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

	(The Reio	110450	iioid i di	ici baivey,	
— Inst	ructions				
• This survey qu	estionnaire is for respon	dents with spo	ouses.		
applicable nur	the questions by circ mber in the blank square fific details inside the p	re provided.	When your an	swer is "other," circ	ele the number and
• Please answer	the questions in orde	r. Some que	stions only ap	oply to certain people	le. In those cases,
_	cludes somewhat perso analyses, so please ansv	_	-	-	These will be used
• If you do not l	know the answers to an	y of the ques	stions concerni	ng your family, plea	se ask your family
	questions concern figure w the answers.	res for the n	nonth of Janua	ary. Please respond	to those questions
Survey officer	date). Thank you very m	<u>-</u>	-	vey form around _	(time) on
We begin by asking  (1) Sex	questions regarding you	urself.			
(1) 501	<b>1</b> Male		<b>2</b> Female		
(2) What i	s your date of birth?				
Year		Month		Day	
					Jan. 2010

Branc	anch No. Point No. Subject No.			ct No.	Panel No.					Inspector		
							7					

	Th	ese questions	concern vo	ur fan	nilv	]																	
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			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
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Code	onshi	03 Child's sp 04 Grandchil		Spouse Sibling	's grandpa	rent			Employent Form	(	6 Par	rt-time	e wor	ker		/66							
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SQ2. In the			which	numbe	er perso	on has tl	ne highe	est total	income	? (Selec	et the o	one p	erson	with	the
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CO MIN .												•••••			•••••
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sQ. Whi		-	rsons i	n the a	above t	able are	e tempo	rarily l	ving se	parately	for w	ork?	Pleas	e cir	cle all th
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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 3-18 are for the respondent filling out the survey forms. Questions on pages 19-33 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		
	<b>8</b> 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 reenander	+- 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.

Nursing care of family member

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" in Q1) 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)

		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	ffice where you usually work?
	1	Agriculture	
	2	Fishery, forestry, marine products	
	3	Mining	
	4	Construction	
	5	Manufacturing (including publishing and pr	inting)
	6	Wholesale, retail (including department stor	<del>-</del> -
	7	Restaurants, accommodations	
	8	Finance, insurance	
	9	Real estate	
	10	Transportation	
	11	Information services and surveys	
	12	Information & telecommunications other that	an information services and surveys
		(telephone and other communications, broad	dcasting, internet services)
	13	Utilities (provision of electricity, gas, water,	heat)
	14	Medicine, welfare	
	15	Education, learning support	
	16	Other services	
	17	Public service	
	18	Other (	)
(4)	How m  1 2 3	1- 4 persons 4 5-29 persons 5 30-99 persons 6	100- 499 persons 500 persons or more Government
(5)	1 2	lace where you usually work in the same city, Same city, ward, town or village Same prefecture, other city, ward, town or vil Other prefecture	C ,
(6)	1 2 3 4 5 6	Self-employed (restaurant; wholesale or retation Professional (doctor; lawyer; accountant; tation Worker at family business (restaurant; whole Working at home without an employee relation Wage worker (working at a company, organic Consigned work or subcontractor (without a your answered 1, 2, 3, 4 or 6, proceed)	esale or retail shop; agriculture; etc.) ionship with a company ization, etc.) (as an employee of an employer) in employee relationship)
	(If	you answered 5, proceed to (7) on th	e next page)

((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)

(12) What was your ir for taxes and soc	•		st year? Please enter y	our gross income before deductions
Last year		ten	thousand yen <b>O</b>	No income
. ,	•			eceive for your work last year (from
1 Monthly Salary Wee	<b>2</b> kly Salary	<b>3</b> Daily Wage	<b>4</b> Hourly Wage	<b>5</b> Annual Salary
①About how much do you earn from this job each month (including overtime not including bonuses pre-tax)?	wage?	is your daily	③ What is your wage?	hourly 4 What is your annual salary?
Per month	Per day		Per hour	Per year
		***************************************		
thousand yen		yen	y <sub>(</sub>	en ten thousand yen
(14) How much did y bonuses.	ou receive i	n bonuses last y	ear? Please enter the	total for summer, winter and other
Q4. This question concern	s spouse allo	owances.		
•	any have a	spouse allowanc	es (allowances for sp	ouses who are unemployed or earn
1		2		3
Yes		No		Do not know
$\downarrow$				(to Q5 on the next page)
SQ. How much is the	monthly spo	ouse allowance?	thousa	nd yen × Do not know
(2) Are you receivin	ng a spouse a	allowance?	2	
Yes			No	

