previous survey are already printed in this survey. In case of no changes, please draw a ○ over number 1 in column "Changes". In case of changes, please draw a ○ over number 2 in column "Changes". In case of change or mistake in the filled information, please write the correct information in the correspondent column.

○ In case of no previous information of someone living with you or an individual of your family, please fill in their information.

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		Answer the following items based on your answer on column "Changes"																										
										Changes	Final academic background			Changes in family relationship			Marital Status			Living situation		Working situation		Schooling situation		Circle the applicable option										
										1 - No changes 2 - Any change of status	Type of school (Use codes below)	Not in school / In school (Circle "Not")	I don't know (Circle "unknown")	Not in school / In school (Circle "Not")	Deceased 1	Neither 1 nor 2 2	Single 1	Married 2	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)	Working 2	Employment form (Use codes below) Not working 1	I don't know 3	Not in school 1	In school 2	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. 1	Yourself																																			
No. 2		M	Y unknown	1	Not	unknown	1 2 3	1 2 □ 3	1 2	hrs min	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3																	
No. 3		F	M unknown	2	Not	unknown	1 2 3	1 2 □ 3	1 2	hrs min	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3																	
No. 4		M	Y unknown	1	Not	unknown	1 2 3	1 2 □ 3	1 2	hrs min	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3																	
No. 5		F	M unknown	2	Not	unknown	1 2 3	1 2 □ 3	1 2	hrs min	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3																	
No. 6		M	Y unknown	1	Not	unknown	1 2 3	1 2 □ 3	1 2	hrs min	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3																	
No. 7		F	M unknown	2	Not	unknown	1 2 3	1 2 □ 3	1 2	hrs min	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3																	
No. 8		M	Y unknown	1	Not	unknown	1 2 3	1 2 □ 3	1 2	hrs min	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3																	
No. 9		F	M unknown	2	Not	unknown	1 2 3	1 2 □ 3	1 2	hrs min	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3																	
No. 10		M	Y unknown	1	Not	unknown	1 2 3	1 2 □ 3	1 2	hrs min	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3																	
No. 11		F	M unknown	2	Not	unknown	1 2 3	1 2 □ 3	1 2	hrs min	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 3	1 2 □ 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
	02 Child	09 Grandparent of spouse
	03 Spouse of child	10 Sibling
	04 Parent	11 Sibling of spouse
	05 Parent of spouse	12 Spouse of sibling
	06 Grandchild	13 Other relative
	07 Spouse of grandchild	14 Other

Employment Form Code	1 Self-employed worker
	2 Professional
	3 Family employee
	4 Executive officer
	5 Full-time employee
	6 Part-time employee
	7 Temporary employee
	8 Contracted/Commissioned employee
	9 Other

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

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	Answer the following items based on your answer on column "Changes"										Circle the applicable option																
					Changes		Final academic background	Changes in family relationship			Marital Status			Living situation		Working situation		Schooling situation													
					1 - No changes	2 - Any change of status		Not in school / In school ( Circle "Not" )	I don't know ( Circle "unknown" )	Divorced	Deceased	Neither 1 nor 2	Single	Married ( if you have not submitted a marriage notification ☐ )		I don't know	Living together with you	Not living with you	Not working	Working	Employment form ( Use codes below )	I don't know	In school	Not in school							
No. 12			M	Y	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
			F	M	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
No. 13			M	Y	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
			F	M	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
No. 14			M	Y	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
			F	M	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
No. 15			M	Y	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
			F	M	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
No. 16			M	Y	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
			F	M	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
No. 17			M	Y	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
			F	M	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
No. 18			M	Y	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	3						
			F	M	unknown	<input type="checkbox"/>	unknown	<input type="checkbox"/>	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	3	1	2	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?

1 Other than myself    2 Myself    3 No one



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

No.     No.     No.     No.

