# Regarding Employment and Living Situation(The Keio Household Panel Survey)

	(The Reio	110 450	nora r an	CI Du	1 V C y /	
— Inst	ructions					
• This survey qu	estionnaire is for respon	dents with sp	ouses.			
applicable nur	the questions by circ mber in the blank square effic details inside the p	re provided.	When your ans	wer is "o	ther," circle th	he number and
• Please answer please follow	the questions in orde	er. Some que	estions only app	oly to cer	tain people. I	in those cases,
	cludes somewhat perso analyses, so please ansv	-	-	f and you	r family. Thes	se will be used
• If you do not l	know the answers to an	y of the ques	stions concernir	ıg your fa	mily, please a	sk your family
	questions concern figure w the answers.	res for the n	nonth of Januai	y. Please	respond to the	hose questions
Survey officer	will codate). Thank you very m	<del>-</del>	completed surve	y form	around	(time) on
We begin by asking Q1. (1) Sex	g questions regarding you  1  Male	urself.	<b>2</b> Female			
(2) What i	s your date of birth?					
Year		Month		Day		
						Jan. 2009

Branch No.	Point No.	Subject No.	]	Panel No.	Inspector
			6		

	Th	ese questions	concern vo	ur fan	nilv	]																	
		•				] live with, <u>incl</u>	ıdina vo	urcel	f?)														
	Q1.	110W IIIaiiy			-	nve with, <u>men</u>	ading yo	uisci	<u>1</u> ;														
				p	ersons																_		
	Q2	If there are	e any famil tutionalizati	y men	nbers te other re	mporarily living asons, how ma	ng separ any are t	ately empo	for	wo	rk, ivin	scho	oolin para	ig, l	hosj v?	oita	liza	tion, 1	medi	cal			
		,			person		<b>0</b> No o																
	_																						
	Q3.					g those tempornth and year; p																	
Dale	otion	living with	h you or sep Relation-	oaratel Sex	y; and t	heir marital sta			So	hoo	line	· or /	empl	OT III	man	<u> </u>						Mari	ital
		snip to you specify)	ship code	Male	e=1	Birth month a	ina year				_		one (	•		l			imploy	iving	iving	status	
•		1 2/	(see	Fem	ale= <b>2</b>				Preschool			Jr. college				Employed	Home	Other(	ment F	Living together	g sepa	Single	Married
			below)						hool	Elem. or Jr. high	High school	llege	University	Graduate school	Vocational school	œ.	Homekeeping/childraising	Other(please specify)	Employment Form Code	ther	Living separately	е	8
										<u>B</u>				<u>ool</u>	hool		;/childa	ecify)	ode				
																	aising :						
1	Dof		0 0						_			4		_	_	8	_	10	/	_	_	1	<b>②</b>
1	Kei	erence person	0 0						1	2	3	4	5	О	,	0	9				/	•	۷
2	Му	spouse	0 1	1 M	<b>2</b> F	ү		М	1	2	3	4	5	6	7	8	9	10		1	2	1	2
			i i																	L			
3	Му			1 M	<b>2</b> F	Y		M	1	2	3	4	5	6	7	8	9	10		1	2	1	2
4	Му			1 M	<b>2</b> F	Y		M	1	2	3	4	5	6	7	8	9	10		1	2	1	2
5	Му			1 M	<b>2</b> F	у		М	1	2	3	4	5	6	7	8	9	10		1	2	1	2
6	M							1	1	2	3	4	5	6	7	8	_	<u></u>		-	2	1	2
0	Му			1 M	<b>2</b> F	У		M	'		<u> </u>	4	5	0		_	9	ا0 ر		Ľ			
7	Му			1 M	<b>2</b> F	Y		М	1	2	3	4	5	6	7	8	9	10		1	2	1	2
8	Му			1 M	<b>2</b> F	V		M	1	2	3	4	5	6	7	8	9	10		1	2	1	2
								M												<u> </u>			
9	Му			1 M	<b>2</b> F	У		M	1	2	3	4	5	6	7	8	9	10		1	2	1	2
10	Му			1 M	<b>2</b> F			]	1	2	3	4	5	6	7	8	9	10		1	2	1	2
	1119					Y		М				•		_		_	_	·''		Ŀ	_		_
		01 Spouse	06	Spouse	's parent	11 Othe rel	lativa	С	Εn		2 Pro	ofessio											
Code	₹elati	02 Child		Grandp	-	12 Other	idel VC	Code	ploy	.	4Off	icer o	at fam f a co staff o	mpa	ny,or	gani	zatic	on,etc					
Code	onshi	03 Child's sp 04 Grandchil		Spouse Sibling	's grandpa	rent			Employent Form	(	6 Par	rt-time	e wor	ker		/66							
•	p	05 Parent		_	's sibling				ĬĦ.			ntract				peci	alize	ed contra	act emp	oloye	e		

Q4. In t					•									
(.	1 ne nea	<b>2</b>	<b>3</b>	4	1ain wo	rker pro <b>6</b>	<b>7</b>	, incon 8	9	10				
SQ1. D	o <u>any</u>	family	<u>member</u>	s earn 1	more to	tal inco	me (in	cludin	g pensio	on and	d renta	ıl inco	me) than the	head of
househol	d?													
			1 Yes				<b>2</b> No	0						
			<b>\</b>											
SQ2. In highest			e, whicl	1 <u>numbe</u>	er perso	n has th	e highe	est tota	income	<u>e</u> ? (Se	lect the	e one p	person with th	e
	1	2		3	4	5		6	7		8	9	10	
Q5. In t	he abo	ve table		re any p				self ter		y livii	ng sepa	arately	for work?	
SQ. W	ers that		persons 3	in the a	above ta	able are	tempo		iving se	eparate	ely for		Please circle	e all the
Q6. Doo keep se					lease cir					ply)	nces?	If so, v	which number	persons
07.11		. 1	1.1		C	1 C 11	. ,							
Q7. Has							wing ci	nanges	over tn	e past	one y	ear?		
(116		ad a chil	ne numb	ers will	cii appi	y)								
2				nouse's	narent	moved i	n							
3	_	-		_	-	me after		rarily l	iving se	narate	ely for	work		
2						nembers	-	-	_	-	-	WOIIL		
5		`				orarily l					-)			
6					-	rs decre	-	_			nembe	er left		
7						rs decre								
8	3 Otl	ner (the	number	of hous	ehold n	nembers	decrea	sed fo	r other r	eason	s)			
ç	<b>)</b> I go	ot marri	ed											
1	0 I go	ot divor	ced fron	n my sp	ouse									
1	1 I se	eparated	from m	y spous	e									
1.	<b>2</b> I (a	ind my i	family) l	left pare	nt's ho	me and f	formed	a sepa	rate hou	isehol	d			
1	<b>3</b> I (a	and my	family)	moved i	into par	ent's ho	me and	forme	d a join	t hous	ehold			
1-	<b>4</b> No	particu	lar chan	ges										

Q8. Were you living at the same address one year ago?

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

The questions on the following pages 3-17 are for the respondent filling out the survey forms. Questions on pages 18-32 are for the respondent's spouse.

L			
Q1. Are your	parents alive?		
	<ul> <li>Both parents alive</li> <li>Father alive, mother deceased</li> <li>Mother alive, father deceased</li> <li>Both parents deceased</li> </ul>	(to	to next page)
Q2. How much	ch financial assistance did you give to your pa	rents	last year?
Please ir	nclude housing purchases, rent, land rent, living	g exp	penses and other financial assistance.
Last year	ten thousand yen	0	Did not give any financial assistance  (to Q3)
SQ. What	were the purposes of that financial assistance?	(Mul	•
1	Living expenses	4	Rent
2	Medical expenses	5	Other ( )
3	Housing purchasing assistance	6	None
Pleas	ch financial assistance did you receive from you exclude inheritance items, but include hous cial assistance and allowances.	-	purchases, rent, land rent, living expenses and other
			(to next page )
SQ. What	were the purposes of that financial assistance	? (Mt	ultiple responses permitted)
1	Living expenses	4	
2	Medical expenses	5	
3	Housing purchasing assistance	6	None

These questions concern your parents.

These	questions concern your	current schooling.		
Q1. Are	you presently attending s	school?		
	1 Yes School location: 1 2 3	2 Same prefecture,	town or village other city, ward, tow ( Prefec	
Q2. The	se questions ask about yo	our learning activities	s to improve your skil	ls and abilities.
(1)				any actions (attended school, take and abilities for your own work?
	Presently taking act	ion To	ook action	Did not take action
				${} \text{(to (4))}$
(2)	How did you learn? Ple	ease circle all the iten	ns that apply (Multin	le responses permitted)
(2)	-			ic responses permitted)
	1 Attended vocation 2 Attended trade sch	nal school or advance	ed vocational school	
	3 Attended public v			
	4 Attended university	ty (degree program)		
		e school (including a nce course (including		
		ty or other public lec		
	8 Learned from TV	or radio course and l		
	<ul><li>9 Attended lectures</li><li>10 Participated in con</li></ul>		dry group	
	11 Other (	mpany voluntary stud )	ly group	
	· ·	,		
<b>⊢</b> >	SQ. (Only for respond	lents who answered	1-5 in (2)) Did you gr	aduate from that program?
	Yes, completed and	graduated	Have not yet con	npleted or graduated
(3)	How much time and i	noney did you sper	nd per month, on av	erage, for that learning? (Include a
	expenses paid by you	or your family, but	do not include publ	ic assistance or assistance from yo
	employer; enter "0" if y	you did not spend any	y money.)	
	Time: Approx.	hours	Money: Approx.	ten thousand yen
(For al	l respondents)			
(4)	D: 4	. Tii 4 F 4	4: D	
(4)	Did you make use of the	_	tion Benefits System	over the past year?
	1 Used it and receiv			
		vill receive benefits		
	\	ystem, but have not u		
	4 Do not know abou	at the system, and ha	ve not used it	
(5)	(Only for roonandon	+- who opomored '	) in (4))	
(5)	(Only for responden			tom?
	Are you eligible to us	_	aucation Benefits Sys	
	J.	2		3
	Yes	No		I do not know

These questions concern your employment.