Mad	1	2
	e adjustment Did not	make adjustment
	<u></u>	
(2)Why d	lid you make the adjustment? Please cir	cle all the items that apply. (Multiple responses permitted).
1	Because I would have been obliged to	pay taxes if I exceeded the tax-exempt limit
	(¥1.03 million) for my own income ta	
2		e tax credit and my special tax deduction for spouse would
_	have decreased if my income exceeded	
3		the company spouse allowance if my income exceeded a
4	certain amount	us as a dependent under my spouse's health insurance,
7	-	come exceeded a certain amount (¥1.3 million), and been
	obliged to join these systems myself	one exceeded a certain amount (11.5 mmon), and ocen
5		to join employment insurance if my prescribed working
	hours reached 20 hours per week	
6	_	to join health insurance, pension and other systems if my
	_	bed working hours of regular employees
7		ot be required to join employment insurance, pension or
0	other systems	,
8	Other (	)
1) W 1 2 3 4 5	Variable working hours system (diffe (day & night shifts, etc.)  Discretionary working hours system; planners and home workers to whom No working hours management (management)	nding time self-adjustment within certain hours) rent working hours during certain periods only); shift system imputed working hours system (specialists, sales personnel,
	On average, how many days of paid wor	k do you perform each month? days/month
2) (	on average, now many days or para wor	
	On average, how many hours of naid wo	ork do voli
3)	On average, how many hours of paid wo	
3) (	perform each week (including overtime)	)? hours/week
3) (3) I 4) (3)	perform each week (including overtime) Of those, how many are overtime hours?	hours/week
3) (I	perform each week (including overtime)	hours/week
3) (I	perform each week (including overtime) Of those, how many are overtime hours? Leave this blank if you are self-employed or otherwise do not receive overtime)	hours/week hours/week
3) C 4) C (I 5) H	perform each week (including overtime) Of those, how many are overtime hours? Leave this blank if you are self-employed or otherwise do not receive overtime) How many are overtime hours paid at in	hours/week hours/week creased
3) C 4) C (I 5) H	perform each week (including overtime) Of those, how many are overtime hours? Leave this blank if you are self-employed or otherwise do not receive overtime)	hours/week hours/week
3) C 4) C (I 5) H	perform each week (including overtime) Of those, how many are overtime hours? Leave this blank if you are self-employed or otherwise do not receive overtime) How many are overtime hours paid at in	hours/week hours/week creased hours/week
3) C 4) C (I 5) H	perform each week (including overtime) Of those, how many are overtime hours? Leave this blank if you are self-employed or otherwise do not receive overtime) How many are overtime hours paid at in wages for overtime work?	hours/week hours/week creased hours/week k.

2) Answer regarding the conditions of following items at present and at this time last year.

		Agree	Agree somewhat	Cannot say either way	Disagree somewhat	Disagree
	Present	1	2	3	4	5
Often work on holidays and at home	Last year	1	2	3	4	5
Have a lot of work responsibility, authority and	Present	1	2	3	4	5
discretion	Last year	1	2	3	4	5
M-1	Present	1	2	3	4	5
Make many work errors	Last year	1	2	3	4	5
TI 1:1 1 0.1011	Present	1	2	3	4	5
Have high work fulfillment and satisfaction	Last year	1	2	3	4	5
	Present	1	2	3	4	5
Have good relationship with work supervisor	Last year	1	2	3	4	5
The second advice time of the discourse	Present	1	2	3	4	5
Have good relationships with colleagues	Last year	1	2	3	4	5

3) Does your company have the fo	llov	ving type	es of	system	s?			
<ul> <li>Reduced working hours system</li> </ul>				-				
	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
<ul> <li>Half-day or hourly leave system</li> </ul>								
	1	No	2	Yes	3	Have used	4	Do not know
· Long-term refreshment leave syste	m							
	1	No	2	Yes	3	Have used	4	Do not know
· In-house transfers advertising syste	em							
	1	No	2	Yes	3	Have used	4	Do not know
· System for rehiring employees who	o re	tired for	child	lcare or	nurs	ing care		
	1	No	2	Yes	3	Have used	4	Do not know
· Reclassification system from non-	regu	lar to reg	gular	employ	ees			
	1	No	2	Yes	3	Have used	4	Do not know

- Q7. Will you continue your present job in the future?
  - 1 I want to continue (including changing position or location within the same company)
  - **2** I want to do other work in addition to my present job

**3** I want to change to another job

4 I want to quit working altogether

(For respondents who answered 3 in Q7)

- SQ. Why do you want to change to another job? Circle the one main reason only.
  - 1 Because I was just doing the job temporarily
  - **2** Because the compensation is low
  - **3** Because of business declining and anxiety about the future
  - 4 In preparation for retirement or expiration of employment contract
  - **5** Because I want to become a regular employee
  - **6** Because of the large time and psychological burden
  - **7** Because I want to make use of my knowledge and skills
  - **8** Because I want more free time
  - **9** Other (