- Relationship Code
- 01 Spouse
  - 02 Child
  - 03 Spouse of child
  - 04 Parent
  - 05 Parent of spouse
  - 06 Grandchild
  - 07 Spouse of grandchild

- 08 Grandparent
- 09 Grandparent of spouse
- 10 Sibling
- 11 Sibling of spouse
- 12 Spouse of sibling
- 13 Other relative
- 14 Other

- Employment Form Code
- 1 Self-employed worker
  - 2 Professional
  - 3 Family employee
  - 4 Executive officer
  - 5 Full-time employee
  - 6 Part-time employee
  - 7 Temporary employee
  - 8 Contracted/Commissioned employee
  - 9 Other

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

		Answer the following items based on your answer on column "Changes"													
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	Changes		Final academic background	Changes in family relationship	Marital Status	Living situation	Working situation	Schooling situation	Circle the applicable option		
					1 - No changes	2 - Any change of status	Type of school (Use codes below)	I don't know (Circle "unknown") Not in school / In school (Circle "Not")	Neither 1 nor 2 Deceased Divorced	Single Married (If you have not submitted a marriage notification [Z]) I don't know	Not living with you Living together with you	Not working Working Employment form (Use codes below)	I don't know In school Not 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)
No. 19			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 20			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 21			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 22			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 23			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 24			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 25			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 26			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3			
No. 27			M	_____ Y _____ M	unknown	<input type="checkbox"/>	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2 _____ hrs _____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 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 single respondents (1. unmarried; 2. divorced or widowed).
- 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 2020

Branch No.		Point No.			Subject No.		Panel No.				Inspector	
							<b>2</b>					

These questions concern your family.

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

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 persons

Q2. Were you living at the same address one year ago?

**1** Yes, I was at the same address → (to Q3 on the next page)

**2** No, I was at a different address (I moved here \_\_\_\_ months ago)

**[For respondents who answered “2 No, I was at a different address” in Q2]**

SQ. About your previous residence:

(1) Which of the following represents the ownership relationship of your former residence? Please choose the one that applies to you.

**1** Owner of a single-family home or condominium

**2** Rental housing (private rental housing, public housing or public corporation rental housing, company housing, dormitories, etc.)

**3** Other

} → (to Q3 on the next page)

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

(2) Which of the following represents the current ownership status of it? Please choose the one that applies to you.

**1**  
I continue to own the property

**2**  
Sold or transferred

→ (to Q3 on the next page)

**[For respondents who answered 1 in (2)]**

(3) Which of the following represents its current use? Please choose the one that applies to you.

**1** My family or relatives live there.

**2** It is used as a vacation home.

**3** The property is used for rental purposes (including cases where there are currently no tenants)

**4** Planning to sell

**5** No one is currently living in the house and none of the above (from 1 to 4) applies (vacant house)

**6** Other (Specify \_\_\_\_\_)

**[For respondents who answered 5 in (3)]**

(4) Which of the following is the current status of your residence? Please choose the one that applies to you.

**1** The building has been removed and only the site is retained.

**2** The building still remains.

**3** Other

**[To be answered by all respondents]**

Q3. From 5 years old to 15 years old, in which prefecture or which country were you habitually resident?

**1** \_\_\_\_\_ Prefecture      **2** Overseas (please specify) \_\_\_\_\_

**[To be answered by all respondents]**

Q4. Has your household experienced any of the following changes over the past one year (Feb. 2019 to Jan. 2020)?  
(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

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Q5. This question concerns your family. Please include those who already passed away. Please do not include in-law.

(1) How many children do you have?

1 Yes →  persons    2 No

(2) How many grandchildren do you have?

1 Yes →  persons    2 No

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Q6. How many brothers and sisters do you have? Please include any siblings who have already died (spouse's brothers and sisters should not be included). In case of no siblings, mark the 0 alternative.

Older brothers  persons    0 No older brothers

Younger brothers  persons    0 No younger brothers

Older sisters  persons    0 No older sisters

Younger sisters  persons    0 No younger sisters

These questions concern your parents and siblings.

Q1. In what year was your father born?

Year [ ] [ ] [ ] [ ]

Q2. What was the last school from which your father graduated?

- 1 Junior high school (primary school or higher primary school under the pre-war system)
2 High school (junior high school under the prewar system)
3 Vocational school or advanced vocational school
4 Junior college
5 Technical college
6 4-year university
7 Graduate school
8 Other ( )

Q3. Is your father alive?

1 Yes

2 No, he is deceased

SQ1. When did he die?
Year [ ] [ ] [ ] [ ]

Q4. Did your father have a job when you were about 15 years old? Please circle the number of the item that corresponds to his form of employment.

