

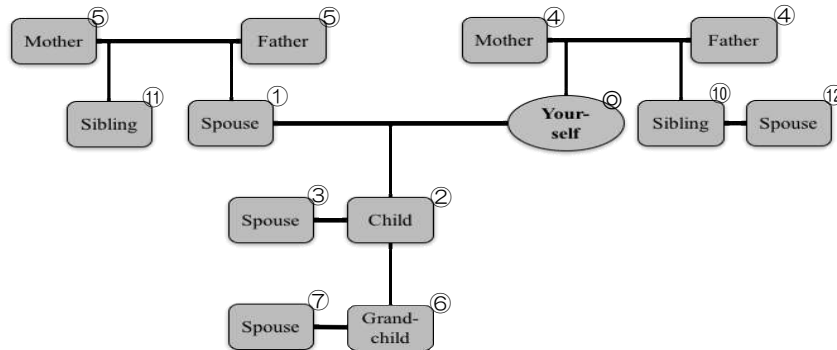
Reference for filling the Q4 which concerns family in the questionnaire

In Question 4 (page 2 and page 3) of the questionnaire, besides the family and those who live together, we also ask about your relatives. Please refer to the explanation for the eligible individuals as follows.

(1) Even if living together or separately, the eligible family members and relatives are as follows.

- | | | | |
|---------------|--------------------------|------------------------|--------------------------|
| ◎ Yourself | ④ Your parents | ② Child | ⑩ Your sibling |
| ① Your spouse | ⑤ Parents of your spouse | ③ Spouse of child | ⑪ Sibling of your spouse |
| | | ⑥ Grandchild | ⑫ Spouse of your sibling |
| | | ⑦ Spouse of grandchild | |

◆ The family and relatives of (1) are shown in the figure as follows.



(2) In addition to (1) above, those living together are also eligible.

◆ In Question 4 of the questionnaire, the entry fields for spouses, parents and spouse's parents have been assigned (Family ID No.2 to No.6). If you are not married, leave it blank for your spouse and your spouse's parents.

◆ For the family members (and those who live together) who have been entered in the previous survey, their genders, birth years and months along with the relationships have been printed out in advance. Please fill in the remaining parts on the right.

◆ Among the eligible individuals according to (1) and (2) above, please fill in their information if they are still alive in the order of relationship, even if it is not printed in the survey. (It is not necessary to complete information about the person who has passed away.)

The codes of "Relationship", "Employment Form", "School type" for Question 4 in the questionnaire as follows.

Relationship Code	01 Spouse	08 Grandparent
	02 Child	09 Grandparent of spouse
	03 Spouse of child	10 Sibling
	04 Parent	11 Sibling of spouse
	05 Parent of spouse	12 Spouse of sibling
	06 Grandchild	13 Other relative
	07 Spouse of grandchild	14 Other

Employment Form Code	1 Self-employed worker	School type Code	1 Nursery (childcare center)
	2 Professional		2 Kindergarten
	3 Family employee		3 Elementary school
	4 Executive officer		4 Junior high school
	5 Full-time employee		5 Senior high school
	6 Part-time employee		6 Junior college or specialized school
	7 Temporary employee		7 Four-year university
	8 Contracted/Commissioned employee		8 Graduate school
	9 Other		9 Special training school (incl. preparatory school)

The Japan Household Panel Survey

Questionnaire about your family (Offprint)

◎ Request for entry

All the questions concern family information such as the number of family members, their birth years and months are extracted from the main questionnaire. Please fill in the “Questionnaire about your family” separately.

For the family members who have been entered in the previous survey, relationships, genders, birth years and months have been printed out in advance. Please fill in the blanks.

Furthermore, from this year, you will be requested to fill in some new information about your family members and relatives.

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

From the next year onwards, to alleviate the burden of filling the form, we will print out the information you have entered this year in advance. Please rectify it, if there are any changes or mistakes in the content.

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

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

These questions concern your family.

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

_____ persons

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

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

Q3. Has your household experienced any of the following changes over the past one year (Feb. 2016 to Jan. 2017)?
(Please circle all the numbers which apply)

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

These questions concern your family, your relatives, and those who live with you.

Q4. Please fill in the following table about your family, your relatives, and those who live with you.

- For family members (and those who live together) who have been entered in the previous survey
 - Relationships, gender, birth year and month are printed. Please fill in the rest.
 - ※ When the printed information is incorrect

Please mark the part with × and overwrite the correct information in that column or fill in the blank in a new row.

○ For the case where a member has passed away, please fill in "Final academic background" and "Changes in family relationship" (circle "Deceased") only.