#### (For 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

	1		2		3	
	Had a side j	ob Side	job prohibited	Side job a	llowed, but did no	ot have one
	V					
	Q. (For respondents we ter the totals for all side		during last year [J	anDec.]). If you	had more than one	e side job,
	(1) What was you deductions for	ur total income fror taxes, social insu	-	-	enter the gross i	ncome before
			ten thousand ye	en		
	(2) How many mo	nths did you work	at side jobs during	g last year?		
		mon	ths <u>last year</u>			
	(3)How many hou	111		4		: 4 - 1 - 1 - 2
	Months wh	days did you work en you worked at a nths, on average, h per week?	side jobs last year	?	days	/ <u>month</u> s/ <u>week</u>
Thes	se questions concern y	our thoughts abou	t securities market	S.		
	If your child or relati			or a securities com	npany and asked y	ou for advice,
	1		2		3	
	Recommen	d No	t Recommend	Do n	ot know	
Q2.	Do you think banks financial assets? Ple		-			
		Completely trustworthy	Somewhat trustworthy	Cannot say	Not very trustworthy	Not at all trustworth
	(1) Banks	1	2	3	4	5
	(2) Securities	_		•		_
		1	2	3	4	5

Companies

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 -Never Frequency Once a week Almost 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 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 -----2 3 4 2 4 • Digestive problems -----3 • Back, lower back, shoulder pain -----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 2 • Find seeing people tiresome -----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 Few	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
1 I 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 (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 8 Electrolyte related 9 Prostrate related 10 Metabolism related 11 Obesity related 11 Obesity related 11 Obesity related 12 No problems noted 6 Kidney related 12 No problems noted 6 Kidney related (proceed to next page)	(2)How many day	ys do you exerci	ise (exercise which	n makes you sweat) each v	week, outside of work?
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 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		
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(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)					
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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)					)
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 7 Uterine cancer 4 Breast cancer 5 Colon cancer (SQ2 is for respondents who answered 2 or 3 in Q9)  8 Electrolyte related 9 Prostrate related 10 Metabolism related 11 Obesity related 12 No problems noted 12 (proceed to next page)	3 4	Multiphase he Cancer screen	alth screening	government screening	
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 paragning" 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>(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> /

The	ese qu	uestions conce	rn social insura	ance.					
		le the public pensions).	pension to which	ch you subs	scribe. (Ever	yone betwee	en 20 and 60	) subscribes to one of the	ese
	1	Employee po	ension or mutua	al aid pension	on (full-time	company e	mployee, pu	blic servant, etc.)	
	2	Third-party	insured spouses	s (spouses o	of employee	pension or n	nutual aid pe	ension subscribers)	
	_ 3	_	nsion only (self	employed,	students, an	d other perso	ons aside fro	m those under	
$\downarrow$		<b>1</b> and <b>2</b> )							
	4	Do not subse	eribe (60 or ove	er, or receiv	ing disability	y pension)			
(For	res	pondents wh	o only parti	cipate in	the natio	nal pensio	on)		
SQ	. <b>A</b> 1	re you paying	your contributi	ons to the n	ational pens	ion?			
	•	1 I am payii	ng the full cont	ributions					
	:	2 I am recei	ving an exemp	tion (includ	ing partial e	xemptions)			
	;	3 Student or	r youth deferme	ent					
	•	4 I am not p	paying any cont	cributions					
(Q3 Q3.	Wha	t is your nursi	nts 65 and ong care insurant e insurance pre	ce premiun		en on nursin	g care insura	ance premium calculation	- I
	1	2	3	4	5	6	7	0	
I	Level	1 Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Do not know	
	Do y mu: 1 2 3 4	Myself Spouse Child/childre Parent/paren	family memberiation)? Circle	<ul><li>6 Grandp</li><li>6 Grandc</li><li>7 Other fa</li><li>8 No one</li></ul>	ers for all far arent/grandp hild/grandch amily memb subscribes	nily member parents ildren ers	rs who subsc		
			thousand	yen/month					

Q1. Is there a religion you believe in?

1 Yes
2 I do not particularly believe, but my family has a religion
No (to Q2)

(For respondents who answered 1 or 2 in Q1)

SQ1. What is the religion?
Please specify: (\_\_\_\_\_\_\_\_)

Q2. Which of the following items apply to you? Please circle the applicable number for each of the following items, from 1 "Applies very much" to 5 "Does not apply at all".

These questions concern religion and your world view.

	Applies very much	Applies somewhat	Cannot say either way	Does not apply much	Does not apply at all
(1) I want to live as simply as possible	1	2	3	4	5
(2) I want to leave my children as big an inheritance as possible	1	2	3	4	5
(3) I fervently believe in religion	1	2	3	4	5

Q3. Please circle the applicable number showing how much you agree with each of the following statements, with **0** indicating complete disagreement, **50** indicating 50% possibility and **100** indicating complete agreement. Please circle one number for each statement.

b) There							L	80	90	100
,	is a heave	en, hell, re	incarnatio	n or some	other worl	d after dea	th.			
0	10	20	30	40	50	60	70	80	90	100
c) God, 1	Buddha, g	ods, angel	ls or other	spiritual b	eings actua	ally exist.	70	80	90	100
0	10	20	30	40	50	60	/0	80	90	10
((d) is	for res	oondents	who ansv	vered <u>ot</u>	<u>ier than</u>	<u><b>0</b></u> in the	previous	item (c)	)	

These questions concern your awareness of politics and society.