- 1 Self-employed (restaurant; wholesale or retail shop; agriculture; etc.)
2 Professional (doctor; lawyer; accountant; tax accountant; etc.)
3 Worker at family business (restaurant; wholesale or retail shop; agriculture; etc.)
4 Wage worker (working at a company, organization, etc.) (as an employee of an employer)
5 Working at home without an employee relation with a company
6 Consigned work or subcontractor (without an employee relation)
7 Unemployed -> (to next page)
8 Was already deceased ->(to next page)

[SQ1 and SQ2 are for respondents who answered "4 Wage worker" in Q4]

SQ1. Which of the following was your father's work status?

- 1 Full-time regular employee 3 Temporary worker 5 Specialized contract employee
2 Contract employee 4 Part-time worker

SQ2. How many employees did your father's company have in total? (Do not include temporary or part-time workers; for public servants, just circle public service without specifying the number of employees).

- 1 1-4 3 30-99 5 500 or more
2 5-29 4 100-499 6 Public service

[SQ3 is for respondents who answered 1-6 in Q4]

SQ3. What was the content of your father's work? Choose from the following items.

- 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 (company researcher or engineer; medical practitioner; legal practitioner; teacher; artist; etc.)
11 Public safety employee (SDF, police, fire department, security guard, etc.)
12 Other ( )



**[To be answered by all respondents]**

Q5. In what year was your mother born?

Year

---

Q6. What was the last school from which your mother graduated?

- 1 Junior high school (primary school or higher primary school under the pre-war system)
- 2 High school (junior high school under the prewar system)
- 3 Vocational school or advanced vocational school
- 4 Junior college
- 5 Technical college
- 6 4-year university
- 7 Graduate school
- 8 Other ( )

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Q7. Is your mother alive?

1 Yes

2 No, she is deceased

SQ1. When did she die?

Year

---

Q8. Did your mother have a job when you were about 15 years old? Please circle the number of the item that corresponds to her form of employment.

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

**[These questions concern your parents' economic situation. If your parents already passed away, please advance to the next page]**

Q9. 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 Q10)

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

- |  |                                       |
|--|---------------------------------------|
| <b>1</b> Living expenses               | <b>4</b> Rent                         |
| <b>2</b> Medical expenses              | <b>5</b> Other (                    ) |
| <b>3</b> Housing purchasing assistance | <b>6</b> None                         |

Q10. 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 Q11)

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

- |  |                                       |
|--|---------------------------------------|
| <b>1</b> Living expenses               | <b>4</b> Rent                         |
| <b>2</b> Medical expenses              | <b>5</b> Other (                    ) |
| <b>3</b> Housing purchasing assistance | <b>6</b> None                         |

Q11. Do your parents own a house or other real state (their own property)?

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

Q12. Parents' living situation.

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

- |   |                                |                          |
|---|--------------------------------|--------------------------|
| <b>1</b> Living alone                         | <b>3</b> Living with her child | <u><b>5</b> Deceased</u> |
| <b>2</b> Living with her spouse (your father) | <b>4</b> Other                 | ↳ (to (2-A))             |

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

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

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

- |   |                                |                          |
|---|--------------------------------|--------------------------|
| <b>1</b> Living alone                         | <b>3</b> Living with his child | <u><b>5</b> Deceased</u> |
| <b>2</b> Living with his spouse (your mother) | <b>4</b> Other                 | ↳ (to next page)         |

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

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





(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 7]**

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

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

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

Last year     ten thousand yen  No income

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

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

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

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

ten thousand yen  None

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

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

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

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

Q4. This question concerns the nature of your work.

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

- 1 Yes                      2 No

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

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















**[To be answered by all respondents]**

Q11. 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 Q11]**

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]**

Q12. (1) Please circle all of the following items that apply concerning your employment status last year (Jan.-Dec.). (Multiple responses permitted)

- |  |  |
|--|--|
| <b>1</b> Worked all year long                    | <b>4</b> Did not work all year long                  |
| <b>2</b> Had a job, but took leave all year long | <b>5</b> Did not take any leave                      |
| <b>3</b> Looked for work all year long           | <b>6</b> 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
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>

(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
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>

(c) Months when I primarily looked for work

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

---

Q13. During last year (Jan.-Dec.) did you ever have a side job in addition to your main job?

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

This question concerns your personal history.

Following the entry example on the next page, please draw arrows indicating your activities each year from around age 15 to the present. If you changed jobs or schools, please draw a circle in the “changed job or school” column for that year.