We begin by asking about your work. Q1. Last month (January), did you perform any paid work (including paid work at family businesses)? Please circle the item that most closely matches your activity (answer including part-time work). Performed paid work Did not perform any paid work 1 Mostly worked Took leave from work **2** Worked while mostly attending school **5** Was looking for work **3** Worked while mostly keeping house **6** Attended school; kept house; other  $\rightarrow$  (to Q3 on next page)  $\rightarrow$  (to SO2)  $\rightarrow$  (to SO3) (For respondents who answered "4 Took leave from work" in Q1) SQ1. Why did you take leave from work last month (Jan.), even though you have a job? Because of my own health Because of late stock buy-in, weak markets, etc. 2 To prepare for opening business For childcare leave 5 For nursing care leave Other( (If you answered SQ1, proceed to Q3 on the next page) (For respondents who answered "5 Was looking for work" in Q1) SO2. Which method did you mostly use to look for work? Registered with a Public Employment Security Office Used job offer advertisements and magazines Used a private employment placement service Asked schools and/or acquaintances for recommendations and introductions Asked my former company for introductions 5 Applied directly to businesses making job offers Other ( (2) How many days did you spend in total last month (Jan.) looking for work? days (3) How much money did you spend in total last month (Jan.) looking for work? thousand yen (4) Did you receive unemployment insurance benefits? 1 Yes I did  $\rightarrow$ For how many months? months No, I did not 2 I did not have employment insurance coverage (Respondents who answered SQ2 proceed to Q2 on the next page) (For respondents who answered "6 Attended school; kept house; other" SQ3. What did you mostly do last month (Jan.)? Mostly attended school **5** Life after retirement 2 Mostly housework & childcare **6** Preparation for study abroad or move overseas Treatment of my illness or injury 7 Other (

(Respondents who answered SQ3, proceed to Q2 on the next page)

Nursing care of family member

		1	2
		Yes	No
	(Res	spondents who answered Q2,	proceed to Q8 on p.12)
	-	ndents who answered 1-4 in	
Q3.		-	work. If you have more than one job, respond for the job which
	•	ates the highest income.	
			the parentheses with a specific description such as automobile
	-		ior high school teacher or furniture maker, and then answer the
	follow	ving questions.	
	/	Job description:	
(1)	What	is the nature of the work you us	ually do?
(-)	1	Agriculture, forestry, or fishery	-
	2	Mine worker	
	3	Salesperson (retail or wholesal	e shop manager or worker, outside salesperson, real estate agent,
		etc.)	
	4	Service worker (worker, clean	er, etc. at a barber shop, beauty parlor, restaurant, inn, etc.)
	5	Manager (national or local gov	ernment assembly member; section chief or higher position at a
		company, organization or gove	rnment office)
	6	Clerical worker (general clerk,	accountant, operator, sales clerk, etc.)
	7	Transportation or communicat	ons worker (railway or motor vehicle driver; ship or airplane pilot;
		conductor; cable or wireless ra	dio operator, etc.)
	8	Manufacturing, construction, r	naintenance or freight worker
	9	Information technology engine	er (systems engineer, programmer, etc.)
	10	Specialized or technical worker	r *excluding IT engineer
		(company researcher or engine	er; medical practitioner; legal practitioner; teacher; artist; etc.)
	11	Public safety employee (SDF,	police, fire department, security guard, etc.)
	12	Other (	)

- work? If you work at a family business, respond "proprietorship".
  - 1 Proprietorship
  - 2 Corporation
  - Non-profit corporation (educational corporation, medical corporation, foundation, association, 3 NPO or other public benefit corporation)
  - Government organ

(3)	What	is the nature of the work of the company or	of	fice where you usually work?
	1	Agriculture		
	2	Fishery, forestry, marine products		
	3	Mining		
	4	Construction		
	5	Manufacturing (including publishing and	pri	inting)
	6	Wholesale, retail (including department st	-	<del>-</del> -
	7	Restaurants, accommodations		•
	8	Finance, insurance		
	9	Real estate		
	10	Transportation		
	11	Information services and surveys		
	12	Information & telecommunications other t	tha	an information services and surveys
		(telephone and other communications, bro	ad	leasting, internet services)
	13	Utilities (provision of electricity, gas, water	er,	heat)
	14	Medicine, welfare		
	15	Education, learning support		
	16	Other services		
	17	Public service		
	18	Other (		)
(4)	1 2 3	5-29 persons	4 5 6	100- 499 persons 500 persons or more Government
(5)	1 5	lace where you usually work in the same cit Same city, ward, town or village Same prefecture, other city, ward, town or v Other prefecture (		
(6)	1 2 3 4	the form of your employment?  Self-employed (restaurant; wholesale or reprofessional (doctor; lawyer; accountant; Worker at family business (restaurant; who Working at home without an employee relationship).	tax ole	esale or retail shop; agriculture; etc.) ionship with a company
		Wage worker (working at a company, organomy, organomy). Consigned work or subcontractor (without your answered 1, 2, 3, 4 or 6, proced your answered 5, proceed to (7) on the subcontractor (without your answered 5, proceed to (7)).	t a	d to (11) on p. 8)

((7) is for respondents who answered "5 Wage worker" in (6))
(7) What is your work status at your company?
<b>1</b> Full-time, regular employee – no title
<b>2</b> Full-time, regular employee – with title $\longrightarrow$ (Proceed to (9))
<b>3</b> Full-time, regular employee - manager
4 Contract employee
5 Part-time worker
6 Subcontracted worker
7 Specialized contract employee
↓ ii
((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
<b>3</b> I could not work as a regular employee due to personal reasons
<b>4</b> Other (
((9) is 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)
Employment contract with period specified (renewed contract at this workplace)
> Contract period months
/ Contract period
(For respondents who answered "3")
SQ. How many times have you renewed your contract?
52. Her many times have you renewed your continuer.
Contract renewed times
Communication of the communica
((10) is for respondents who answered "5. Wage worker" in (6))
(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)?
(Of which)
Granted days Carried over days Taken days
(total last year) (paid holidays)
(For respondents who answered 1-4 in Q1 on page 5)
(11) Are you a member of a labor union?
(11) The you a member of a labor amon.
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)

earn from this job each month (including overtime; not including bonuses; pre-tax)?	If you had more	than one jo	Hourly What is	-	which gen	<del>-</del>	highest
Jan. through Dec.)? income.  1	If you had more  3 Salary Daily V  2 What is your	than one jo	Hourly What is	d for the job 4 y Wage	which gen	erated the	highest
Monthly Salary Weekly  The About how much do you earn from this job each month (including overtime; not including bonuses; pre-tax)?  Per month  thousand yen	② What is your	daily ③	What is				
Monthly Salary Weekly  ①About how much do you earn from this job each month (including overtime; not including bonuses; pre-tax)?  Per month  thousand yen	② What is your	daily ③	What is				r
earn from this job each month (including overtime; not including bonuses; pre-tax)?  Per month  thousand yen	•	- 1		your hourly			
earn from this job each month (including overtime; not including bonuses; pre-tax)?  Per month  thousand yen	•	- 1		your hourly		W	
thousand yen					y (4) What salary?	is your a	ınnual
	er day	Per l	hour		Per year		
		en		yen		ten thousar	nd yen
bonuses.	receive in bonuses	last year?		ter the total		, winter and	d other
Q4. This question concerns sp (1) Does your company less than a certain in	have a spouse all	owances (al	llowances	for spouses	who are un	employed (	or earn
1		2		_	3		
Yes		No		Do no	ot know		
$\downarrow$					(to Q5 on	the next pag	ge)
SQ. How much is the mon	athly spouse allowa	nce?		thousand y	yen ×	Do not kr	10W
(2) Are you receiving a  1  Yes	spouse allowance	2	<u>2</u> No				

	-	ncome adjustments and working hou	-
(1) D	id you make some sort of ani	nual income or working hours adjust	tment during last year?
	1	2	
1	Made adjustment	Did not make adjustment	
		$\longrightarrow (to (3)$	))
(2)W	hy did you make the adjustm	nent? Please circle all the items that a	apply. (Multiple responses permitted).
(-)		been obliged to pay taxes if I exceed	
	(¥1.03 million) for my	- · ·	act the tax exempt inine
	, ,		pecial tax deduction for spouse would
	have decreased if my in	ncome exceeded a certain amount	
	3 Because my spouse we certain amount	ould have lost the company spouse	e allowance if my income exceeded a
	4 Because I would have	e lost my status as a dependent ı	under my spouse's health insurance,
	pension and other sys	tems if my income exceeded a cert	tain amount (¥1.3 million), and been
	obliged to join these sy	•	
	<u></u>		insurance if my prescribed working
	hours reached 20 hours	-	
		been obliged to join health insurar 3/4 the prescribed working hours of	nce, pension and other systems if my
	_		in employment insurance, pension or
	other systems	so I would not be required to joi	in employment insurance, pension of
	8 Other (		)
	(		······································
(3)	-	- · · · · · · · · · · · · · · · · · · ·	than one job, respond for the job which
	generates the highest incom	e. Include overtime provided for free	e in items concerning overtime.
1)	Which of the following is o	closest to your work system (working	g hours system)?
	1 Regular working hour	rs system	
	2 Flex time system (self	starting and ending time self-adjust	ement within certain hours)
	<b>3</b> Variable working hour	rs system (different working hours d	luring certain periods only); shift system
	(day & night shifts, e	etc.)	
	4 Discretionary working	g hours system; imputed working ho	ours system (specialists, sales personnel,
	planners and home w	vorkers to whom the law applies)	
	<b>5</b> No working hours man	nagement (managerial and other wor	rk with no overtime payments,
	other than discretionar	ry working hours system and impute	ed working hours system)
2)	-	ays of paid work do you perform eac	ch month? days/month
3)	On average, how many ho	-	
	perform each week (inclu	<del>-</del>	hours/week
4)	Of those, how many are o		
	(Leave this blank if you ar		hours/week
=-	or otherwise do not recei		
5)	How many are overtime h	-	
	wages for overtime work	7	hours/week

spondents who answered 1-4 in (		-	-	lease	cont	inue)			
Do you feel there have been any				followi	ng it	ems since la	st ye	ar a	t this time?
• The nature of my work		1	Cha	anged	2	Unchanged	l		
<ul> <li>Quantity of work brought home</li> </ul>		1		reased	2	Decreased	3	Ur	nchanged
<ul> <li>Quantity of work on holidays</li> </ul>		1		reased	2	Decreased	3		nchanged
<ul> <li>Work fulfillment and satisfaction</li> </ul>		1		reased	2	Decreased	3		nchanged
• My work errors		1	Inc	reased	2	Decreased	3		nchanged
<ul> <li>My work responsibilities</li> </ul>		1		reased	2	Decreased	3		nchanged
• My work authority & discretion		1		reased	2	Decreased	3		nchanged
• Relationship with my work supervi	isor	1		proved	2	Worsened	3		changed
· Relationship with my work colleag		1	•	roved	2	Worsened	3		nchanged
Does your company have the following hours system  We do not be a secretary to the sec	1	No	2	Yes	3	Have used		4	Do not know
<ul> <li>Working at home system</li> </ul>	1	No	2	Yes	3	Have used		4	Do not know
· Half-day or hourly leave system	-	110		103				-	
· Long-term refreshment leave syste	1	No	2	Yes	3	Have used		4	Do not know
Long-term refreshment leave syste	1	No	2	Yes	3	Have used		4	Do not know
• In-house transfers advertising syste	em	<b>.</b>	•	3.7	•	TT 1			D 41
System for rehiring employees who	T o ret	No ired fo	<b>2</b> r chil	Yes	3 r nurs	Have used		4	Do not know
System for remaining employees with	1	No	2	Yes	3	Have used		4	Do not know
• Reclassification system from non-r	egul	lar to re	egula	r emplo	yees				
	1	No	2	Yes	3	Have used		4	Do not know
Will you continue your present job in  1 I want to continue (including of the continue)  2 I want to do other work in add  3 I want to change to another job  4 I want to quit working altogether	chan itior	ging p	ositic			n within the	sam	e co	ompany)
r respondents who answered 3 i	n Q	7)							
Why do you want to change to anoth	ner j	ob? Ci	rcle t	he one	mair	reason only	7.		
1 Because I was just doing the	job	tempo	oraril	у					
<b>2</b> Because the compensation is	s lov	V							
<b>3</b> Because of business declining	_		-						
4 In preparation for retirement	t or	expira	tion c	of empl	oyme	ent contract			
<b>5</b> Because I want to become a	reg	ular en	nploy	/ee					
<b>6</b> Because of the large time an	d ps	svchol	ogica	l burde	n				

)

Because I want to make use of my knowledge and skills

**8** Because I want more free time

9

Other (

### (For all respondents)

Q8. 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)
- 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 Q8)

SQ. Why did you quit the company or organization where you were working 1 year ago?