- From Family ID No.7, please fill in the blanks in the order of ① members who are listed,
 - ② those who are not covered but live together, ③ family members who are living separately.

Family ID	Relationship to you	Relationship codes (Use codes below)	Sex	Year and month of birth * Please write the birth year in AD * Please fill in the birth year in the case of birth month unknown * Circle "unknown" in the case of birth year unknown	Final academic background		Changes in family relationship	Marital Status (If you have not submitted a marriage notification [Z])			Living situation		Working situation		Schooling situation		Circle the applicable option		
					Type of school (Use codes below)	Not in school / In school (Circle "Not")		Divorced	Neither 1 nor 2	Married	I don't know	Living together with you	Not living with you	Not working	Working	I don't know	In school	I don't know	Not keeping in contact with you or your spouse
No. 1	Yourself																		
No. 2	Your spouse	01	M F	____ Y ____ M	unknown unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 3	Your father	04	M	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 4	Your mother	04	F	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 5	Spouse's father	05	M	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 6	Spouse's mother	05	F	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 7			M	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 8			M	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 9			M	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 10			M F	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 11			M F	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 12			M F	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 13			M F	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						
No. 14			M F	____ Y ____ M	unknown	<input type="checkbox"/> Not	unknown	1 2 3	1 2 <input type="checkbox"/> 3	1 2	____ hrs ____ min	1 2 <input type="checkbox"/> 3	1 2 <input type="checkbox"/> 3						

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

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

Family ID	Relationship to you	Relationship codes (Use codes below)	Sex	Year and month of birth * Please write the birth year in AD * Please fill in the birth year in the case of birth month unknown * Circle "unknown" in the case of birth year unknown	Final academic background		Changes in family relationship			Marital Status			Living situation		Working situation			Schooling situation			Circle the applicable option						
					Type of school (Use codes below)	I don't know (Circle "unknown")	Divorced	Deceased	Neither 1 nor 2	Single	Married	I don't know	Living together with you	Not living with you	Not working	Working	Employment form (Use codes below)	I don't know	In school	Not in school	Not keeping in contact with you or your spouse	Sharing household expenses with you	Chronic restrictions on daily activities (※1)	Certified as needing support/nursing care/disability support			
No. 15			M	Y	unknown	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	□	3	1	2	□	3			
			F	M	unknown	Not	1	2	3	1	2	□	3	1	2	min	1	2	□	3	1	2	□	3			
No. 16			M	Y	unknown	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	□	3	1	2	□	3			
			F	M	unknown	Not	1	2	3	1	2	□	3	1	2	min	1	2	□	3	1	2	□	3			
No. 17			M	Y	unknown	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	□	3	1	2	□	3			
			F	M	unknown	Not	1	2	3	1	2	□	3	1	2	min	1	2	□	3	1	2	□	3			
No. 18			M	Y	unknown	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	□	3	1	2	□	3			
			F	M	unknown	Not	1	2	3	1	2	□	3	1	2	min	1	2	□	3	1	2	□	3			
No. 19			M	Y	unknown	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	□	3	1	2	□	3			
			F	M	unknown	Not	1	2	3	1	2	□	3	1	2	min	1	2	□	3	1	2	□	3			
No. 20			M	Y	unknown	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	□	3	1	2	□	3			
			F	M	unknown	Not	1	2	3	1	2	□	3	1	2	min	1	2	□	3	1	2	□	3			
No. 21			M	Y	unknown	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	□	3	1	2	□	3			
			F	M	unknown	Not	1	2	3	1	2	□	3	1	2	min	1	2	□	3	1	2	□	3			
No. 22			M	Y	unknown	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	□	3	1	2	□	3			
			F	M	unknown	Not	1	2	3	1	2	□	3	1	2	min	1	2	□	3	1	2	□	3			
No. 23			M	Y	unknown	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	□	3	1	2	□	3			
			F	M	unknown	Not	1	2	3	1	2	□	3	1	2	min	1	2	□	3	1	2	□	3			
No. 24			M	Y	unknown	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	□	3	1	2	□	3			
			F	M	unknown	Not	1	2	3	1	2	□	3	1	2	min	1	2	□	3	1	2	□	3			
No. 25			M	Y	unknown	Not	1	2	3	1	2	□	3	1	2	hrs	1	2	□	3	1	2	□	3			
			F	M	unknown	Not	1	2	3	1	2	□	3	1	2	min	1	2	□	3	1	2	□	3			

«If there are more than 25 members in your family, please respond up to 25 members in order of the closeness to you. »

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

Q5. Among the family members listed in the table, which person is the head of household? Please list family ID
(The head of household is the center of the family or the main earner)

No.