Main activity	Attended school	Job seeking	Temp. work	Regular employment	Self-employed or free-lance professional	Working at home	Worker at family business	Changed job or school	Age
Age									Age
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
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60									60
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63									63
64									64
65									65
66									66
67									67
68									68

**ENTRY EXAMPLE**

Female, 45 years old with a personal history as summarized below

15-22	Attended university	22-26	Employed as a regular employee
26	Changed jobs	26-30	Employed as a regular employee
34-35	Job seeking activities	35-present	Employed as a part time

Main activity	Attended school	Job seeking	Temp. work	Regular employment	Self-employed or free-lance professional	Working at home	Worker at family business	Changed job or school
Age								
15	↓							
16	↓							
17	↓							
18	↓							
19	↓							
20	↓							
21	↓							
22	↓			↓				
23				↓				
24				↓				
25				↓				
26				↓				○
27				↓				
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These questions concern information technologies











■ [Redacted text]

■ [Redacted text]

■ [Redacted text]



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

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

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

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

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

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

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

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

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

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

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

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

These questions concern your health.

Q1. How is your health normally?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Never drink →  I don't/can't drink  I used to drink, but I quit. → (to Q12)  
 2 Few times/month 3 1-2 times/week 4 3+ times/week 5 Every day

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

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

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

Q12. Do you smoke cigarettes?

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

→ (to Q13)

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

SQ1. Please provide answers about the cigarettes you currently smoke

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

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

※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]

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

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

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

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

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

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

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

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

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

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> 1            | No exam or screening                               |  |
| <input checked="" type="checkbox"/> 2 | Periodic company or municipal government screening | Time of visiting (Before April 2019 or after March 2019) |
| <input checked="" type="checkbox"/> 3 | Multiphase health screening                        | Time of visiting (Before April 2019 or after March 2019) |
| <input type="checkbox"/> 4            | Lung cancer screening                              | Time of visiting (Before April 2019 or after March 2019) |
| <input type="checkbox"/> 5            | Uterine cancer screening (Women only)              | Time of visiting (Before April 2019 or after March 2019) |
| <input type="checkbox"/> 6            | Breast cancer screening                            | Time of visiting (Before April 2019 or after March 2019) |
| <input type="checkbox"/> 7            | Colon cancer screening                             | Time of visiting (Before April 2019 or after March 2019) |
| <input type="checkbox"/> 8            | Other ( )  |  |

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

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

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

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

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

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

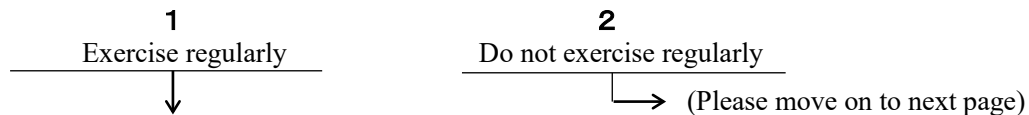
[To be answered by all respondents]

Q16. What is your height and weight?

Height    .  cm      Weight    .  kg

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

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



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

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

**[To be answered by all respondents]**

Q18. (1) On average, how many minutes do you walk per day in commuting to school or work? (Circle one only)

--	--	--	--

minutes

**0** do not walk

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

**1** 1 day

**4** 4 days

**7** 7 days (daily)

**2** 2 days

**5** 5 days

**8** Do not exercise

**3** 3 days

**6** 6 days

Q19. 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?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
b. ...hopeless?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
c. ...restless or fidgety?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
d. ...so depressed that nothing could cheer you up?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
e. ...that everything was an effort?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
f. ...worthless?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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

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

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

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

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

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

Family ID (                    )      Opening date Year\_\_\_\_\_Month \_\_\_\_\_

Family ID (                    )      Opening date Year\_\_\_\_\_Month \_\_\_\_\_

Family ID (                    )      Opening date Year\_\_\_\_\_Month \_\_\_\_\_

Family ID (                    )      Opening date Year\_\_\_\_\_Month \_\_\_\_\_

---

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

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

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

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

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

Family ID (                    )      Opening date Year\_\_\_\_\_Month \_\_\_\_\_

Family ID (                    )      Opening date Year\_\_\_\_\_Month \_\_\_\_\_

Family ID (                    )      Opening date Year\_\_\_\_\_Month \_\_\_\_\_

Family ID (                    )      Opening date Year\_\_\_\_\_Month \_\_\_\_\_

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?