- 1 Business establishment closed; company went bankrupt; discontinued own business
- **2** Layoff or personnel shake-up
- **3** Anxiety about the future (business declining, etc.)
- **4** For other employer or business reasons
- **5** For retirement or commensurate reasons
- 6 To look for work with better terms
- **7** To get married
- 8 For birth and/or childcare
- **9** To give nursing care
- 10 For housework; to attend school
- 11 For health reasons
- **12** Other (

(For all respondents)

- Q9. (1) Please circle all of the following items that apply concerning your employment status last year (Jan.-Dec.). (Multiple responses permitted)
  - **1** Worked all year long
  - 2 Had a job, but took leave all year long
  - **3** Looked for work all year long
- **4** Did not work all year long
- **5** Did not take any leave
- 6 Did not look for work at all, all year long

)

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

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

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

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

(c) Months when I primarily looked for work

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

Had a side job	2	3
1144 4 514C JOO	Side job prohibited	Side job allowed, but did not have one
SQ. (For respondents who had enter the totals for all side jobs.	a side job during last year [Jan	Dec.]). If you had more than one side job,
	income from all side jobs las, social insurance contributions,	st year? Please enter the gross income beforetc.
	ten thousand yen	
(2) How many months di	d you work at side jobs during l	ast year?
	months <u>last year</u>	
<u>year</u> ? 1) How many days di Months when you	d you work at side jobs, on aver worked at side jobs last year? n average, how many hours did	days/month
yen one month from now or a	ney at one of the following two	d uncertain matters.  o points in time. You can either receive 10,000 (13 months from now). In place of receiving to receive 13 months from now. Please enter
10,000 yen one month from now		the state of the s
10,000 yen one month from now the minimum amount that you	would find satisfactory.	<u></u>

These questions concern your thoughts about securities markets.

Q1. If your child or relative said he or she wanted to work for a securities company and asked you for advice, would you recommend that he or she pursue this?

1	2	3
Recommend	Not Recommend	Do not know
	$\longrightarrow$ (to SQ2)	$\longrightarrow \text{ (to Q2)}$

- SQ1. For which of the following reasons would you recommend working for a securities company?
  - **1** Because the salary is good
  - **2** Because the work is easy
  - **3** Because the nature of the work is interesting
  - **4** Because the work is worthwhile and makes a large social contribution
  - **5** Because the industry has a strong future
  - **6** Other (

(Proceed to Q2)

- SQ2. For which of the following reasons would you not recommend working for a securities company?
  - **1** Because the salary is not good
  - **2** Because the work is hard
  - **3** Because the nature of the work is boring
  - **4** Because the nature of the work is not sound
  - **5** Because the industry has no future
  - **6** Other (
- Q2. Do you think banks and securities companies can be trusted as institutions to manage your household's financial assets? Please circle the number for each, which mostly closely represents your current opinion.

	Completely trustworthy	Somewhat trustworthy	Cannot say either way	Not very trustworthy	Not at all trustworthy
(1) Banks	1	2	3	4	5
(2) Securities Companies	1	2	3	4	5

Q3. If you hypothetically had ¥3.0 million in extra funds, which of the following financial products would you select? Please rank each product from #1 (top selection) through #6.

Stocks	Investment Trust	Company Bonds	Government Bonds	Bank Deposit	Postal Savings Deposit

These questions concern your use of time and health.

Q1. This question concerns your use of time. How frequently do you perform each of the following daily activities? Also, please specify the time you spend for those activities you perform at least once a week. (Please answer to the first decimal point, except for "Commute to school or work") 1|.|0| hrs Example: 1.0 hour  $\rightarrow$ 30 minutes -Frequency Once a week Almost never Never Almost every day A few times per week 2 3 Commute to school or work 4 5 Avg. Avg. min. Avg. min. (one-way) 3 Housework (prepare meals, laundry, grocery 4 5 hrs/wk hrs/wk hrs/day Avg. Avg. shopping, cleaning) 2 3 Childcare 4 5 hrs/day hrs/wk hrs/wk Avg. Avg. Avg 3 Training or study for work 4 5 hrs/wk hrs/wk hrs/day Avg. Avg. 2 3 Volunteer activities 4 5 hrs/day hrs/wk Avg. hrs/wk Q2. How is your health normally? 3 5 1 4 Good Pretty good Normal Not so good Bad Q3. Do you presently experience any of the following conditions? Circle the number that applies for each item. (Circle one number for each item) Sometimes Rarely Never Headaches or dizziness ---2 3 4 • Palpitations, out of breath ----- 1 2 3 4 • Digestive problems ----- 1 2 4 3 • Back, lower back, shoulder pain ----- 1 2 4 3 • Tire easily 2 3 • Catch cold easily -----2 3 4 • Often become irritated ----- 1 2 3 4 • Trouble falling to sleep ----- 1 2 4 3 • Find seeing people tiresome -----2 3 2 • Lost work concentration -----3 4 2 • Dissatisfied with life -----3 4 3 • Anxiety about the future -----Q4. Do you smoke cigarettes? 3 1 2 4 Every day Sometimes Used to smoke Never smoked but do not now (to Q5) SQ. How many cigarettes do you presently smoke per day?