Q6. Among the family members listed in the table, are there any persons temporarily living separately for work?

- 1 Other than myself 2 Myself 3 No one

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

No. No. No. No.

These questions concern your parents.

Q7. Parents' living situation.

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

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

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

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

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

- 1 Living alone
 - 2 Living with his spouse
(your mother)
 - 3 Living with his child
 - 4 Other
 - 5 Deceased
-
- ↳ To (Q8)

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

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

【Q8 For Married Respondents】

These questions concern parents of your spouse.

Q8. The question concerns living situation of the parents of your spouse

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

- 1 Living alone
 - 2 Living with her spouse
(your father-in-law)
 - 3 Living with her child
 - 4 Other
 - 5 Deceased
-
- ↳ To (2-A)

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

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

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

- 1 Living alone
 - 2 Living with his spouse
(your mother-in-law)
 - 3 Living with her child
 - 4 Other
 - 5 Deceased
-
- ↳ (End)

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

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

Thank you for participating in the Japan Household Panel Survey.

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

The Japan Household Panel Survey

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

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

We begin by asking questions regarding yourself.

Q1. (1) Sex

1
Male

2
Female

(2) What is your date of birth?

Year

--	--	--	--

 Month

--	--

 Day

--	--

February 2017

Branch No.		Point No.			Subject No.		Panel No.				Inspector
							4				

Q1. The following questions concern detailed information of those who were classified as having “Chronic restrictions in daily activities” or as “An individual who is certified as needing support/nursing care/disability support”

Please copy the “Family ID” number from No.1 to No. 25 for “You,” “Your parents,” “Parents of your spouse,” or “Other family members living with you” who were classified as having “Chronic restrictions in daily activities” or as “An individual who is certified as needing support/nursing care/disability support” in question 4 on pages 2 and 3 of “Questions About Your Family (reprinted)”.

Copy the “Family ID” number, the question on the left-hand side of “Relationship with you”, from No.1 to No. 25 in question 4 on pages 2 and 3 of “Questions About Your Family (reprinted)”. For those who were classified as having “Chronic restrictions in daily activities” or as “An individual who is certified as needing support/nursing care/disability support” in the question 4 on pages 2 and 3 of “Questions About Your Family (reprinted)”. • Your father/mother • Your spouse’s father/mother • Family members living with you If you were classified as having “Chronic restrictions in daily activities” or as “An individual who is certified as needing support/nursing care/disability support”, please write Family ID “No.1” representing yourself.	Daily Life Situation (use codes in Table A below)	How long have they been in this situation?	Affected Daily Activities (Please circle the appropriate number)				Disability Certificate Yes/No		Clinical diagnosis of dementia Yes/No		Condition of long-term care/disability (use codes in Table B below)
			The activity of daily life (getting up, dressing, eating, bathing)	Going out (restricted time, workload, etc.)	Work, Housework, Schooling (restricted time, workload, etc.)	Exercise (including sports)	Yes	No	Yes	No	
(Entry Example) No. 3 (Your Father)	1	0 year(s) 5 month(s)	1	2	3	4	1	2	1	2	15
Family ID→ No. <input type="text"/>		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID→ No. <input type="text"/>		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID→ No. <input type="text"/>		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID→ No. <input type="text"/>		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID→ No. <input type="text"/>		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID→ No. <input type="text"/>		year(s) month(s)	1	2	3	4	1	2	1	2	
Family ID→ No. <input type="text"/>		year(s) month(s)	1	2	3	4	1	2	1	2	

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

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

The questions on the following pages 3-20 are for the respondent filling out the survey forms. Questions on pages 21-38 are for the respondent's spouse.

These questions concern your parents.

Q1. Are your parents alive?

- 1 Both parents alive
 - 2 Father alive, mother deceased
 - 3 Mother alive, father deceased
 - 4 Both parents deceased
- (to next page)

Q2. How much financial assistance did you give to your parents last year?
Please include housing purchases, rent, land rent, living expenses and other financial assistance.

Last year ten thousand yen Did not give any financial assistance

↓

→ (to Q3)

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

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

Q3. How much financial assistance did you receive from your parents last year?
Please exclude inheritance items, but include housing purchases, rent, land rent, living expenses and other financial assistance and allowances.

Last year ten thousand yen Did not receive any financial assistance

↓

→ (to next page)

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

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

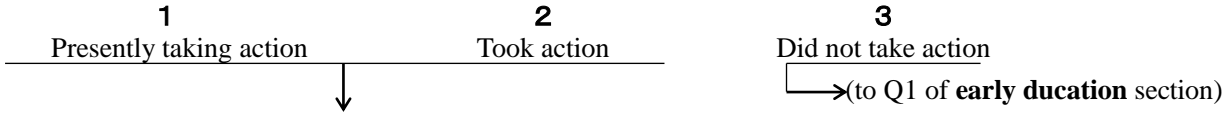
These questions concern your current schooling.