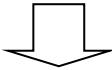
\*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

- 1 Level 1
- 2 Level 2
- 3 Level 3
- 4 Level 4
- 5 Level 5
- 6 Level 6
- 7 Over Level 7
- 0 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
- 2 Spouse
- 3 Child/children
- 4 Parent/parents
- 5 Grandparent/grandparents
- 6 Grandchild/grandchildren
- 7 Other family members
- 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

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)
<b>1</b> Yes	<b>1</b> Your father <b>2</b> Your mother <b>3</b> Spouse's father <b>4</b> Spouse's mother	<b>7</b> Spouse <b>8</b> Your siblings <b>9</b> Spouse's siblings <b>10</b> Child <b>11</b> Grandchild <b>12</b> Others	<b>1</b> Bathing <b>2</b> Dressing <b>3</b> Eating <b>4</b> Using the toilet <b>5</b> Indoor movement <b>6</b> Going out <b>7</b> Supervising
<b>2</b> No	<b>5</b> Your grandparents <b>6</b> Spouse's grandparents		

[To be answered by all respondents]

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

Example: 1.0 hour →   hrs      30 minutes →   hrs

Frequency	Almost every day	A few times per week	Once a week	Almost never	Never
Commute to school or work (one-way)	Avg. <input type="text" value="1"/> <input type="text" value="0"/> min	Avg. <input type="text" value="2"/> <input type="text" value="0"/> min	Avg. <input type="text" value="3"/> <input type="text" value="0"/> min	<b>4</b>	<b>5</b>
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	<b>4</b>	<b>5</b>
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	<b>4</b>	<b>5</b>
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	<b>4</b>	<b>5</b>
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	<b>4</b>	<b>5</b>
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	<b>4</b>	<b>5</b>

\*1 Please include the travel time



Q6. Please write your usual sleeping hours.

(Please answer to the first decimal point.

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

Weekdays  hours per night on average

Weekends and holidays  hours per night on average

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

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

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

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

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

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

These questions concern your satisfaction level with everyday life.

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

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

**[Lastly]**

Q. For the questions on pages 3-29, 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 “2. Other person,” please provide specific information about your relationship to the questionnaire subject. (Please circle one answer (1, or 3) for each section.)

A Page 20 (Feeling of happiness)	1 Questionnaire subject	2 Other person (Please specify: )
B Page 20 (Future and uncertain matters)	1 Questionnaire subject	2 Other person (Please specify: )
C Page 21-24 (Health)	1 Questionnaire subject	2 Other person (Please specify: )
D Pages 29 (Feeling of satisfaction)	1 Questionnaire subject	2 Other person (Please specify: )
E Pages other than A-D	1 Questionnaire subject	2 Other person (Please specify: )

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

These questions concern savings, assets and liabilities.

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

● Deposits refer to the following types of items

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

● Securities refer to the following types of items

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

Also, in this survey “savings” refers to monetary assets and does not include real estate, housing and other real assets. 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	<b>1</b> Yes	<b>2</b> No
To buy durable consumer goods (automobiles, furniture, home appliances, etc).	<b>1</b> Yes	<b>2</b> No
For child/children's education	<b>1</b> Yes	<b>2</b> No
For marriage (including child/children's marriage)	<b>1</b> Yes	<b>2</b> No
For travel, sports or other leisure	<b>1</b> Yes	<b>2</b> No
For independence and self-support	<b>1</b> Yes	<b>2</b> No
For illness, disaster, etc.	<b>1</b> Yes	<b>2</b> No
For living expenses	<b>1</b> Yes	<b>2</b> No
Other	<b>1</b> Yes	<b>2</b> No

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

SQ. Please enter your present household borrowings balance.

Total present household borrowings balance

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

ten thousand yen

This question concerns inheritance and advancement

Q1. Answer the following question regarding your 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	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Real estate	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

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. 2019 to Dec. 2019)**. (Enter “0” for items for which you had no income).