cigarettes/day

Presently

Never drink   Few times/month   1-2 times/week   3+ times/week   Q6.(1)On average, how many minutes do you walk per day in commuting to school or work?	1		2	3	4
minutes	Never drin	nk Fev	v times/month	1-2 times/week	3+ times/week
(2)How many days do you exercise (exercise which makes you sweat) each week, outside of work?  (Circle one only)  1	06.(1)On average, ho	ow many minute	es do you walk per	day in commuting to sch	ool or work?
(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  7. On average, how long do you sleep each day?  Presently average of hours minutes per day  8. Did you receive medical treatment or were you hospitalized last year?  (Multiple responses permitted) 1 No health problems 4 Was hospitalized 2 Had symptoms, but took no action 5 Purchased over-the-counter medicin 3 Treatment at hospital or clinic 6 Other ( )  9. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted)  1 No exam or screening 2 Periodic company or municipal government screening 3 Multiphase health screening 4 Cancer screening 5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in Q9)  SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon cancer is for respondents who answered 2 or 3 in Q9)  SQ2 What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 2 Bone density related 3 Heart related 4 Anemia related 4 Anemia related 5 Liver related 6 Kidney related 7 No problems noted 7 No problems noted 8 Electrolyte related 9 Prostrate related 11 Obesity related 12 No problems noted 13 No problems noted 14 Circle in the cancer is a concertance in the cancer is a concertance in the cancer is a concertance in the cancertance in the cancerta				, c	
(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  7. On average, how long do you sleep each day?  Presently average of hours minutes per day  8. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitted) 1 No health problems 2 Had symptoms, but took no action 3 Treatment at hospital or clinic 6 Other ( )  9. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted) 1 No exam or screening 2 Periodic company or municipal government screening 3 Multiphase health screening 4 Cancer screening 5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in Q9)  SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon ca  (SQ2 is for respondents who answered 2 or 3 in Q9)  SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 2 Bone density related 3 Heart related 4 Anemia related 5 Liver related 6 Kidney related 7 Prostrate related 7 Prostrate related 8 Electrolyte related 9 Prostrate related 11 Obesity related 12 No problems noted 12 No problems noted 12 No problems noted 12 No problems noted			minutes	O do not v	valk
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2 2 days 5 5 days 8 Do not exercise 3 3 days 6 6 days  7. On average, how long do you sleep each day?  Presently average of hours minutes per day  8. Did you receive medical treatment or were you hospitalized last year?  (Multiple responses permitted) 1 No health problems 4 Was hospitalized 2 Had symptoms, but took no action 5 Purchased over-the-counter medicin 3 Treatment at hospital or clinic 6 Other ( )  9. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted)  1 No exam or screening 2 Periodic company or municipal government screening 3 Multiphase health screening 4 Cancer screening 5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in Q9)  SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon cancer is for respondents who answered 2 or 3 in Q9)  SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 8 Electrolyte related 9 Prostrate related 10 Metabolism related 11 Obesity related 12 No problems noted 6 Kidney related (proceed to next page)	(Circle one or	ıly)			
77. On average, how long do you sleep each day?  Presently average of hours minutes per day  18. Did you receive medical treatment or were you hospitalized last year?  (Multiple responses permitted)  1 No health problems  2 Had symptoms, but took no action  3 Treatment at hospital or clinic  6 Other ( )  9. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted)  1 No exam or screening  2 Periodic company or municipal government screening  3 Multiphase health screening  4 Cancer screening  5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in 09)  SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon cancer (SQ2 is for respondents who answered 2 or 3 in 09)  SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related  2 Bone density related  3 Heart related  4 Anemia related  4 Anemia related  5 Liver related  6 Kidney related  6 Kidney related  10 Metabolism related  11 Obesity related  12 No problems noted  (proceed to next page)	1	1 day	<b>4</b> 4 days	<b>7</b> days (daily)	
Presently average of hours minutes per day  18. Did you receive medical treatment or were you hospitalized last year?  (Multiple responses permitted)  1 No health problems  2 Had symptoms, but took no action 3 Treatment at hospital or clinic 6 Other ( )  19. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted)  1 No exam or screening 2 Periodic company or municipal government screening 3 Multiphase health screening 4 Cancer screening 5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in Q9)  SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon cancer (SQ2 is for respondents who answered 2 or 3 in Q9)  SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 3 Heart related 4 Anemia related 5 Liver related 6 Kidney related 7 No problems noted 6 Kidney related 7 (proceed to next page)	2	2 days	<b>5</b> 5 days	<b>8</b> Do not exercise	
Presently average of hours minutes per day  8. Did you receive medical treatment or were you hospitalized last year?  (Multiple responses permitted)  1 No health problems  2 Had symptoms, but took no action  5 Purchased over-the-counter medicin  3 Treatment at hospital or clinic  6 Other ( )  9. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted  1 No exam or screening  2 Periodic company or municipal government screening  3 Multiphase health screening  4 Cancer screening  5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in Q9)  SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon ca  (SQ2 is for respondents who answered 2 or 3 in Q9)  SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related  2 Bone density related  3 Heart related  4 Anemia related  4 Anemia related  5 Liver related  6 Kidney related  6 Kidney related  7 (proceed to next page)	3	3 days	<b>6</b> 6 days		
8. Did you receive medical treatment or were you hospitalized last year?  (Multiple responses permitted)  1 No health problems 2 Had symptoms, but took no action 3 Treatment at hospital or clinic 6 Other ( )  9. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted)  1 No exam or screening 2 Periodic company or municipal government screening 3 Multiphase health screening 4 Cancer screening 5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in Q9)  SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon cancer (SQ2 is for respondents who answered 2 or 3 in Q9)  SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 2 Bone density related 3 Heart related 4 Anemia related 5 Liver related 6 Kidney related 6 Kidney related 7 No problems noted 7 (proceed to next page)	7. On average, ho	w long do you s	sleep each day?		
(Multiple responses permitted)  1 No health problems 2 Had symptoms, but took no action 3 Treatment at hospital or clinic 6 Other ( )  9. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted  1 No exam or screening 2 Periodic company or municipal government screening 3 Multiphase health screening 4 Cancer screening 5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in Q9)  SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon cancer (SQ2 is for respondents who answered 2 or 3 in Q9)  SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 2 Bone density related 3 Heart related 4 Anemia related 5 Liver related 6 Kidney related 6 (proceed to next page)		Presently aver	age of	hours	minutes per day
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1 No health problems 2 Had symptoms, but took no action 3 Treatment at hospital or clinic 6 Other ( )  9. Did you receive a physical examination or cancer screening last year? (Multiple responses permitte  1 No exam or screening 2 Periodic company or municipal government screening 3 Multiphase health screening 4 Cancer screening 5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in Q9)  SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon cancer (SQ2 is for respondents who answered 2 or 3 in Q9)  SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 2 Bone density related 3 Heart related 4 Anemia related 5 Liver related 6 Kidney related 6 Kidney related 7 No problems noted 7 (proceed to next page)	· -		J		
2 Had symptoms, but took no action 3 Treatment at hospital or clinic 6 Other ( )  9. Did you receive a physical examination or cancer screening last year? (Multiple responses permitte  1 No exam or screening 2 Periodic company or municipal government screening 3 Multiphase health screening 4 Cancer screening 5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in Q9)  SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon cancer (SQ2 is for respondents who answered 2 or 3 in Q9)  SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 2 Bone density related 3 Heart related 4 Anemia related 5 Liver related 5 Liver related 6 Kidney related 7 (proceed to next page)		-	lems	<b>4</b> Was hospit	alized
3 Treatment at hospital or clinic 6 Other ( )  9. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted 1 No exam or screening 2 Periodic company or municipal government screening 3 Multiphase health screening 5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in Q9)  SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon cancer (SQ2 is for respondents who answered 2 or 3 in Q9)  SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 9 Prostrate related 9 Prostrate related 10 Metabolism related 11 Obesity related 11 Obesity related 11 Obesity related 11 Obesity related 12 No problems noted (proceed to next page)	2	_		_	
9. Did you receive a physical examination or cancer screening last year? (Multiple responses permitted  1 No exam or screening 2 Periodic company or municipal government screening 3 Multiphase health screening 4 Cancer screening 5 Other ( )  (SQ1 is for respondents who answered "4 Cancer screening" in Q9) SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon ca  (SQ2 is for respondents who answered 2 or 3 in Q9) SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 2 Bone density related 3 Heart related 4 Anemia related 4 Anemia related 5 Liver related 6 Kidney related 7 No problems noted 7 (proceed to next page)					)
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SQ1. What type of cancer screening(s) did you receive? (Multiple responses permitted)  1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon cancer (SQ2 is for respondents who answered 2 or 3 in Q9) SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 2 Bone density related 3 Heart related 4 Anemia related 4 Anemia related 5 Liver related 6 Kidney related 6 Kidney related (proceed to next page)	(201 in for room	andonta who	moward "1 Ca	near agraphing" in (	
1 Stomach cancer 2 Lung cancer 3 Uterine cancer 4 Breast cancer 5 Colon cancer (\$02 is for respondents who answered 2 or 3 in \$09\$)  SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 2 Bone density related 3 Heart related 4 Anemia related 4 Anemia related 5 Liver related 6 Kidney related (proceed to next page)	•			_	
(\$Q2 is for respondents who answered 2 or 3 in Q9)  \$Q2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 2 Bone density related 3 Heart related 4 Anemia related 5 Liver related 6 Kidney related 10 Metabolism related 11 Obesity related 12 No problems noted (proceed to next page)				`	,
SQ2. What types of problems were noted in the examination results? (Multiple responses permitted)  1 Blood pressure related 2 Bone density related 3 Heart related 4 Anemia related 5 Liver related 6 Kidney related  10 Metabolism related 11 Obesity related 12 No problems noted 15 (proceed to next page)	1 Stomach ca	nncer <b>2</b> Lur	ng cancer <b>3</b> U	terine cancer <b>4</b> Breas	st cancer <b>5</b> Colon cance
<ul> <li>1 Blood pressure related</li> <li>2 Bone density related</li> <li>3 Heart related</li> <li>4 Anemia related</li> <li>5 Liver related</li> <li>6 Kidney related</li> <li>8 Electrolyte related</li> <li>9 Prostrate related</li> <li>10 Metabolism related</li> <li>11 Obesity related</li> <li>12 No problems noted</li> <li>6 (proceed to next page)</li> </ul>	•			·	
<ul> <li>Bone density related</li> <li>Heart related</li> <li>Metabolism related</li> <li>Anemia related</li> <li>Liver related</li> <li>Kidney related</li> <li>(proceed to next page)</li> </ul>	SQ2. What types o	of problems were	e noted in the exar	nination results? (Multiple	e responses permitted)
<ul> <li>Bone density related</li> <li>Heart related</li> <li>Metabolism related</li> <li>Anemia related</li> <li>Liver related</li> <li>Kidney related</li> <li>(proceed to next page)</li> </ul>	1 Blood pressu	re related		8 Electrolyte related	1
<ul> <li>4 Anemia related</li> <li>5 Liver related</li> <li>6 Kidney related</li> <li>11 Obesity related</li> <li>No problems noted</li> <li>(proceed to next page)</li> </ul>	-				•
<ul> <li>5 Liver related</li> <li>6 Kidney related</li> <li>12 No problems noted</li> <li>(proceed to next page)</li> </ul>	<b>3</b> Heart related				ed
6 Kidney related (proceed to next page)		ed			d
		ed			
	2			4 1	<del>-</del> /

These q	uestions concerr	social insura	nce.				
	ele the public pe pensions).	nsion to whic	h you subs	cribe. (Ever	yone betwee	en 20 and 6	0 subscribes to one of these
1	Employee pen	sion or mutua	l aid pensio	on (full-time	company e	nployee, pu	blic servant, etc.)
2	Third-party in	sured spouses	(spouses o	f employee	pension or n	nutual aid pe	ension subscribers)
_ з	National pens	ion only (self-	employed,	students, an	d other perso	ons aside fro	om those under
	1 and 2)						
4	Do not subscr	ibe (60 or ove	r, or receivi	ng disabilit	y pension)		
SQ. For	respondents wh	o only partici	pate in the r	national pen	sion.		
	1 I am paying	the full contr	ibutions				
	2 I am receivi	ing an exempt	ion (includi	ng partial e	xemptions)		
	<b>3</b> Student or y	outh deferme	nt				
	4 I am not pag	ying any contr	ributions				
(For al	l respondents	)					
	you subscribe to		nsurance?				
1	Yes	<b>2</b> No					
	he nursing care otices.	insurance pred	mium categ 4	ory is writte	en on nursin	g care insur	ance premium calculation  O
Leve	11 Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Do not know
Q4. Do mu 1 2 3 4	you and other inicipality associated Myself Spouse Child/children Parent/parents  Low much is the	family membration)? Circle	the numbe Grandpa Grandch Other fa No one	rs for all far arent/grandp nild/grandch mily memb subscribes	mily member parents uildren ers	rs who subso	
		thousand y	ven/month				

## Pages 18-32 present questions for the spouse of the respondent who is filling out the survey.

In these questions, "you" refers to the spouse of the respondent who is filling out the survey.

Thank you for your cooperation.



		(For the spouse o	f the respo	ondent who is fill	ling out the survey)
These quest	ions concern your parents.				
Q1. Are your	parents alive?				
2	<ul><li>Both parents alive</li><li>Father alive, mother dec</li></ul>	ceased			
`	Mother alive, father dec  Both parents deceased		ext page)		
Please in	ch financial assistance did y nelude housing purchases, re	ent, land rent, living e	expenses and	d other financial a	
Last year		housand yen 0		give any financial	(to Q3)
SQ. What	were the purposes of that fir Living expenses	nancial assistance? (N	lultiple resp Rent	onses permitted)	
2	Medical expenses	5	Other (	)	
3	Housing purchasing assists		None	,	
Pleas	ch financial assistance did y se exclude inheritance item financial assistance and allo	s, but include housing	-	-	t, living expenses and
Last year	ten the	ousand ven O	Did not r	eceive any financ	cial assistance

)

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

Living expenses
 Medical expenses
 Housing purchasing assistance
 None

		(Fc	or the spouse of the	ne respondent who is	s filling out the survey)
These	e questions concern you	ur current schoo	oling.		
Q1. Are	e you presently attendin	g school?			
	1 Yes School location:	<b>2</b> Same pre	y, ward, town or vil fecture, other city, v fecture (	ward, town or village	
	<b>2</b> No				
Q2. The (1)		m last Februar	y until now, have	•	s (attended school, taken
	Presently taking a	action	Took action	Did not t	ake action
		<u> </u>			$\longrightarrow (to (4))$
(2)	How did you learn? I	Please circle all	the items that appl	y. (Multiple responses	permitted)
	Attended trade of Attended public of Attended university of Attended university of Attended university of Attended university of Attended from Took correspon of Attended university of Attended lectures of Attended lectures of Attended services of Attended servi	school c vocational trai rsity (degree pr ate school (incl dence course (i rsity or other pu V or radio cour es or seminars	ogram) uding adult educati ncluding university ıblic lecture	on)	
	$\rightarrow$ SQ. (Only for res	pondents who a	nnswered 1-5 in (2)	Did you graduate fro	m that program?
	Yes, completed a	and graduated	Have n	ot yet completed or gr	raduated
(3)		ou or your fam	only, but do not incomend any money.)	_	hat learning? (Include all e or assistance from your ten thousand yen
(For a	II respondents)				
(4)	Did you make use of a  1 Used it and rece  2 Am using it and  3 Know about the  4 Do not know ab	eived benefits  d will receive be e system, but ha	enefits		t year?
(5)	(Only for respond	ents who ansv	wered 3 in (4))		
. ,	Are you eligible to			nefits System?	
	1		2	3	