Q1. Are you presently attending school?

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

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

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



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

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

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

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

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

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

These questions concern your early education.

[To be answered by all respondents]

Q1. Did you attend any kindergartens and/or childcare centers daily before being enrolled in elementary school?

Please circle the number that is applicable for each age in the table below.

*Please circle the facility with the longest enrollment at each age.
(Please circle multiple numbers if the enrollment periods are almost the same)

		0 year old	1 year old	2 years old	3 years old	4 years old	5 years old	6 years old
Childcare centers	Public	0	1	2	3	4	5	6
	Private	0	1	2	3	4	5	6
Kindergartens	Public	0	1	2	3	4	5	6
	Private	0	1	2	3	4	5	6
Did not attend		0	1	2	3	4	5	6
I don't know		0	1	2	3	4	5	6

These questions concern your employment.

We begin by asking about your work.

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

Performed paid work			Did not perform any paid work		
<p>1 Mostly worked</p> <p>2 Worked while mostly attending school</p> <p>3 Worked while mostly keeping house</p>			<p>4 Took leave from work</p> <p>5 Was looking for work</p> <p>6 Attended school; kept house; other</p>		
1	2	3	4	5	6
	└─┬─> (to Q2)		↓	└─┬─> (to Q6 on page10)	

[For respondents who answered “4 Took leave from work” in Q1]

SQ. Why did you take leave from work last month (Jan.), even though you have a job?

- | | |
|---|---------------------------------|
| 1 Because of my own health | 4 For childcare leave |
| 2 Because of late stock buy-in, weak markets, etc. | 5 For nursing care leave |
| 3 To prepare for opening business | 6 Other() |

[If you answered SQ, proceed to Q2]

[For respondents who answered 1-4 in Q1]

Q2. This question concerns your regular work. If you have more than one job, respond for the job which generates the highest income.
Enter the nature of your job inside the parentheses with a specific description such as “automobile salesperson”, “supermarket cashier”, “junior high school teacher” or “furniture maker”, and then answer the following questions.

(Job description:)

(1) What is the nature of the work you usually do?

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

(2) What is the legal structure of the company or office (store, office, factory, etc.) where you usually work?
If you work at a family business, respond “proprietorship”.

- 1 Proprietorship
 - 2 Corporation
 - 3 Non-profit corporation (educational corporation, medical corporation, foundation, association, NPO or other public benefit corporation)
 - 4 Government organ
-

(3) What is the nature of the work of the company or office where you usually work?

- 1 Agriculture
 - 2 Fishery, forestry, marine products
 - 3 Mining
 - 4 Construction
 - 5 Manufacturing (including publishing and printing)
 - 6 Wholesale, retail (including department stores and supermarkets)
 - 7 Restaurants, accommodations
 - 8 Finance, insurance
 - 9 Real estate
 - 10 Transportation
 - 11 Information services and surveys
 - 12 Information & telecommunications other than information services and surveys (telephone and other communications, broadcasting, internet services)
 - 13 Utilities (provision of electricity, gas, water, heat)
 - 14 Medicine, welfare
 - 15 Education, learning support
 - 16 Other services
 - 17 Public service
 - 18 Other ()
-

(4) How many employees does the company where you usually work have in total?

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

(5) Is the place where you usually work in the same city, town or village as your residence?

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

(6) What is the form of your employment?

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

[If you answered 1, 2, 3, 4 or 6, proceed to (11) on the next page]

[If you answered 5, proceed to (7)]

[(7) is for respondents who answered "5 Wage worker" in (6)]

(7) What is your work status at your company?

- 1 Full-time, regular employee – no title
 - 2 Full-time, regular employee – with title
 - 3 Full-time, regular employee - manager
 - 4 Contract employee
 - 5 Part-time worker
 - 6 Subcontracted worker
 - 7 Specialized contract employee
- } → (Proceed to (9))

[(8) is for respondents who answered 4-7 in (7)]

(8) Why do you work under that work status?

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

[(9) and (10) are for respondents who answered "5 Wage Worker" in (6)]

(9) What is your contract period at the place where you usually work?

- 1 Employment contract with no period specified
- 2 Employment contract with period specified (initial contract at this workplace)
- 3 Employment contract with period specified (renewed contract at this workplace)

→ Contract period: months

[For respondents who answered [3]]

SQ. How many times have you renewed your contract?