- Ⓒ Enter your income in Column A for each of the following items.
- Ⓒ Enter the approximate total income of **other family members excluding you** in Column B. ←
- (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 Other Family Total (Approx) (Unit: ten thousand yen)
(1) Annual employment income*1	<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"/>
(3) Rent & land rent income	<input type="text"/>	<input type="text"/>
(4) Interest & dividends*3	<input type="text"/>	<input type="text"/>
(5) Remittances & gifts	<input type="text"/>	<input type="text"/>
(6) Public pension	<input type="text"/>	<input type="text"/>
(7) Corporate & personal pensions	<input type="text"/>	<input type="text"/>
(8) Unemployment benefits & child-care leave benefits	<input type="text"/>	<input type="text"/>
(9) Child allowances and childcare allowances*4 (Household total)	<input type="text"/>	<input type="text"/> (Please enter the total amount received by your household)
(10) Welfare benefits (Household total)	<input type="text"/>	<input type="text"/> (Please enter the total amount received by your household)
(11) Other income	<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

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 disaster prevention measures, earthquake resistance measures and other insurances.

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

Type of insurance	Already subscribed	Not subscribed, but intend to	Not subscribed and no intention to	For respondents who answered "1 Already subscribed"							
				Starting year			Starting month				
<b>(Example)</b> Fire insurance (residence)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="6"/>	year	<input type="text" value="1"/>	<input type="text" value="0"/>	month
Fire insurance (residence)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>					year			month
Fire insurance (household belongings)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>					year			month
Earthquake insurance (residence)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>					year			month
Earthquake insurance (household belongings)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>					year			month
Life insurance (respondent)	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>					year			month

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

- Confirmed
- Would like to confirm, but materials are not available → (to Q3)
- Not confirmed → (to Q3)

[For respondents who answered "1 Confirmed" in Q2]

SQ1. When was the most recent time you checked?      1 Heisei   year   months  
 2 Reiwa   year   months

[To be answered by all respondents]

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

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

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

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

- 1 Sufficient
- 2 Insufficient
- 3 Do not know



These questions concern housing.

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

Q1. Have your household moved or expanded/remodeled your housing **since January 2019**?

<b>1</b>	<b>2</b>	<b>3</b>
Moved	Expanded/remodeled	No change since last year
↓		→ (to Q3 on the next page)

**[Q2 is to be answered by those who chose [1] or [2] for Q1]**

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Detached House	Semi-detached house (town house, etc.)	Steel/concrete Condo (multi-family)	Wooden Apartment (multi-family)	Other ( )
↓		↓	→(to (2))	

**[For respondents who answered 1 or 2 in Q2(1)]**

SQ1. How many stories is your house?

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

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

**1** Yes 

--	--	--

 m<sup>2</sup> **2** No

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

SQ3. How many stories is the building?

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

SQ4. Which floor do you live on?

Floor 

--	--

(2) What is the total floor space? (2 tatami mats = 1 *tsubo* = 3.3m<sup>2</sup>) 

--	--	--	--

 m<sup>2</sup>

(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]**

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
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 Q8 on page 39)		(to Q12 on page 41)	

**[Q4 to Q5 is for respondents who answered "1-4 homeowner" in Q3]**

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

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

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

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

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

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

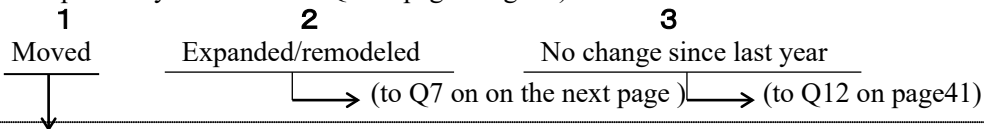
<p>Housing value will</p> <p><b>1</b> Increase <input type="checkbox"/> → Approx <input style="width: 50px;" type="text"/> %</p> <p><b>2</b> Decrease <input type="checkbox"/> →</p> <p><b>3</b> Not change</p>	<p>Plot value will</p> <p><b>1</b> Increase <input type="checkbox"/> → Approx <input style="width: 50px;" type="text"/> %</p> <p><b>2</b> Decrease <input type="checkbox"/> →</p> <p><b>3</b> Not change</p>
---	--

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

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

Q5. Have your household moved or expanded/ remodeled your housing **since January 2019**?

(Please provide your answer to Q1 on page36 again.)



**[Q6 is for respondents who answered “1 Moved” in Q5]**

Q6. Which of the following options applies to your current residence? (please circle one)

- |   |                            |
|---|----------------------------|
| 1 Building a custom house                   | 4 Inheritance from parents |
| 2 Purchased a house for sale or condominium | 5 Other (Please specify: ) |
| 3 Buying an existing house                  |                            |

SQ1. How did you acquire the property? (If you do not own the property or live in a condominium, please answer only for the house. (If the site is not owned by you or you live in an apartment, please answer only the house part. (If the site is not owned by you or you live in a condominium, please answer only the house part, and if the site is in the name of a family member such as a parent, please choose 7.