Q1. If a House of Representatives election were held today, which of the following parties would you vote for, for the proportional representation seats?

1 Democratic Party of Japan

**4** Japanese Communist Party

7 Other party

2 Liberal Democratic Party

**5** Social Democratic Party

**8** Would not vote

3 New Komeito

6 People's New Party

**9** Do not know

Q2. Which party do you support?

1 Democratic Party of Japan

4 Japanese Communist Party

**7** Other party

2 Liberal Democratic Party

5 Social Democratic Party

8 Do not support any party

3 New Komeito

6 People's New Party

**9** Do not know

Q3. Do you support the present administration?

1 Yes

**2** No

Q4. Which do you think is more important, freedom or equality?

1 Freedom

**2** Equality

**3** Cannot say either way

The questions on pages 19-33 are for the spouse of the respondent who is filling out the survey.

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

Thank you very much for your cooperation.



		(For the spouse 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

			(For the spous	se of the respond	dent who is fi	lling out the survey)
Thes	e questions concern	n your current	schooling.			
Q1. Are	e you presently atte	ending school?	)			
	1 Yes School location	<b>2</b> San	ne city, ward, town ne prefecture, othe ner prefecture (	n or village or city, ward, town	n or village ure)	
	<b>2</b> No					
Q2. The (1)	lectures, self-stu  1	from last Feddy, etc.) of yo	ebruary until now ur own will, to im	, have you taken prove your skills a	any actions ( and abilities fo <b>3</b>	attended school, taken ryour own work?
	Presently tak	ting action	Took a	ection	Did not take	e action
			′		L	$\rightarrow$ (to (4))
(2)	How did you lea	rn? Please cir	cle all the items th	at apply. (Multiple	e responses pe	rmitted)
	2 Attended tr 3 Attended p 4 Attended u 5 Attended g 6 Took correct 7 Attended u 8 Learned from the second	rade school ublic vocation niversity (deg raduate schoo spondence con niversity or of om TV or radi ectures or sem d in company r respondents 1 ted and graduate	ree program) I (including adult arse (including unter public lecture o course and book inars voluntary study gram) who answered 1-2	education) iversity courses) s roup in (2)) Did you g Have not yet com	2 pleted or grad	uated
(3)	expenses paid b	y you or you		not include public	_	learning? (Include all r assistance from your
	Time: Approx.		hours	Money: Approx.		ten thousand yen
(For a	ıll respondents)					
(4)	-		_	Benefits System o	over the past year	ear?
		I received ben				
		t and will rece		•,		
	\/	-	but have not used ystem, and have n			
······································						
(5)			answered 3 in		0	
	Are you eligibl	ie to use the T	raining and Educa <b>2</b>	tion Benefits Syste	em'? <b>3</b>	
	Yes		No		I do not kno	W

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		4 To 5 Wa 6 At	e; other	١		
	1	2	3	4	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	tion 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 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

(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)

(12) What was your inc		job last year? Plea	se enter your gro	oss income before deductions
Last year	at misurance.	ten thousand ye	en <b>O</b> No in	come
	_	_	-	for your work last year (from which generated the highest
•	<b>2 3</b> ly Salary Daily W	age Ho	<b>4</b> urly Wage	<b>5</b> Annual Salary
①About how much do you earn from this job each month (including overtime; not including bonuses; pre-tax)?	② What is your wage?	daily 3 What wage?	is your hourly	④ What is your annual salary?
Per month	Per day	Per hour		Per year
thousand yen	ye	n	yen	ten thousand yen
(14) How much did yo bonuses.	u receive in bonuses	-	enter the total f	or summer, winter and other  O None
Q4. This question concerns (1) Does your compa	ny have a spouse allo	owances (allowance	ces for spouses	who are unemployed or earn
1		2		3
Yes		No		t know
V		_	<b>→</b>	(to Q5 on the next page)
SQ. How much is the	monthly spouse allowa	ance?	thousand yea	Do not know
(2) Are you receiving	g a spouse allowance?	2		
Yes		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	$\neg$