Contract renewed times

(10) How many paid holidays did you take last year and how many paid holidays were you granted (including holidays carried over from the prior year)?

Granted (total last year) days (Of which) Carried over days Taken (paid holidays) days

[For respondents who answered 1-4 in Q1 on page5]

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

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

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

Last year ten thousand yen No income

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

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

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

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

ten thousand yen None

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

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

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

2) On average, how many days of paid work do you perform each month? days/month

3) On average, how many hours of paid work do you perform each week (including overtime)? hours/week

4) Of those, how many are overtime hours?
(Leave this blank if you are self-employed or otherwise do not receive overtime) hours/week

5) How many are overtime hours paid at increased wages for overtime work? hours/week

Q4. This question concerns the nature of your work.

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

- 1 Yes 2 No

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

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

Q5. Will you continue your present job in the future?

- 1 I want to continue (including changing position or location within the same company)
- 2 I want to do other work in addition to my present job
- 3 I want to change to another job
- 4 I want to quit working altogether

[For respondents who answered 3 in Q5]

SQ. Why do you want to change to another job? Circle the one main reason only.

- 1 Because I was just doing the job temporarily
- 2 Because the compensation is low
- 3 Because of business declining and anxiety about the future
- 4 In preparation for retirement or expiration of employment contract
- 5 Because I want to become a regular employee
- 6 Because of the large time and psychological burden
- 7 Because I want to make use of my knowledge and skills
- 8 Because I want more free time
- 9 Other ()

[To be answered by all respondents]

Q6. Are you working at the same job you were working at one year ago?

- 1 I am at the same company or organization as 1 year ago, and at the same workplace (continuous employment with no transfer)
- 2 I am at the same company or organization as 1 year ago, but at a different workplace (continuous employment with transfer)
- 3 I remain an employee of the same company or organization as 1 year ago, but I am working at a different company or organization (temporary transfer)
- 4 I am at a different company or organization from 1 year ago (job switch)
- 5 I was newly employed during the past year (new employment)
- 6 I quit the job I had 1 year ago, and became unemployed (left employment)
- 7 I was on leave for childcare, nursing care, etc. during the past year (on leave)
- 8 I was unemployed 1 year ago and I am still unemployed (continued unemployment)

[For respondents who answered 4 or 6 in Q6]

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

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

[To be answered by all respondents]

Q7. (1) Please circle all of the following items that apply concerning your employment status last year (Jan.-Dec.). (Multiple responses permitted)

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

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

(a) Months when I primarily worked

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

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

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

(c) Months when I primarily looked for work

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

Q8. During last year (Jan.-Dec.) did you ever have a side job in addition to your main job?

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

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

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

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

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

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

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

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

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

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

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

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

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

These questions concern your health.

Q1. How is your health normally?

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

Q2. Do you smoke cigarettes?

- 1** **2** **3** **4**
 Every day Sometimes Used to smoke but do not now Never smoked
 _____ _____ _____ (to O3) _____ (to O3)

[SQ1 is to be answered by those who chose [1] or [2] for Q2]

SQ1. Please provide answers about the cigarettes you currently smoke

Brand :	Amount of tar : <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> mg
Amount of nicotine : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> mg	Price <input style="width: 40px;" type="text"/> per pack
Number of cigarettes <input style="width: 40px;" type="text"/> per day:	

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

[To be answered by all respondents]

Q3. Please circle the number that corresponds to your recent alcohol drinking habits.

- 1** **2** **3** **4**
 Never drink Few times/month 1-2 times/week 3+ times/week

Q4. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitted)

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

[SQ is to be answered by those who chose [3] or [4] for Q4]

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

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

Q5. Did you pay for the treatment of disease or injury last year? Please circle the numbers that apply. If you did, please write the amount of copayment for the last year.

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

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

Q6. Please circle the approximate time of visiting if you remember the date when you received the medical examination. (Multiple responses permitted)

- 1 No exam or screening
- 2 Periodic company or municipal government screening Time of visiting (Before April 2016 or after March 2016)
- 3 Multiphase health screening Time of visiting (Before April 2016 or after March 2016)
- 4 Lung cancer screening Time of visiting (Before April 2016 or after March 2016)
- 5 Uterine cancer screening (Women only) Time of visiting (Before April 2016 or after March 2016)
- 6 Breast cancer screening Time of visiting (Before April 2016 or after March 2016)
- 7 Colon cancer screening Time of visiting (Before April 2016 or after March 2016)
- 8 Other ()

[SQ1 is for respondents who answered [2] or [3] in Q6]

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

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

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

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

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

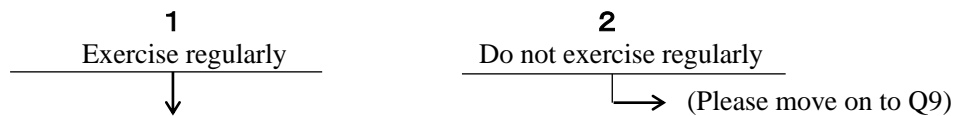
[To be answered by all respondents]

Q7. How much do you weigh?

kg × Don't know

Q8. Do you undertake a form of exercise such as those listed below on a regular basis?