House is  The site is

- 1 Purchased entirely with own funds (including loans)
- 2 Partially borrowed funds from parent to purchase
- 3 I received a gift from my parents to purchase the house
- 4 Purchased in joint name with parents
- 5 I received a gift of a house or site from my parents
- 6 Inherited the house or site from a parent
- 7 I live in a house that is in the name of my parents or other family members
- 8 Other

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)

House  Year  Month Site  Year  Month

I did not purchase either a housing or a plot. → (to SQ5 on the next page)

SQ3. How much did you pay for your purchase? Please answer approximately. (If you do not own the property or you live in an apartment, please answer only the house part and write 0 for the property.

House  ten thousand yen Site  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)

<b>Total ( “House” + “Site” from SQ3)</b>	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
1. Mortgage (initial borrowing amount at the time of purchase)	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
When did you take out the mortgage?	<input style="width: 60%; height: 20px;" type="text"/> Year <input style="width: 20px; height: 20px;" type="text"/> Month	
2. Personal funds (savings etc.)	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
3. (In case of removal) Funds from the sale of a previous home	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
4. Borrow from relatives	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
5. Assistance from relatives	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen
1~5 Total	<input style="width: 100%; height: 20px;" type="text"/>	ten thousand yen

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

Plot area 

--	--	--	--

 m<sup>2</sup>

**[Proceed to Q12 on page 41]**

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**[Q7 is for respondents who answered “2 Expanded/remodeled” in Q5 page 38]**

Q7. 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 in the previous year? If you have done it multiple times, please base your answer on the largest one.

(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) What was the approximate cost associated with construction?

--	--	--	--	--

 ten thousand yen

---

**[Q8 to Q10 is for respondents who answered “5-7 rental housing” in Q3 on page 37]**

Q8. I would like to ask you about the housing rent and contract terms of your current residence.

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

--	--	--

 thousand yen

---

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

--	--	--

 thousand yen

---

SQ3. What is the remaining lease period?

--	--

 Years      

--	--

 months



**[To be answered by all respondents]**

Q12. 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

**[To be answered by all respondents]**

Q13(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?

<b>1</b> Yes	<b>2</b> Do not know	<b>3</b> 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



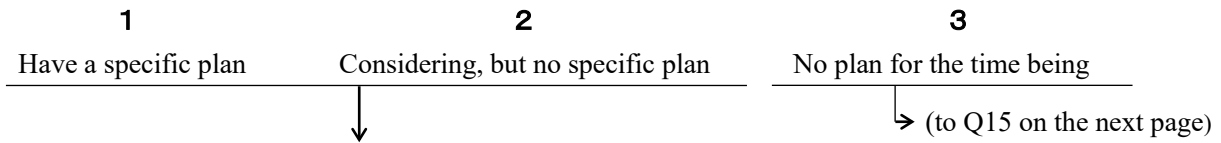
SQ1. For respondents who answered “1 or 2” in the previous question. What is the approximate amount value of those financial assets?

ten thousand yen

**[To be answered by all respondents]**

Q14. 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?

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

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

- 1** Owned detached house (plot owned or partially owned)
  - 2** Owned detached house (plot regular lease)
  - 3** Owned detached house (plot term lease)
  - 4** Owned condo (plot partially owned)
  - 5** Owned condo (plot regular lease)
  - 6** Owned condo (plot term lease)
  - 7** Private rental housing
  - 8** Private rental housing (term lease)
  - 9** Public rental housing
  - 10** Public rental housing (term lease)
  - 11** Company housing or dormitory (incl. company leased housing)
  - 12** Other ( )
- } → (to Q15 on the next page)

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

SQ3. Where is the location of your planned housing?

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

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

(2 tatami mats = 1 *tsubo* = 3.3m<sup>2</sup>)

						m <sup>2</sup>
--	--	--	--	--	--	----------------

Q15. Do you own a house other than the one you live in now? (This includes houses owned in joint names, houses for rent, and houses with shops.

1 Yes
2 No

→ (to Q1 on the next page)

SQ1. How many houses do you own other than the one you live in now? If you own more than one house in the same building as a rental house, please answer each as a separate unit.

houses

SQ2. How many of these houses that have no one living in them? Please answer by type.