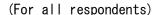
hours/week

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

1	2	3
Had a side job	Side job prohibited	Side job allowed, but did not have one
SQ. (For respondents who had a ease enter the totals for all side jobs		nDec.]). If you had more than one side job,
	ncome from all side jobs la ocial insurance contributions	ast year? Please enter the gross income bef
	ten thousand yen	1
(2) How many months did	you work at side jobs during	last year?
	months <u>last year</u>	
year?	u work at side jobs, during t you work at side jobs, on ave	those months when you worked at side jobs
Months when you w	orked at side jobs last year?	days/month
2) In those months, on a at side jobs per week	average, how many hours did	l you work? hours/week

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

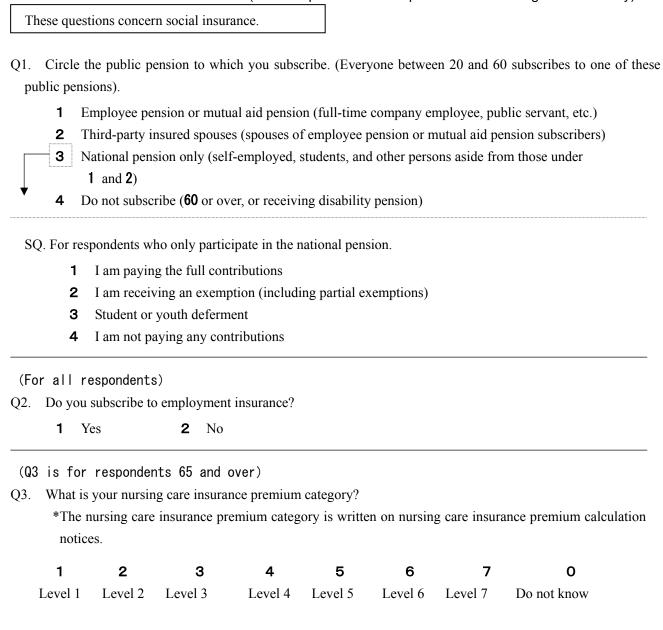
Presently

				(For the sr	OOUSA	of the re	esponden	t who is fillin	g out the survey)
Q5. Please circl	e the	number th	at corre				•		g out the survey)
<b>(</b> • • • • • • • • • • • • • • • • • • •	1			2		3			4
Neve	er drii	nk	Few t	imes/month	1.	-2 times/	week/	3+ ti	mes/week
Q6. (1)On aver	rage,	how many	minute	s do vou walk	per day	in com	muting to	school or wor	 k?
	υ,				1 2				
				minutes		(	O do not	walk	
(2)How ma (Circle o	-	-	exercis	e (exercise wh	ich ma	kes you	sweat) eac	h week, outsi	de of work?
	1	1 day	4	4 days	7	7 days (	daily)		
	2	2 days	5	5 days	8	Do not e	exercise		
	3	3 days	6	6 days					
Q7. On averag	ge, ho	ow long do	you sle	ep each day?		_			
		Presently	averag	e of	; ; ;	hour	s	minut	es per day
Q8. Did you rec (Multiple r Q9. Did you r	1 2 3	No health Had symp Treatment re a physica	ted) probler toms, b at hosp	ns ut took no acti pital or clinic ination or canc	on	4 5 6	Was hosp Purchased Other (	l over-the-cou	nter medicine ) nses permitted)
	1 2	No exam		ening y or municipal	gover	nment sc	reening		
	3		•	h screening	goven	illiont se	recining		
	<b>-</b> 4	Cancer so		_					
$\downarrow$	5	Other (			)				
(SQ1 is for SQ1. What ty				swered "4 C s) did you rece					
1 Stoma	ach c	ancer 2	Lung	cancer 3	Uterine	cancer	4 Brea	ast cancer 5	Colon cancer
				swered 2 or oted in the exa			ts? (Multip	le responses p	permitted)
<ol> <li>Blood p</li> <li>Bone de</li> <li>Heart re</li> <li>Anemia</li> <li>Liver re</li> <li>Kidney</li> </ol>	ensity elated related	ted			8 9 10 11	Prostr Metab Obesi No pro	olyte related ate related polism rela- ty related oblems not eeed to next	ted	

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



1	Democratic Party of Japan	4	Japanese Communist Party	7	Other party		
2	Liberal Democratic Party	5	Social Democratic Party	8	Would not vote		
3	3 New Komeito		People's New Party	9	Do not know		
Q2.	Which party do you suppo	rt?					
1	Democratic Party of Japan	4	Japanese Communist Party	7	Other party		
2	Liberal Democratic Party	5	Social Democratic Party	8	Do not support any party		
3	New Komeito		People's New Party	9	Do not know		
Q3.	Do you support the presen	t adn	ninistration?				
	1 Yes	2	No				
Q4.	Which do you think is mor	re im	portant, freedom or equality?				
	<b>1</b> Freedom		<b>2</b> Equality	3	Cannot say either way		

These questions concern your awareness of politics and society.

(Please continue to the next page.)



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 have in deposits and securities? Please input the total household amount (for you, your spouse and children).