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



Type of exercise	Exercise regularly	Number of days per month exercise is undertaken	Number of minutes per day exercise is undertaken	Number of years exercise has been undertaken on a continual basis	Main places where exercise is carried out
(a) Walking/strolling	1 Yes → 2 No	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(b) Running/jogging	1 Yes → 2 No	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(c) Radio calisthenics	1 Yes → 2 No	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(d) Swimming	1 Yes → 2 No	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(e) Cycling	1 Yes → 2 No	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other
(f) Other ()	1 Yes → 2 No	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 0 minutes	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> years	1 Facilities requiring fee payment 2 Other

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

[To be answered by all respondents]

Q9. (1) On average, how many minutes do you walk per day in commuting to school or work? (Circle one only)

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minutes

0 do not walk

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

- | | | |
|-----------------|-----------------|--------------------------|
| 1 1 day | 4 4 days | 7 7 days (daily) |
| 2 2 days | 5 5 days | 8 Do not exercise |
| 3 3 days | 6 6 days | |

Q10. Have you recently experienced the following symptoms? Please select and circle the number that applies for each item (one number for each item).

(a) Had a headache or dizziness

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(b) Had a palpitation or shortness of breath

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(c) Had sensitive stomach and intestines

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(d) Had a backache or shoulder pain

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(e) Got tired easily

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(f) Caught a cold easily

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(g) Felt reluctant to meet other people

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(h) Been dissatisfied with the present life

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(i) Felt anxiety over the future

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

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These questions concern social insurance.

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

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

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

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

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

[To be answered by all respondents]

Q2. Do you subscribe to employment insurance?

- 1 Yes 2 No

[Q3 is for respondents 65 and over]

Q3. What is your nursing care insurance premium category?

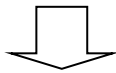
*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

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

[To be answered by all respondents]

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

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



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

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thousand yen per month

These questions concern long-term care and disability.

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

1	2	3	4
Yes (in nursing home)	Yes (living together)	Yes (other)	No
↓			→
			(Proceed to Q1 in the section about your use of time)

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

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

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

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

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

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

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

These questions concern your use of time.

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

Example: 1.0 hour → . hrs 30 minutes → . hrs

Frequency	Almost every day	A few times per week	Once a week	Almost never	Never
Commute to school or work (one-way)	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> min	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> min	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> min	4	5
Housework (prepare meals, laundry, grocery shopping, cleaning)	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/day	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/wk	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/wk	4	5
Childcare	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/day	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/wk	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/wk	4	5
Training or study for work	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/day	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/wk	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/wk	4	5
Volunteer activities	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/day	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/wk	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/wk	4	5
Nursing Care*1	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/day	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/wk	Avg. <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> hrs/wk	4	5

*1 Please include the travel time

Q2. Please write your usual sleeping hours.

(Please answer to the first decimal point.

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

Weekdays . hours per night on average

Weekends and holidays . hours per night on average

These questions concern TPP and Trade Liberalization

Q1. From 5 years old to 15 years old, which prefecture or which country were you habitually resident?

1 _____ Prefecture 2 Overseas (please specify) _____

Q2. (1) What is your attitude toward trade liberalization such as TPP (The Trans-Pacific Partnership)?

1 Agree 2 Somewhat agree 3 Neither 4 Somewhat disagree 5 Disagree 6 I don't know

(2) Suppose that the government is going to increase/decrease taxes every month to execute/implement the TPP (Trade Liberalization).

If you answered "1 Agree" or "2 Somewhat Agree" in (1) above, how much increase in tax would be acceptable? If you answered "3 Neither," 4 "Somewhat disagree," or 5 "Disagree," how much decrease in tax or compensation from the government would be acceptable to approve the TPP (Trade liberalization)

Assuming that the average tax amount will be 40,000 yen as the baseline, please indicate the increase or decrease in monthly tax.

For example, if you can afford 50,000 yen in total, please fill in the surplus "10,000 yen" in the box.

If you approve of tax reduction, and the amount of reduction is more than 40,000 yen, you can claim tax exemption and receive the refund as compensation from the government. The refund amount will be the amount of tax reduction deducted from 40,000 yen. (For example, if your answer was tax reduction of 50,000 yen, you will receive 10,000 yen as compensation from the government without paying income tax).