No

Yes

I do not know

These questions concern your employment.	
We begin by asking about your work.	
Q1. Last month (January), did you perform any paid work	(inclu

		Performed paid wo	ork		Did not pe	erform any pa	id work			
		orked while mostly attend while mostly keeping		<ul><li>4 Took leave from work</li><li>5 Was looking for work</li><li>6 Attended school; kept house; other</li></ul>						
	1	2	2 3		ļ ————————————————————————————————————	5	6			
		└→ (to	Q3 on next page)		,	$\longrightarrow$ (to s	SQ2)	→ (to SQ3)		
SQ1 1 2 3 4 5 6	. Why did yo Because of Because of To prepare For childca For nursing Other(	ou take leave from I my own health I late stock buy-in, for opening busing the leave g care leave	"4 Took leave f work last month (Jan weak markets, etc. ess ) to Q3 on the next	n.), even tl		nave a job?				
(For SQ2	•	Registered with a Used job offer ac Used a private er Asked schools ar Asked my forme	"5 Was looking ou mostly use to look a Public Employment divertisements and manployment placement acquaintances are company for introduction businesses making	for work t Security ngazines at service for recommunity	? Office mendations	and introduct	ions			
		y many days did yo an.) looking for wo	ou spend in total last	month			days			
		much money did  1.) looking for wor	you spend in total lak?	st month		tho	usand yen			
	1 2 3	Yes I did → No, I did not I did not have er	For how many monployment insurance in ployment insurance answered SQ2 pro-	onths?		e next page	months			
	·		"6 Attended sch	ool; kep	ot house;	other" in	Q1)			
SQ3	-	a mostly do last mo attended school		Life aft	er retiremen	ıt				
	<b>2</b> Mostly h	nousework & child	care 6	Prepara	ition for stud	ly abroad or n	nove overse	295		

(Respondents who answered SQ3, proceed to Q2 on the next page)

**3** Treatment of my illness or injury

**4** Nursing care of family member

**7** Other (

)

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

(For respondents who answered 5 or 6 in Q1 on the previous page)

Q2. Did you perform any paid work over the past year?

1	2
Yes	No

(Respondents who answered Q2, proceed to Q8 on p. 28)

(For respondents who answered 1-4 in Q1 on the previous page)

Q3. This question concerns your regular work. If you have more than one job, respond for the job which generates the highest income.

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



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

12	Other (	)	)
----	---------	---	---

- (2) What is the legal structure of the company or office (store, office, factory, etc.) where you usually work? If you work at a family business, respond "proprietorship".
  - 1 Proprietorship
  - **2** Corporation
  - **3** Non-profit corporation (educational corporation, medical corporation, foundation, association, NPO or other public benefit corporation)
  - 4 Government organ

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

(3)	Wh	at is the nature of the work of the company		office where you usually work?
	1	Agriculture		
	2	Fishery, forestry, marine products		
	3	Mining		
	4	Construction		
	5	Manufacturing (including publishing and	pri	nting)
	6	Wholesale, retail (including department st	-	
	7	Restaurants, accommodations		
	8	Finance, insurance		
	9	Real estate		
	10	Transportation		
	11	Information services and surveys		
	12	Information & telecommunications other t	tha	in information services and surveys
		(telephone and other communications, bro	ad	casting, internet services)
	13	Utilities (provision of electricity, gas, water	er,	heat)
	14	Medicine, welfare		
	15	Education, learning support		
	16	Other services		
	17	Public service		
	18	Other (		)
	1 2 3	5-29 persons	4 5 6	100- 499 persons 500 persons or more Government
(5)	 Is th	ne place where you usually work in the same	e ci	ity town or village as your residence?
(5)		Same city, ward, town or village		ity, to will of village as your residence.
		Same prefecture, other city, ward, town or v	zill.	age
		Other prefecture (		Prefecture)
(6)		at is the form of your employment?  Self-employed (restaurant; wholesale or re Professional (doctor; lawyer; accountant;	eta	il shop; agriculture; etc.)
	3	Worker at family business (restaurant; wh		
	4	Working at home without an employee rel		• • • • • • • • • • • • • • • • • • • •
	5			zation, etc.) (as an employee of an employer)
	6	Consigned work or subcontractor (withou		
	5	Consigned work of subconfidetor (without	ı a	ii omproyee retationship)
		you answered 1, 2, 3, 4 or 6, proce		
	(If	you answered 5, proceed to (7) on t	the	e next page)

(For the spouse of the respondent who is filling out the survey)
((7) is for respondents who answered "5 Wage worker" in (6))
(7) What is your work status at your company?
<b>1</b> Full-time, regular employee – no title
<b>2</b> Full-time, regular employee – with title $\longrightarrow$ (Proceed to (9))
<b>3</b> Full-time, regular employee - manager
4 Contract employee
5 Part-time worker
6 Subcontracted worker
7 Specialized contract employee
<u> </u>
((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
<b>3</b> I could not work as a regular employee due to personal reasons
<b>4</b> Other (
((9) is 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
<b>2</b> Employment contract with period specified (initial contract at this workplace)
Employment contract with period specified (renewed contract at this workplace)
Contract period months
) Contract portou
(For respondents who answered "3")
SQ. How many times have you renewed your contract?
Contract renewed times
((10) is for respondents who answered "5. Wage worker" in (6))
(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)?
(Of which)
Granted days Carried over days Taken days
(total last year) (paid holidays)
(For respondents who answered 1-4 in Q1 on page 21)
(11) Are you a member of a labor union?
1 There is no labor union at my workplace
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
. I will a member of a moof amon only much the moraphee moof amon

**5** Not applicable (self-employed or professional)

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

(12) What was your if	· · · · · · · · · · · · · · · · · · ·	,	ob last	t year? Ple	ase en	iter y	our gro	ss income	before d	eductions
Last year			ten	thousand y	en en	0	No inc	come		
(13) Which type of co Jan. through De income.	_			-	_			=	=	
<b>1</b> Monthly Salary We	<b>2</b> ekly Salary	<b>3</b> Daily W	age	Но	<b>4</b> ourly V	Wage	e	Aı	<b>5</b> nnual Sala	ary
			_		$\overline{}$					-
①About how much do you earn from this job each month (including overtiment including bonuse pre-tax)?	ch wage? e;	is your	daily	③ What wage?	is y	our	hourly	④ What salary?	is your	annual
Per month	Per day			Per hour				Per year		
thousand yen		ye	n			V	en		ten thou	sand yen
tilousanu yeli		<i>y</i> -				,				
(14) How much did y bonuses.	you receive i	n bonuses	last ye		enter			or summer		and other
Q4. This question concer  (1) Does your com less than a certa	pany have a	spouse allo	wance	s (allowar	ices fo	or sp	ouses v	vho are u	nemploye	d or earn
1			2				3			
Yes			No				Do not			
₩							<b></b>	(to Q5 on	the next	page)
SQ. How much is th	e monthly spo	ouse allowa	ince?		t	thous	sand yen	×	Do not l	know
(2) Are you receiv	ing a spouse a	allowance?								
Yes	3			<b>2</b> No						

	-	nestions concern annual income adjustments and working hours adjustments.	
(1)1	эта ус	ou make some sort of annual income or working hours adjustment during last year?	
	Mode	e adjustment  Did not make adjustment	
	Made	e adjustment Did not make adjustment	
		$\downarrow \qquad \qquad \downarrow \qquad \qquad (\text{to (3)})$	
(2)V	Vhy d	lid you make the adjustment? Please circle all the items that apply. (Multiple respon	ises permitted).
( )	1	Because I would have been obliged to pay taxes if I exceeded the tax-exempt lim	
		(¥1.03 million) for my own income taxes	
	2	Because I would have lost my spouse tax credit and my special tax deduction for	r spouse would
		have decreased if my income exceeded a certain amount	
	3	Because my spouse would have lost the company spouse allowance if my incompany spouse allowance is my incompany spouse allowance in the my incompany spouse allowance is my incompany spouse allowance in the my incompany spouse allowance is my incompany spouse allowance in the my incompany spouse allowance is my incompany spouse allowance in the my incompany spouse allowance is my incompany spouse allowance in the my incompany spouse allowance is my incompany spouse allowance in the my incompany spouse allowance is my incompany spouse allowance in the my incompany spouse allo	me exceeded a
		certain amount	
	4	Because I would have lost my status as a dependent under my spouse's he	ealth insurance,
		pension and other systems if my income exceeded a certain amount (¥1.3 mil	lion), and been
		obliged to join these systems myself	
	5	Because <u>I would have been obliged to join employment insurance</u> if my pres	cribed working
		hours reached 20 hours per week	
	6	Because I would have been obliged to join health insurance, pension and other	systems if my
	_	working hours reached 3/4 the prescribed working hours of regular employees	
	7	For company reasons, so I would not be required to join employment insurant	ice, pension or
		other systems	
	8	Other (	
(3)	gen	is question concerns your working hours. If you have more than one job, respond nerates the highest income. Include overtime provided for free in items concerning of the conc	_
1)	) W	hich 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 ho	urs)
	3	Variable working hours system (different working hours during certain periods of	nly); shift system
		(day & night shifts, etc.)	
	4	Discretionary working hours system; imputed working hours system (specialists	s, sales personnel,
		planners and home workers to whom the law applies)	
	5	No working hours management (managerial and other work with no overtime pa	yments,
		other than discretionary working hours system and imputed working hours syste	m)
2	\ C	On avance have many days of maid words do you marfarms and mouth?	daya/manth
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	1 /1-
A`	-	perform each week (including overtime)?  Of those, how many are overtime hours?	hours/week
4)		Leave this blank if you are self-employed	hours/week
		or otherwise do not receive overtime)	nours/week
5)		How many are overtime hours paid at increased	$\neg$

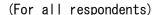
hours/week

wages for overtime work?

(Respondents who answered 1-4 in Q1 on p.21, please continue)

Q6.	This question	concerns	the nature	of your	work.