(1) About how much does your househ	nold presently have in dep	osits	s?
	ten thousand yen	x	Does not have any deposits
Of which, about how much is pre-	sently in foreign currency	den	ominated deposits?
	ten thousand yen	x	No foreign currency deposits
(2) About how much does your househ	nold presently have in secu	uritio	es?
	ten thousand yen	X	Does not have any securities
Of which, about how much is pre-	sently in foreign currency	den	ominated securities?
	ten thousand yen	x	Does not have any securities

Q2. Around how much is the total savings goal your household is now considerable to the control of the control	dering	?		
ten thousand yen	<b>(</b> 1	No particul	ar 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	n finar includ e <b>follo</b> times v	ncial institu e any credi wing purp	tions. I t card c oses)	nclude any charges to
Purpose or Reason		Presently l		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	www	en thou	sand 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

Enter the husband's income in Colu	mn A, and enter the w	rife's income in Column	В.
Enter the approximate total income	-	<u> </u>	nd and wife in Column C.
(Do not include the income of parer	•		22 1 1 7 19
Do not include personal insurance r etc.	eccipts, retirement bei	netits, or the sales of sec	curities, land, automobiles,
Include any income whose attributi	on is not clear in the a	amount for the responde	ent or spouse with the higher
income .			
	A	В	С —
	Husband	Wife	Other Family Total
	(Unit: ten thousand yen)	(Unit: ten thousand yen)	(Approx) (Unit: ten thousand yen)
1) Annual employment income*1			
2) Self-employment, business,			
home work income (including agriculture, forestry & fishery income)*2			
3) Rent & land rent income			
1) Interest & dividends*3			
i) Remittances & gifts			
6) Public pension			
7) Corporate & personal pensions			
B) Unemployment benefits & child-care leave benefits			
9) Child allowances and childcare allowances*4(Household total)			
10)Welfare benefits (Household total)			
11)Other income			

- \*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.

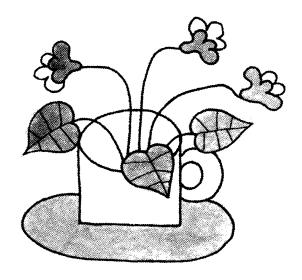
Q1. Enter the amount your household spent on each of the following living expenditures last month (Jan.).

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

## (For all respondents)

Q2. How much did your household spend on loan repayments last month (Jan.)? Do not include mortgage loans.
 Loan repayments (including payment for credit card purchases) → ten thousand yen

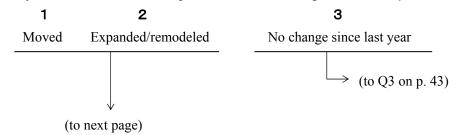
## (Proceed to next page)



These questions concern housing.

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

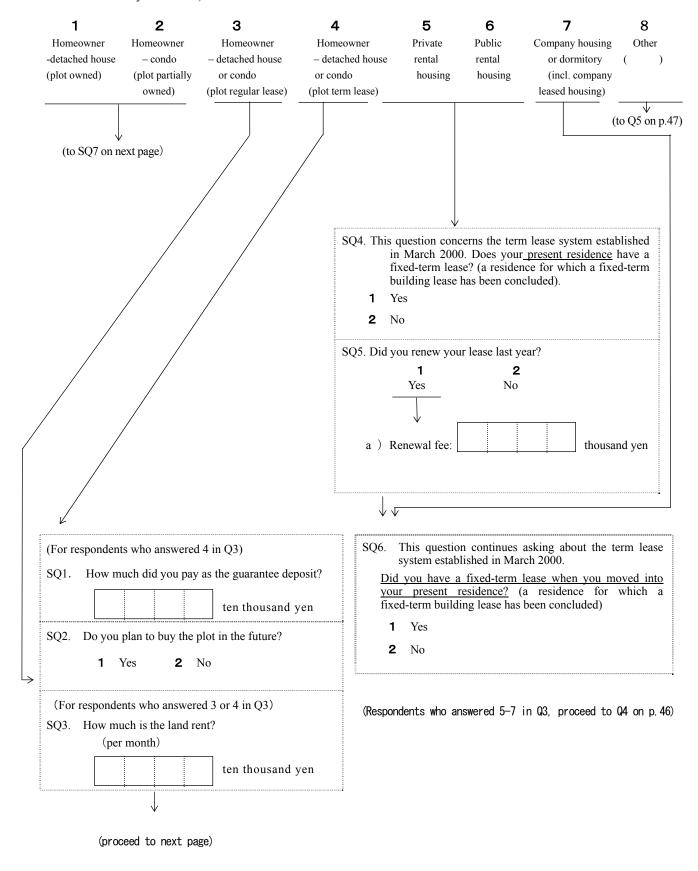
Q1. Did your household move or expand or remodel housing since January 2009?