40,000 yen as the average tax amount, increase / decrease by

(For those who chose 1 or 2 in (1))

_____ (ten thousand yen) _____ (thousand yen) additional tax per month

(For those who chose 3 to 6 in (1))

_____ (ten thousand yen) _____ (thousand yen) tax reduction per month

(3) What will your life quality be, due to the TPP (in terms of consumption such as the price, quality and variety of goods and services)?

1 Better 2 Slightly better 3 No change 4 Slightly worse 5 Worse 6 I don't know

(4) What will your income be due to the TPP?

1 Increase 2 Increase slightly 3 No change 4 Decrease slightly 5 Decrease 6 I don't know

(5) What is your attitude toward future policy on acceptance of immigrants from other countries to Japan?

1 Agree 2 Somewhat agree 3 Neither 4 Somewhat disagree 5 Disagree 6 I don't know

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

These questions concern your satisfaction level with everyday life.

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

	Dissatisfied ←					→ Satisfied					
	0	1	2	3	4	5	6	7	8	9	10
Household income	0	1	2	3	4	5	6	7	8	9	10
Your employment	0	1	2	3	4	5	6	7	8	9	10
Housing	0	1	2	3	4	5	6	7	8	9	10
Amount of leisure time	0	1	2	3	4	5	6	7	8	9	10
The way you spend your leisure time	0	1	2	3	4	5	6	7	8	9	10
Your health	0	1	2	3	4	5	6	7	8	9	10
Life overall	0	1	2	3	4	5	6	7	8	9	10

[Lastly]

Q. For the questions on pages 3-20, please indicate who answered, and to what extent they answered the questions? Please circle the applicable option in each case (A-E). If your answer was “3. Other person,” please provide specific information about your relationship to the questionnaire subject. (Please circle one answer (1, 2, or 3) for each section.)

A Page 12 (Feeling of happiness)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify:)
B Page 12 (Future and uncertain matters)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify:)
C Page 13-16 (Health)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify:)
D Pages 20 (Feeling of satisfaction)	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify:)
E Pages other than A-D	1 Questionnaire subject	2 Spouse (Spouse of questionnaire subject)	3 Other person (Please specify:)

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

The questions on pages 21-38 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.

These questions concern your parents.

Q1. Are your parents alive?

- 1 Both parents alive
 - 2 Father alive, mother deceased
 - 3 Mother alive, father deceased
 - 4 Both parents deceased
- (to next page)

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

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

Last year ten thousand yen 0 Did not give any financial assistance

↓ ↓ (to Q3)

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

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

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

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

Last year ten thousand yen 0 Did not receive any financial assistance

↓ ↓ (to next page)

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

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

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

These questions concern your current schooling.

Q1. Are you presently attending school?

1 Yes

School location: 1 Same city, ward, town or village
 2 Same prefecture, other city, ward, town or village
 3 Other prefecture (Prefecture)

2 No

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

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

1 Presently taking action 2 Took action 3 Did not take action
 ↳ (to Q1 of **early education** section)

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

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

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

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

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

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

These questions concern your early education.

[To be answered by all respondents]

Q1. Did you attend any kindergartens and/or childcare centers daily before being enrolled in elementary school?

Please circle the number that is applicable for each age in the table below.

*Please circle the facility with the longest enrollment at each age.

(Please circle multiple numbers if the enrollment periods are almost the same)

		0 year old	1 year old	2 years old	3 years old	4 years old	5 years old	6 years old
Childcare centers	Public	0	1	2	3	4	5	6
	Private	0	1	2	3	4	5	6
Kindergartens	Public	0	1	2	3	4	5	6
	Private	0	1	2	3	4	5	6
Did not attend		0	1	2	3	4	5	6
I don't know		0	1	2	3	4	5	6

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

These questions concern your employment.

We begin by asking about your work.

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

- | Performed paid work | | | Did not perform any paid work | | |
|---------------------|--------------------------------------|-----------------------------------|-------------------------------|----------------------|------------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| Mostly worked | Worked while mostly attending school | Worked while mostly keeping house | Took leave from work | Was looking for work | Attended school; kept house; other |
| _____ | | | _____ | | |
| | → (to Q2) | | ↓ | | → (to Q6 on page28) |

[For respondents who answered “4 Took leave from work” in Q1]

SQ. Why did you take leave from work last month (Jan.), even though you have a job?