1) Do you feel there have been any	y ch	anges in	the	follow	ing ite	ems since las	t yea	ar at this time?
• The nature of my work		1	Cha	anged	2	Unchanged		
<ul> <li>Quantity of work brought home</li> </ul>		1	Inc	reased	2	Decreased	3	Unchanged
<ul> <li>Quantity of work on holidays</li> </ul>		1	Inc	reased	2	Decreased	3	Unchanged
<ul> <li>Work fulfillment and satisfaction</li> </ul>		1	Inc	reased	2	Decreased	3	Unchanged
<ul> <li>My work errors</li> </ul>		1	Inc	reased	2	Decreased	3	Unchanged
<ul> <li>My work responsibilities</li> </ul>		1	Inc	reased	2	Decreased	3	Unchanged
<ul> <li>My work authority &amp; discretion</li> </ul>		1	Inc	reased	2	Decreased	3	Unchanged
<ul> <li>Relationship with my work super</li> </ul>	viso	r <b>1</b>	Imp	proved	2	Worsened	3	Unchanged
• Relationship with my work collean	igue	s <b>1</b>	Imp	proved	2	Worsened	3	Unchanged
2) Does your company have the f	ollo	wing typ	pes o	f syste:	ms?			
<ul> <li>Reduced working hours system</li> </ul>	_	3.7	_	**	•			4 5
<ul> <li>Working at home system</li> </ul>	1	No	2	Yes	3	Have used		<b>4</b> Do not know
Working at nome system	1	No	2	Yes	3	Have used		<b>4</b> Do not know
• Half-day or hourly leave system	4	No	9	Yes	3	Have used		<b>4</b> Do not know
<ul> <li>Long-term refreshment leave syst</li> </ul>	tem	NO	2	168	3	nave useu		<b>4</b> Do not know
	1	No	2	Yes	3	Have used		<b>4</b> Do not know
<ul> <li>In-house transfers advertising sys</li> </ul>	tem	No	2	Yes	3	Have used		<b>4</b> Do not know
<ul> <li>System for rehiring employees w</li> </ul>	ho re							4 Do not know
3 6 1 3	1	No	2	Yes	3	Have used		<b>4</b> Do not know
<ul> <li>Reclassification system from non</li> </ul>	_		egula	r emplo	oyees			
<b>1</b> No <b>2</b> Yes <b>3</b> H	Have	used	4	<b>l</b> Do	not ki	now		
(Pagendents who answered 1 4 in	n		) n		t	inua)		
(Respondents who answered 1-4 in		-	-	rease	COLL	rriue)		
Q7. Will you continue your present job				on or la	antin	n xxiithin tha	G 0 122	a aamnany)
<ul><li>1 I want to continue (including</li><li>2 I want to do other work in ad</li></ul>						ii witiiii tile	Sam	e company)
		on to my	pres	seni joi	J			
<ul><li>I want to change to another jo</li><li>I want to quit working altogether</li></ul>		_						
4 I want to quit working anoge	uiei							
(For respondents who answered 3	in	<b>Q</b> 7)						
SQ. Why do you want to change to ano			rcle t	the one	main	reason only	_	
1 Because I was just doing the						,		
2 Because the compensation		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. )				
<b>3</b> Because of business declin			iety a	about t	he fut	ure		
4 In preparation for retireme	_		-					
<b>5</b> Because I want to become	a re	gular en	nploy	/ee				
<b>6</b> Because of the large time a		_			en			
<b>7</b> Because I want to make us	_		_			S		
<b>8</b> Because I want more free to	ime							
<b>9</b> Other (		)						



Q8. 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 Q8)

SQ. Why did you quit the company or organization where you were working 1 year ago?

- 1 Business establishment closed; company went bankrupt; discontinued own business
- **2** Layoff or personnel shake-up
- **3** Anxiety about the future (business declining, etc.)
- **4** For other employer or business reasons
- **5** For retirement or commensurate reasons
- 6 To look for work with better terms
- 7 To get married
- **8** For birth and/or childcare
- **9** To give nursing care
- 10 For housework; to attend school
- 11 For health reasons
- **12** Other (

(For all respondents)

Q9 (1) Please circle all of the following items that apply concerning your employment status last year (Jan.-Dec.). (Multiple responses permitted)

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

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

(a) Months when I primarily worked

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

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

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

(c) Months when I primarily looked for work

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

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

	1	2	3
	Had a side job	Side job prohibited	Side job allowed, but did not have one
	respondents who had a te totals for all side jobs		nDec.]). If you had more than one side job,
(1)		ncome from all side jobs la	ast year? Please enter the gross income befores, etc.
		ten thousand ye	1
(2) I	How many months did	you work at side jobs during	last year?
		months <u>last year</u>	
* *	Iow many hours did yo year?	ou work at side jobs, during	those months when you worked at side jobs las
1)	How many days did Months when you w	you work at side jobs, on avorked at side jobs last year?	days/month
2)	at side jobs per week	average, how many hours did k?	hours/week
Q1. Assume yen one mo	you may receive mono	fferent amount one year late	nd uncertain matters.  vo points in time. You can either receive 10,000 er (13 months from now). In place of receiving ting to receive 13 months from now. Please enter
the minimu	am amount that you w	ould find satisfactory.	
V	Vould be satisfied with		yen minimum amount in 13 months
Q2. When yo	ou usually go out, how	high must the probability of	precipitation be for you to carry an umbrella?

Q10. During last year (Jan.-Dec.) did you ever have a side job in addition to your main job?

These questions concern	your use	of time	and	health.
-------------------------	----------	---------	-----	---------

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

Example: 1.0 hour  $\rightarrow$ 30 minutes hrs hrs Frequency Once a week Almost never Never Almost every day A few times per week 2 3 Commute to school or work 4 5 Avg. Avg. min. Avg. min. (one-way) 3 Housework (prepare meals, laundry, grocery 4 5 hrs/wk hrs/wk hrs/day Avg. Avg. shopping, cleaning) 2 3 Childcare 4 5 hrs/day hrs/wk hrs/wk Avg. Avg. 3 Training or study for work 4 5 hrs/wk Avg. hrs/wk hrs/day Avg. 2 3 5 Volunteer activities 4 hrs/day Avg. hrs/wk Avg. hrs/wk Q2. How is your health normally? 3 5 1 4 Good Pretty good Normal Not so good Bad Q3. Do you presently experience any of the following conditions? Circle the number that applies for each item. (Circle one number for each item) Sometimes Rarely Never Headaches or dizziness ---2 3 4 • Palpitations, out of breath ----- 1 2 3 4 • Digestive problems ----- **1** 2 3 4 • Back, lower back, shoulder pain ----- 1 2 4 3 • Tire easily 2 3 4 • Catch cold easily ----- **1** 2 3 4 • Often become irritated ----- 1 2 3 4 • Trouble falling to sleep ----- 1 2 4 3 • Find seeing people tiresome ----- 1 2 3 • Lost work concentration -----2 4 3 2 · Dissatisfied with life -----3 4 • Anxiety about the future -----2 3 Q4. Do you smoke cigarettes? 3 4 1 2 Every day Sometimes Used to smoke Never smoked but do not now (to Q5) SQ. How many cigarettes do you presently smoke per day?

cigarettes/day

Presently

				(For the s	nouse	of the r	eeno	ndent who	s is filling	out the survey)
Q5. Please circle	e the	number th	nat corre	•	•		-		) is illiling	out the survey)
<b>(</b> -,	1			2		3		8	4	ļ
Neve	r drii	ık	Few t	imes/month	1	-2 times	/week	ζ	3+ time	es/week
Q6. (1)On aver	rage,	how many	y minute	s do you walk	per da	y in com	mutir	ng to schoo	l or work?	,
				•						
				minutes			<b>O</b> d	lo not walk		
(2)How ma (Circle o	-	-	ı exercis	se (exercise wh	nich ma	kes you	swea	t) each wee	ek, outside	of work?
	1	1 day	4	4 days	7	7 days (	daily	)		
	2	2 days	5	5 days	8	Do not e	exerci	ise		
	3	3 days	6	6 days						
Q7. On averag	ge, ho	ow long do	you sle	ep each day?						
		Presently	y averag	e of	1	hour	s		minutes	per day
Q8. Did you rec (Multiple r	espor 1 2 3	No health Had sym	itted) n problen ptoms, b nt at hosp	-	ion	4 5 6	Was Purc Othe	hospitalize hased over er (	-the-count	er medicine ) es permitted)
	1	No exan	n or scre	ening						
	2	Periodic	compan	y or municipa	l gover	nment so	creeni	ing		
	3	Multipha	ase healt	h screening						
	<b>-</b> 4	Cancer s	screening	3						
<u> </u>	5	Other (			)					
(SQ1 is for SQ1. What ty				swered "4 (s) did you rec					itted)	
1 Stoma	ich ca	ancer 2	Lung	cancer 3	Uterine	e cancer	4	Breast car	ncer 5	Colon cancer
(SQ2 is for SQ2. What ty				swered 2 or noted in the ex			ts? (N	Aultiple res	ponses per	rmitted)
<ul><li>1 Blood p</li><li>2 Bone de</li><li>3 Heart re</li><li>4 Anemia</li><li>5 Liver re</li><li>6 Kidney</li></ul>	nsity lated relat lated	ed			8 9 10 11 12	Prostr Metal Obesi No pr	ate recolisments ty releother	n related	)	

SQ3. 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

Kidney related Diabetes related

CD1	. •			•
These c	mestions	concern	SOC181	insurance.
111030 0	questions	COHCCIII	Social	mountainee.

- 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 company employee, public servant, etc.)
  - **2** Third-party insured spouses (spouses of employee pension or mutual aid pension subscribers)
  - 3 National pension only (self-employed, students, and other persons aside from those under 1 and 2)
  - **4** Do not subscribe (**60** or over, or receiving disability pension)
  - SQ. For respondents who only participate in 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

(For all respondents)

Q2. Do you subscribe to employment insurance?

**1** Yes **2** No

(Q3 is for respondents 65 and over)

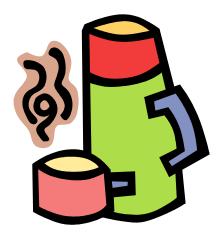
Q3. What is your nursing care insurance premium category?

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

 1
 2
 3
 4
 5
 6
 7
 0

 Level 1
 Level 2
 Level 3
 Level 4
 Level 5
 Level 6
 Level 7
 Do not know

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



This	section	concerns	the	household	finances	and	housing	of	the
entii	re housel	nold							

These questions concern savings, assets and liabilities.

We ask about savings separately for "deposits" and "securities".

Deposits refer to the following types of items

Postal savings certificates, time deposits, installment savings and ordinary deposits

Bank, *shinkin bank*, etc. time deposits, installment savings and ordinary deposits

Company deposits, gold investment accounts, gold savings accounts, medium-term government bond funds, etc.

Securities refer to the following types of items

Shares (market value), bonds (par value) and stock investment trusts (market value),

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

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

Q1.	About how much savings does your household Please input the total household amount(for you		
(1)	) About how much does your household presently	y have in deposi	ts?
	ten thousan	d yen X	Does not have any deposits

Of which, about how much is presently in foreign currency denominated deposits?

		ten thousand yen	Х	No foreign currency deposits

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

ten thousand yen	X	Does not have any securities

Of which, about how much is presently in foreign currency denominated securities?