Q <sub>2</sub>	2(1) What ty	pe of housing do you prese	ently live in?	_	_
	1	2	3	4	5
	Detached House	Semi-detached house (town house, etc.)	Steel/concrete Con (multi-family)	ndo Wooden Apartmo (multi-family)	
		(town nouse, etc.)	(man-ranny)	(marti-ranniy)	
	$\downarrow$	$\hookrightarrow$ (to (2))		$\downarrow$	$\hookrightarrow$ (to (2))
(Fo	or respondent	s who answered 1 in Q2	2) (For re	espondents who answ	vered 3 or 4 in Q2)
SQ	1. How many	stories is your house?	SQ3. H	Iow many stories is the	building?
		stories	,		stories
SQ	2. Does your h	nouse have a yard? If so,	SQ4. V	Vhich floor do you live	on?
	how large i	s the yard?		Floor	
	1 Yes	m² <b>2</b> No		1 1001	
	1 105	III Z NO			
(For	all respond	ents)			
		al floor space? (2 tatami ma	ats = 1 tsubo = 3.3 r	$m^2$ )	
			$m^2$		
(3)	What type of b	ouilding do you live in?			
···	1 Exclusive r	esidential use			
	2 Residential	& agricultural, forestry or	fishing use		
	<b>3</b> Residential	& store or other mixed use	<b>&gt;</b>		
ľ	4 Non-reside	ntial			
	→ SQ. What	is the commercial-use floo	r space?	ı	$n^2$
(4)	How old is th	e building where you prese	ently live?	yea	rs old
(For	respondents	who answered 2 Expar	nded/remodeled i	n Q1)	
(5)	Have you eve	er repaired or remodeled yo	ur home? How exte	ensive was the work?	
		1	2	;	3
	No; mi	nor repairs	Some repairs	Major	repairs
(Fo	r respondent	s who answered 1 or 2	in Q1)		
(6)	How many r	cooms do you have (bedroo	ms, living rooms, s	tudies, dining rooms, k	titchens)?
				room	S
(7)	How long do	oes it take to walk to the clo	osest train station o	r bus stop?	
(')		The state of the s	ownon o		4
				minu	tes
(8)	_	sidence have amenities for	the elderly? (Circle	all the items that appl	y; multiple responses
	permitted)				
	Handrails		4	No indoor floor-heig	
		alls for easy access	5		is wheelchair accessible
3	Hallways wide	enough to accommodate w	heelchairs 6	No amenities for the	elderly

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



These questions concern respectively the housing and plot where you presently live. (For condos, enter the housing column only.) SQ7. Around when did you purchase the real estate? (If you do not own the plot, enter housing amount only). Month Plot Year Year

(For respondents who answered 1-4 "homeowner" in Q3)

SQ8.	Approximately how much was the purchase price? (If you do not own the plot, enter housing amount only.)
Housin	g ten thousand yen Plot ten thousand yen
SQ9.	What is the approximate present total market value of the real estate (the price you would receive if you so it)? (If you do not own the plot, enter housing value only)
Housii	g ten thousand yen Plot ten thousand yen
SQ10.	How do you think the present market value will change next year? (If you do not own the plo enter the housing value only).  Housing value will  Plot value will  Increase Decrease  Approx.  Decrease  Not change  Not change
SQ11.	What is the appraised value of the real estate for property taxes? (If you do not own the plot, enter housing value only)  g ten thousand yen Plot ten thousand yen
SQ12.	What is the area of the plot? (Answer even if you reside in a condo or lease the plot)  Plot area

-44-

	Housing Plot		
1	All self-financing (including loans)	5	Inherited from parents
2	Received some assistance from parents	6	Government Housing Loan Corp
3	Joint purchase with parents	7	Title in name of parents or family
4	Gift from parents	8	Other
Daga	your household have earthquake insurance cover	rage?	
Does	1		2
Does	•		<b>2</b> No
	1		

	or respondents who answered 5-7 [rental housing] in Q3 on p. 43) is the rent per month (excluding common charges and utilities)?  thousand yen
(2)How much an and repair fee	re the common charges per month (including common charges and the common portion of utilities
	thousand yen
(3)Did you pay	a security deposit?
1	<b>2</b>
Yes	
$\downarrow$	$\longrightarrow$ (to (5))
(4)How much w	ras the security deposit (to the first decimal point)?  month's rent
(5)Did you pay	
1 Vas	<b>2</b>
Yes	No
$\downarrow$	$\longrightarrow$ (to (7))
(6)How much w	ras the key money (to the first decimal point)?  month's rent
(7)What is the re	emaining lease period?
	years months

(For	all	respondents
(1 01	uıı	1 Ooponaonto

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

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

- 1 Live together with parents in the same building and share household expenses (joint household)
- 2 Live together with parents in the same building, but keep separate household expenses (semi-joint household)
- **3** Live in different buildings on the same plot with parents (semi-joint household)
- 4 Live in the same town or within 1km of parents (nearby residence)
- **5** Live in the same ward with parents (for residents of 19 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

3

Husband's parent

Wife's parent

Husband and wife's parents

(For all respondents)

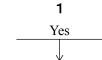
Q6. (1) Is there a possibility that you will inherit a parent's home in the future?