1. holiday homes and secondary residences .....	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	houses
2. housing for rent (no tenants) .....	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	houses
3. housing to be sold .....	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	houses
4. housing that does not fall under any of the previous alternatives .....	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	houses

SQ3. Please answer the following questions for up to two of the houses you answered in SQ1.

- ※ If you own more than one house in the same building such as a rental house, please answer for a typical house among them. In that case, please answer the total number of houses you own in the same building in the "Total number of houses" column of (9).
- ※ For "(4) Plot area", if you own the entire housing complex, please indicate the area of the entire site.
- ※ (5) "Market price" is the price that would be expected if the property were sold today.
- ※ For "(6) Method of acquisition", "(7) Use", and "(8) Current condition of the residence", please select the appropriate option from the options below the table.
- ※ Please indicate the number of housing units with no tenants at present in the "Vacant" column of "(9) Multiple units owned in the same building".

	first house	second house
(1) Location	<b>1</b> Within the same city, town or village <b>2</b> Within the same prefecture <b>3</b> Other prefectures (                    ) <b>4</b> Overseas (country name:            )	<b>1</b> Within the same city, town or village <b>2</b> Within the same prefecture <b>3</b> Other prefectures (                    ) <b>4</b> Overseas (country name:            )
(2) Construction period	<b>1</b> Meiji <b>3</b> Showa <b>5</b> 2020 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> year <b>2</b> Taisho <b>4</b> Heisei	<b>1</b> Meiji <b>3</b> Showa <b>5</b> 2020 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> year <b>2</b> Taisho <b>4</b> Heisei
(3) Total floor area	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> m <sup>2</sup>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> m <sup>2</sup>
(4) Plot area	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> m <sup>2</sup>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> m <sup>2</sup>
(5) Market price	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> ten thousand yen	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> ten thousand yen
(6) Acquisition method (see Code Table A)	Choices.	Choices.
(7) Use (See Code Table B)	Choices.	Choices.
(8) Current condition of the residence (see Code Table C)	Choices.	Choices.
(9) Multiple units owned in the same building	<b>1 Yes</b> <b>2 No</b> ↓ Total number of units <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> units Vacant <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> units	<b>1 Yes</b> <b>2 No</b> ↓ Total number of units <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> units Vacant <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> units

Acquisition method Code Table A	<b>1</b> Purchase <b>2</b> Inheritance and transfer <b>3</b> Other
---------------------------------	--

<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">purpose Code Table B</td> <td>                     There are people who live there regularly.  <b>1</b> Family members, relatives, or acquaintances reside  <b>2</b> For rent (with tenants)  <b>3</b> For sale (with occupants)  <b>4</b> Other (other than 1 to 3)                 </td> </tr> </table>	purpose Code Table B	There are people who live there regularly. <b>1</b> Family members, relatives, or acquaintances reside <b>2</b> For rent (with tenants) <b>3</b> For sale (with occupants) <b>4</b> Other (other than 1 to 3)	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Housing Status Code Table C</td> <td>                     No one usually lives there.  <b>5</b> Holiday homes and secondary residences  <b>6</b> For rent (no tenants)  <b>7</b> For sale (no occupants)  <b>8</b> Other (other than 5 to 7)                 </td> </tr> </table>	Housing Status Code Table C	No one usually lives there. <b>5</b> Holiday homes and secondary residences <b>6</b> For rent (no tenants) <b>7</b> For sale (no occupants) <b>8</b> Other (other than 5 to 7)
purpose Code Table B	There are people who live there regularly. <b>1</b> Family members, relatives, or acquaintances reside <b>2</b> For rent (with tenants) <b>3</b> For sale (with occupants) <b>4</b> Other (other than 1 to 3)				
Housing Status Code Table C	No one usually lives there. <b>5</b> Holiday homes and secondary residences <b>6</b> For rent (no tenants) <b>7</b> For sale (no occupants) <b>8</b> Other (other than 5 to 7)				

Housing Status Code Table C	<b>1</b> Habitable in its current state <b>2</b> Minor repairs are required <b>3</b> Major repairs and renovations are required
-----------------------------	---



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

- 1 No      2 Yes
- 

SQ3. 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 → (end of survey)
- 

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

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

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

**Thank you for participating in the Japan Household Panel Survey.**

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