Q2. Around how much is the total savings goal your household is now consi	dering	?		
ten thousand yen	<b>X</b> ]	No partic	cular goal	
Q3. Does <u>your household</u> presently have borrowings for any of the purpose Please include borrowings from relatives and other sources aside from unpaid monthly installment payments or *revolving loans, but do not be settled within 1-2 months.  (Circle either 1 or 2 to indicate present borrowings for each of the *Revolving loans are a loan format which can be used any number of with a fixed monthly repayment amount determined at the star	m finar includ	ncial inst e any cre wing pu	itutions. I edit card c rposes)	nclude any
Purpose or Reason			y have an owings?	у
To acquire housing or land, or for remodeling housing	1	Yes	2	No
To buy durable consumer goods (automobiles, furniture, home appliances, etc).	1	Yes	2	No
For child/children's education	1	Yes	2	No
For marriage (including child/children's marriage)	1	Yes	2	No
For travel, sports or other leisure	1	Yes	2	No
For independence and self-support	1	Yes	2	No
For illness, disaster, etc.	1	Yes	2	No
For living expenses	1	Yes	2	No
Other	1	Yes	2	No
(For respondents who answered "1 yes" for at least one item SQ. Please enter your present household borrowings balance.  Total present household borrowings balance	in Q3	3)	ten thou	sand yen
Tom present household collowings outlined			ten thou	sanu yen

These questions concern income.	
Q1. About how much was your housel any income from the sale of asset	hold's annual (pre-tax) income last year (JanDec.)? Do not include ts (financial assets or real assets).
Income last year including tax	ten thousand yen
family members with the same ho	usehold's annual take-home income (total take-home income of all busehold finances, after tax and social insurance deductions) last year income from private insurance receipts or the sale of assets (financial
Income last year after tax	ten thousand yen
past year (Jan. – Dec.)? If so, plea	of the following types of insurance benefits or asset income over the ase enter the approximate amounts below.  unt of life, fire or other insurance benefits received below; do not
<b>1</b> Yes→	ten thousand yen <b>2</b> No
<ul><li>(2) Sales of land, housing, automobiles</li><li>1 Yes→</li></ul>	ten thousand yen <b>2</b> No
(3) Retirement benefits  1 Yes→	ten thousand yen <b>2</b> No
(4) Securities sales profits and losses	
1 Profits received 2	Losses incurred 3 No
SQ. Enter the amount of the pro	ofits or losses ten thousand yen

- Q4. For each of the following items, enter the amount of income your household earned last year (Jan. 2008 to Dec. 2008). (Circle "x None" for items for which you had no income).
- © Enter the husband's income in Column A, and enter the wife's income in Column B.
- © Enter the approximate total income of <u>other family members excluding the husband and wife</u> in Column C. (Do not include the income of parents and children living separately).
- O 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

	<b>A</b> Husband	<b>B</b> Wife	Other Family Total (Approx)
<ol> <li>(1) Annual employment income*1</li> <li>(2) Self-employment, business, home work income (including agriculture, forestry &amp; fishery income)*2</li> <li>(3) Rent &amp; land rent income</li> <li>(4) Interest &amp; dividends*3</li> <li>(5) Remittances &amp; gifts</li> <li>(6) Public pension</li> <li>(7) Corporate &amp; personal pensions</li> <li>(8) Unemployment benefits &amp; childcare leave benefits</li> </ol>	(Unit: ten thousand yen)  X None  X None	(Unit: ten thousand yen)  X None  X None	(Unit: ten thousand yen)  X None  X None
<ul> <li>(9) Child allowances and childcare allowances (Household total)</li> <li>(10)Welfare benefits (Household total)</li> </ul>		× None × None	i i i i i i i i i i i i i i i i i i i

- \* 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.).

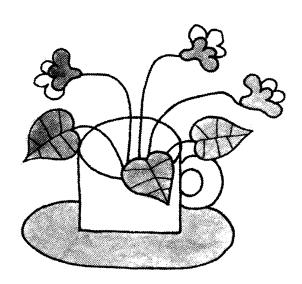
	allments).	<del> </del>	
(1)	Food $\cdots \rightarrow$		thousand yen
(2)	Eating out & school lunches $\cdots \cdots \cdots$		thousand yen
(3)	Rent, land rent, home repairs (excluding mortgages)···· → excluding multi-family housing common charges)		thousand yen
(4)	Multi-family housing common charges $\cdots \cdots \rightarrow$		thousand yen
(5)	Electricity, gas, water (supply & sewage) $\cdots \rightarrow$		thousand yen
(6)	Furniture, electric appliances, household supplies (furniture, household electric appliances [excl. digital consumer  electronics], misc. household items, etc.)		thousand yen
(7)	Digital consumer electronics purchases		
	(PCs, TVs, video cameras, digital cameras, DVD players, etc.) $\rightarrow$		thousand yen
(8)	Clothing & shoes $\cdots \cdots \longrightarrow$		thousand yen
(9)	Healthcare(medicine, treatment, glasses, contact lenses, etc.) $\rightarrow$		thousand yen
10)	Transportation(including automobile expenses, fares, commuting passes, taxes, tolls, etc.)   ☐		thousand yen
11)	Communications(postage, fixed-line, and mobile phone charges) $\rightarrow$		thousand yen
12)	Internet communications (provider fees, modem rental, etc.) $\rightarrow$		thousand yen
13)	Education(school tuition, textbooks, learning reference materials, tutoring, etc.) $\longrightarrow \begin{tabular}{l} \hline \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $		thousand yen
14)	Culture & amusement(stationery, sporting goods, travel, hobbies) $\rightarrow$		thousand yen
15)	Entertaining & pocket money····· →   (allowances, membership fees and other association fees, etc.)		thousand yen
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

(I UI all lespondent	For all	all respondents
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- Q2. Does your household keep a household ledger or other record of expenditures?
  - 1 We usually do
  - **2** We sometimes do
  - **3** We rarely do
  - 4 We never have
- Q3. 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) $\rightarrow$					ten thousand year
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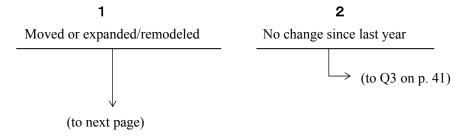
## (Proceed to next page)



These questions concern housing.

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

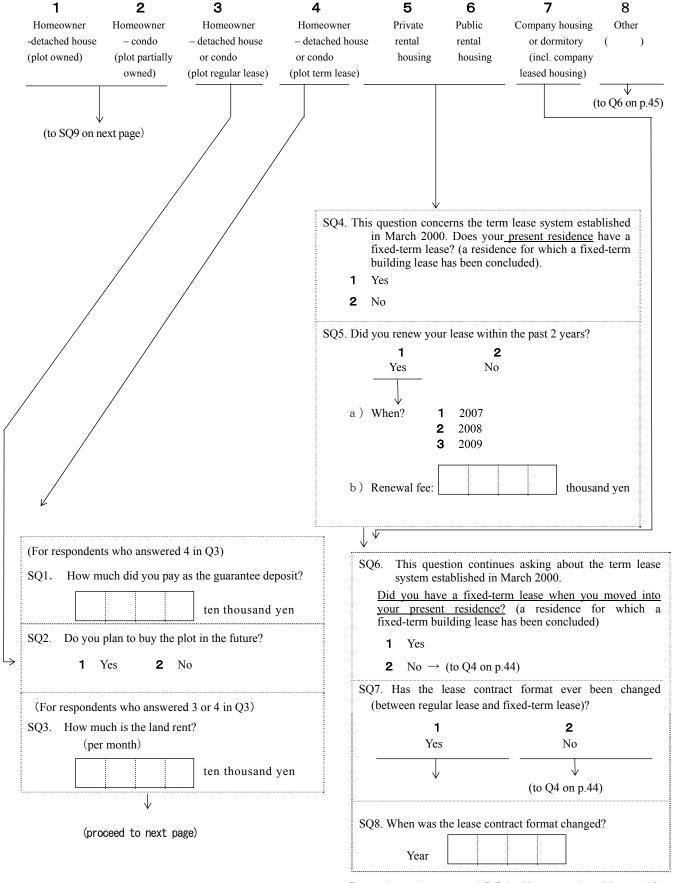
Q1. Did your household move or expand or remodel housing since January 2008?





Q2	2(1) What ty	rpe of housing do you presen	tly live in?				
	1	2	3		4	5	
	Detached House	Semi-detached house (town house, etc.)	Steel/concrete (multi-famil		Wooden Apartment (multi-family)	Other (	)
		$\longrightarrow (to (2))$					(to (2))
SQ2	<ol> <li>How many</li> <li>Does your had how large in the larg</li></ol>	m <sup>2</sup> 2 No	SQ3.	How I	ndents who answered many stories is the built for the following stories is the built for the following stories is the built for the following stories in the following stories is the built for the following stories in the following stories is the built for the following stories in the following stories is the built for the following stories in the built for the following stories is the built for the following stories in the following stories is the built for the following stories in the following stories is the following stories in the following stories in the following stories is the following stories in the following stories in the following stories in the following stories is the following stories in the following stories		Q2)
(3)	<ul><li>1 Exclusive r</li><li>2 Residential</li><li>3 Residential</li><li>4 Non-reside</li></ul>	esidential use & agricultural, forestry or factors & store or other mixed use	-		m²		
(4)	How old is th	e building where you presen	atly live?		years ol	d	
(5)	•	er repaired or remodeled you  1 nor repairs	r home? How e  2 Some repairs	xtensiv	e was the work?  3  Major repa	irs	
(6)	How many r	rooms do you have (bedroon	ns, living rooms	, studie	es, dining rooms, kitche rooms	ens)?	
(7)	How long do	oes it take to walk to the clos	sest train statior	or bus	stop? minutes		
(8)	Does your respermitted)	sidence have amenities for t	the elderly? (Ci	rcle all	the items that apply;	multiple resp	oonses
2		alls for easy access enough to accommodate wh		<b>5</b> En	o indoor floor-height di atrance from road is who amenities for the elde	neelchair acces	ssible

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



(Respondents who answered 5-7 in Q3, proceed to Q4 on p. 44)

(For condos, enter the housing column only.) SQ9. Around when did you purchase the real estate? (If you do not own the plot, enter housing amount only). Month Plot Housing Year Year Month SQ10. Approximately how much was the purchase price? (If you do not own the plot, enter housing amount only.) Housing ten thousand yen Plot ten thousand yen SQ11. What is the approximate present total market value of the real estate (the price you would receive if you sold it)? (If you do not own the plot, enter housing value only) Housing Plot ten thousand yen ten thousand yen How do you think the present market value will change next year? (If you do not own the plot, SQ12. enter the housing value only). Housing value will Plot value will 1 Increase Increase % Approx. Approx. Decrease Decrease 3 3 Not change Not change What is the appraised value of the real estate for property taxes? (If you do not own the plot, SQ13. enter housing value only) Housing Plot ten thousand yen ten thousand yen SQ14. What is the area of the plot? (Answer even if you reside in a condo or lease the plot) m² Plot area