1

Yes

**2** No

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



**2** No

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

Do you plan to live in that property?

1

Yes

2

3

Do not know

No

(For all respondents)

Q7.	Have you purchased land or housing to live in or use as a second house since Jan. 2009?
	(Including new housing and property in joint titles with parents)

1	2	3	4	5
Bought land	Bought housing	Bought housing	Bought	Did not buy
only	only	and land	condo	
		<u></u>		(to Q8 on p. 51)

- SQ1. Why did you purchase housing since Jan. 2008? (Circle the numbers of all the reasons that apply)
  - 1 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
  - **5** 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
  - **9** Because I inherited financial assets
  - 10 Because I received the special gift tax exemption for money for acquisition of a dwelling
  - 11 Because I formed an independent household (from marriage, employment, etc.)
  - 12 Because I had a child, or for child education

13	Other (		)
----	---------	--	---

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

Housing		0	ten thousand yen
Land		0	ten thousand yen
Total		0	ten thousand yen

## 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	¥	О
Aid from wife's parents $\longrightarrow$ $\Xi$	0	¥	O
Loan from husband's parents $\rightarrow  \  \                 $	0	¥	0
Loan from wife's parents $\cdots \rightarrow $	0	¥	0
Loan from Government Housing Loan Corp. $\rightarrow$ $\colonglife{3mm}$	0	¥	0
Loan from other government-affiliated Financial institution $\longrightarrow$ $\upmu$	0	¥	0
Loan from private financial inst. $\rightarrow$ $ $	0	¥	O
Company financing····· ¥	0	¥	0
Other⋯⋯ ¥	0	¥	0
Total·····→¥	0	¥	
SQ4. How much did you pay in bro	kerage and other fees upor	n purchase?	
1 Brokerage fees			thousand yen
<b>2</b> Taxes			thousand yen
<b>3</b> Real estate acquisiti	on tax		thousand yen
4 Registration and lice	ense tax		thousand yen
<b>5</b> Consumption tax			thousand yen
<b>6</b> Others (		)	

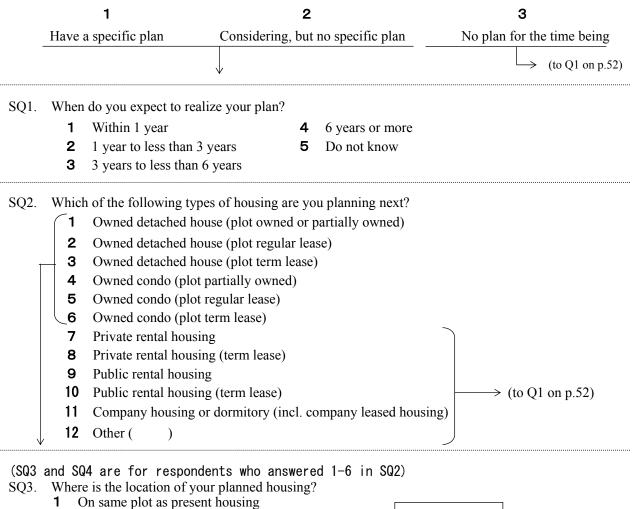
	1	2		3		
	Advertisements	Website	S	Other(	)	
SQ6. Ho	ow long did you sp	end looking for the h	ome you bougl	nt?		
		years	months	weeks		
SQ7. (F	-	who sold one home	_		e and the purcha	se price of
	1 (+)		ten thousand	l yen		
	<b>2</b> (-)		ten thousand	yen		

SQ5. How did you collect information on new housing?

(For all respondents)

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

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



2	Different	location	from	nresent	hausing	
_	Different	iocation	110111	present	nousing	

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)
	nuch 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	id 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 2009?
<b>1</b> Yes →	How much is the tax cr	redit? ten thousand yen
<b>2</b> No →	Reason(	)
Is your mort	gage loan fixed rate, variable a hybrid loan, when can the	e rate, or a hybrid type (that can change from a fixed to a variable
_ 1	Fixed rate → expires in	year ; remaining term years month
3	Variable rate Hybrid loan	———— Changes in years
4	Fixed rate optional duration	
	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 (	)

(For all respondents)
Q2. Did you voluntarily repaid a mortgage loan last year?

1 2

Yes No

(end of survey)

SQ. Was it a lump-sum repayment (repaying the entire balance at once; including refinancing), or was it a partial repayment?

1 2
Lump-sum repayment Partial repayment

Thank you very much for your cooperation.