(For respondents who answered 1-4 "homeowner"

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

	Housing	Plot		
1	All self-financ	ing (including loans)	5	Inherited from parents
2		e assistance from parents	6	Government Housing Loan Corp.
3	Joint purchase		7	Title in name of parents or family
4	Gift from pare	nts	8	Other
o. Does	——	ave earthquake insurance cover  1  Yes		No (to O6 on p 45)
o. Does	—	1		
7. When	did you take out	Yes  your present earthquake insur		No
7. When	did you take out	1 Yes		No (to Q6 on p.45)
7. When	did you take out	Yes  your present earthquake insur		No (to Q6 on p.45)
7. When	did you take out	Yes  your present earthquake insur		No (to Q6 on p.45)
. When answer	did you take out	Yes  your present earthquake insur		No (to Q6 on p.45)
. When answer	did you take out with the year you	Yes  your present earthquake insur		No (to Q6 on p.45)

	dents who answered 5-7 [rental housing] in Q3 on p. 41) er month (excluding common charges and utilities)?
	thousand yen
(2)How much are the command repair fees)?	non charges per month (including common charges and the common portion of utiliti
	thousand yen
(3)Did you pay a security do	eposit?
Yes	No No
(4)How much was the secur	ity deposit (to the first decimal point)?
(1)-1011 1111011 11110 1110 1110 1110	month's rent
(5)Did you pay key money?	2
Yes	$\frac{\text{No}}{\longrightarrow} \text{(to (7))}$
(6)How much was the key r	money (to the first decimal point)?  month's rent
(7)What is the remaining lea	ase period?
yea	rs months
·	our rent when you moved into your present residence.
<ul><li>Was the rent the same a</li><li>Yes, same as pr</li><li>No, different fr</li></ul>	resent —— (to Q6)
SQ1. How much was your m	onthly rent when you moved in (excluding common charges and utilities)?
	thousand yen
SQ2. How much were the co utilities and repair fees)	mmon charges per month (including common charges and the common portion of ?
	thousand yen

(For all respo	ondents)
----------------	----------

Q6. 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 18 major cities with wards)
- **6** Live in the same city, town or village with parents (for residents of other cities and county areas)
- 7 Live in the same prefecture with parents
- **8** Parents live in areas aside from 1-7 above
- **9** Parents are all deceased

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

1 2

Husband's parent Wife's parent Husband and wife's parents

3

(For all respondents)

Q7 (1) Is there a possibility that you will inherit a parent's home in the future?

1 2 Yes No

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



SQ. (For respondents who answered "1 Yes")

Do you plan to live in that property?

1 2 3

Yes Do not know No

Do you and your spouse want to leave behind an inheritance? 2 3 Do not know Yes ► (to Q9 on the next page) (For respondents who answered "1 Yes" in Q8) What form of inheritance would you and your spouse like to leave behind? Please respond for each of the following. (1) a. Would you like to leave behind cash and financial assets? 2 3 4 Yes No Do not own Do not know ► (to (2)) b. How much of your cash and financial assets would you like to bequeath to each of your heirs? Enter the percentages you want to give to each category below. Child/children 0 Do not know Have no children 0 Other relatives % Do not know 0 % Do not know Donations, etc. 1 0 0 % (2) a. Would you like to leave behind housing, land and other real estate? 2 No Do not own Do not know Yes  $\rightarrow$  (to (3)) b. How much of your housing, land and other real estate would you like to bequeath to each of your heirs? Enter the percentages you want to give to each category below. Child/children 0 % Do not know Have no children Other relatives 0 % Do not know Do not know Donations, etc. 0 1 % 0 0 (3) a. Would you like to leave behind automobiles, furniture and other real assets? 1 2 3 4 No Do not own Do not know Yes ★ (to SQ2 on the next page) b. How much of your automobiles, furniture and other real assets would you like to bequeath to each of your heirs? Enter the percentages you want to give to each category below. Child/children 0 Do not know Have no children Χ Other relatives 0 % Do not know 0 % Do not know Donations, etc. 1 0 0 %

These questions concern you and your spouse's thoughts regarding leaving behind an inheritance.

(For respondents who answered that they want to leave an inheritance for their child/children in at least one of the items (1), (2) or (3) in SQ1 on the previous page) SQ2. What are your primary purposes in wanting to leave behind an inheritance for your child/children? (Multiple responses permitted) So child/children will provide nursing care and look after me/us in old age 2 So child/children will take over the family business 3 Worries about child/children's future 4 Following custom 5 No particular purpose 6 Do not know 7 Other (For all respondents) Q9. Have you purchased land or housing to live in or use as a second house since Jan. 2008? (Including new housing and property in joint titles with parents) 2 5 Did not buy Bought land Bought housing Bought housing **Bought** and land condo only only (to Q10 on p. 50) Why did you purchase housing since Jan. 2008? (Circle the numbers of all the reasons that apply) SQ1. Because of the housing acquisition promotion tax system (the so-called housing loan tax reduction system) 2 Because the tax reduction percentage under the housing acquisition promotion tax system (the so-called housing loan tax reduction system) is expected to be decreased from next year 3 Because the consumption tax rate is expected to increase in the near future 4 Because Government Housing Loan Corporation loans are expected to decrease in the future Because I received retirement benefits 6 Because the spouse deduction will disappear in the future 7 Because the land and housing price declined 8 Because land and housing prices are expected to rise in the future

SQ2. How much was the purchase price? (For housing only and condo purchases, enter housing amount only; for

Because I formed an independent household (from marriage, employment, etc.)

Because I received the special gift tax exemption for money for acquisition of a dwelling

Housing 0 ten thousand yen

Land 0 ten thousand yen

Total 0 ten thousand yen

9

10

Because I inherited financial assets

land purchases enter land amount only).

Because I had a child, or for child education

## SQ3. How did you cover the expense?

	(Housing portion)		(Land portion)
	(Unit: ten thousand yen)		(Unit: ten thousand yen)
Couple's savings····· ¥	0	¥	0
Aid from husband's parents $\cdots \rightarrow  $ ¥	0	¥	0
Aid from wife's parents $\longrightarrow$ $_{\mbox{$\frac{1}{2}$}}$	0	¥	0
Loan from husband's parents $\rightarrow$ $_{\mbox{$\frac{1}{2}$}}$	0	¥	0
Loan from wife's parents $\longrightarrow$ $\forall$	0	¥	0
Loan from Government Housing Loan Corp. $\rightarrow$ $\colonglist$	0	¥	O
Loan from other government-affiliated Financial institution $\qquad \qquad \qquad$	0	¥	0
Loan from private financial inst. $\rightarrow$ $\mbo$	0	¥	0
Company financing · · · · ¥	0	¥	0
Other···· ¥	0	¥	0
Total·····¥	0	¥	0
SQ4. How much did you pay in brok	xerage and other fees upon	purchase?	
1 Brokerage fees			thousand yen
<b>2</b> Taxes			thousand yen
<b>3</b> Real estate acquisition	on tax		thousand yen
4 Registration and lice	ense tax		thousand yen
<b>5</b> Consumption tax			thousand yen
<b>6</b> Others (		)	

	1	2		3	
Adve	rtisements	Websites	Other(		)
SQ6. How long	did you spend lo	ooking for the home y	ou bought?		
	ye	ears	months weeks	5	
_	was the price dif	sold one home and ference between the	_	home and	the purchase price of yo
1	(+)	ten	thousand yen		
2	(-)	ten	thousand yen		

SQ5. How did you collect information on new housing?

(For all respondents)

Q10. 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?

	1	2	3
	Have a specific plan	Considering, but no specific plan	No plan for the time being
		<b>\</b>	$\longrightarrow \text{ (to Q1 on p.51)}$
<b>)</b> 1.	When do you expect to reali	ze your plan?	

- SC
  - Within 1 year 1

- 6 years or more
- 2 1 year to less than 3 years
- Do not know
- 3 years to less than 6 years
- Which of the following types of housing are you planning next?
  - Owned detached house (plot owned or partially owned)
  - 2 Owned detached house (plot regular lease)
  - Owned detached house (plot term lease)
  - 4 Owned condo (plot partially owned)
  - Owned condo (plot regular lease)
  - Owned condo (plot term lease)
  - 7 Private rental housing
  - Private rental housing (term lease)
  - 9 Public rental housing
  - 10 Public rental housing (term lease)
  - Company housing or dormitory (incl. company leased housing)
  - 12 Other (

 $\rightarrow$  (to Q1 on p.51)

(SQ3 and SQ4 are for respondents who answered 1-6 in SQ2)

Where is the location of your planned housing?

- On same plot as present housing
- 2 Different location from present housing ->

Prefecture

SQ4. (For respondents in households planning to become homeowners in the near future.)

About how much money, in total, does your household need to purchase your home? And do you plan to use your own funds for some of this?

Please enter the amounts for both items below. If you are selling an old home and buying a new one, enter the full acquisition price of the new home (not the difference between the sales and purchase prices).

	(Housing and Construction Funds)	(Land Purchase Funds)
Total amount needed  Of which, own funds	ten thousand yen  O  ten thousand yen	ten thousand yen  O ten thousand yen
Plan to take a loan	<b>1</b> Yes <b>2</b> No	<b>1</b> Yes <b>2</b> No
Gift expected	<b>1</b> Yes <b>2</b> No	<b>1</b> Yes <b>2</b> No

These question	ns concern mortgage loans.	
(For all respo	ondents)	
Q1. Does your	household presently have any	y mortgage loans?
	1	2
	Yes	No
		(to Q2 on the next page)
	uch is your total mortgage louding refinancing)?	oan balance and how much did you repay in total over the past year
Total mort	gage loan balance	0 ten thousand yen
Total repai	d over past year	ten thousand yen <b>O</b> No repayments past year
SQ2. Do you	intend to receive a mortgage	e loan tax credit for your mortgage loan balance at the end of 2008?
<b>1</b> Yes →	How much is the tax cr	redit? ten thousand yen
<b>2</b> No →	Reason(	)
Is your mort	estion concerns the borrowing gage loan fixed rate, variable a hybrid loan, when can the infixed rate —expires in	e rate, or a hybrid type (that can change from a fixed to a variable rate be changed?
2	Variable rate	year; remaining term years month
3 4	Hybrid loan Fixed rate optional duration	Changes in years
	Initial interest rate .	% (enter to 2 <sup>nd</sup> decimal point)
· ·	ur mortgage loan have equal payments?	monthly payments with interest or principal equal
1	Equal monthly payments wi	th interest
2	Principal equal monthly pay	
3	Other (	)

No (end of survey)
(end of survey)
(
advance? If you have repaid multiple mortgage loans in
nth
e entire balance at once; including refinancing), or was it a
2
repayment

Thank you very much for your cooperation.