- | | | | |
|---|--|---|------------------------|
| 1 | Because of my own health | 4 | For childcare leave |
| 2 | Because of late stock buy-in, weak markets, etc. | 5 | For nursing care leave |
| 3 | To prepare for opening business | 6 | Other() |

[If you answered SQ, proceed to Q2]

[For respondents who answered 1-4 in Q1]

Q2. This question concerns your regular work. If you have more than one job, respond for the job which generates the highest income.

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

(Job description:)

(1) What is the nature of the work you usually do?

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

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

(2) What is the legal structure of the company or office (store, office, factory, etc.) where you usually work?
If you work at a family business, respond "proprietorship".

- 1 Proprietorship
 - 2 Corporation
 - 3 Non-profit corporation (educational corporation, medical corporation, foundation, association, NPO or other public benefit corporation)
 - 4 Government organ
-

(3) What is the nature of the work of the company or office where you usually work?

- 1 Agriculture
 - 2 Fishery, forestry, marine products
 - 3 Mining
 - 4 Construction
 - 5 Manufacturing (including publishing and printing)
 - 6 Wholesale, retail (including department stores and supermarkets)
 - 7 Restaurants, accommodations
 - 8 Finance, insurance
 - 9 Real estate
 - 10 Transportation
 - 11 Information services and surveys
 - 12 Information & telecommunications other than information services and surveys
(telephone and other communications, broadcasting, internet services)
 - 13 Utilities (provision of electricity, gas, water, heat)
 - 14 Medicine, welfare
 - 15 Education, learning support
 - 16 Other services
 - 17 Public service
 - 18 Other ()
-

(4) How many employees does the company where you usually work have in total?

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

(5) Is the place where you usually work in the same city, town or village as your residence?

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

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

(6) What is the form of your employment?

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

[If you answered 1, 2, 3, 4 or 6, proceed to (11) on the next page]

↓ [If you answered 5, proceed to (7)]

[(7) is for respondents who answered "5 Wage worker" in (6)]

(7) What is your work status at your company?

- 1 Full-time, regular employee – no title
- 2 Full-time, regular employee – with title
- 3 Full-time, regular employee - manager
- 4 Contract employee
- 5 Part-time worker
- 6 Subcontracted worker
- 7 Specialized contract employee

} → (Proceed to (9))



[(8) is for respondents who answered 4-7 in (7)]

(8) Why do you work under that work status?

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

[(9) and (10) are for respondents who answered "5 Wage Worker" in (6)]

(9) What is your contract period at the place where you usually work?

- 1 Employment contract with no period specified
- 2 Employment contract with period specified (initial contract at this workplace)
- 3 Employment contract with period specified (renewed contract at this workplace)

→ Contract period: months

[For respondents who answered [3]]

SQ. How many times have you renewed your contract?

Contract renewed times

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

(10) How many paid holidays did you take last year and how many paid holidays were you granted (including holidays carried over from the prior year)?

Granted (total last year) days (Of which) Carried over days Taken (paid holidays) days

[For respondents who answered 1-4 in Q1 on page23]

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

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

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

Last year ten thousand yen 0 No income

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

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

(1) About how much do you earn from this job each month (including overtime; not including bonuses; pre-tax)?

Per month thousand yen

(2) What is your daily wage?

Per day yen

(3) What is your hourly wage?

Hourly payment yen

(4) What is your annual salary?

Annual income ten thousand yen

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

ten thousand yen 0 None

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

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

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

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

2) On average, how many days of paid work do you perform each month? days/month

3) On average, how many hours of paid work do you perform each week (including overtime)? hours/week

4) Of those, how many are overtime hours?
(Leave this blank if you are self-employed or otherwise do not receive overtime) hours/week

5) How many are overtime hours paid at increased wages for overtime work? hours/week

Q4. This question concerns the nature of your work.

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

1 Yes

2 No

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

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

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

Q5. Will you continue your present job in the future?

- 1 I want to continue (including changing position or location within the same company)
- 2 I want to do other work in addition to my present job
- 3 I want to change to another job
- 4 I want to quit working altogether

[For respondents who answered 3 in Q5]

SQ. Why do you want to change to another job? Circle the one main reason only.

- 1 Because I was just doing the job temporarily
- 2 Because the compensation is low
- 3 Because of business declining and anxiety about the future
- 4 In preparation for retirement or expiration of employment contract
- 5 Because I want to become a regular employee
- 6 Because of the large time and psychological burden
- 7 Because I want to make use of my knowledge and skills
- 8 Because I want more free time
- 9 Other ()

[To be answered by all respondents]

Q6. Are you working at the same job you were working at one year ago?

- 1 I am at the same company or organization as 1 year ago, and at the same workplace (continuous employment with no transfer)
- 2 I am at the same company or organization as 1 year ago, but at a different workplace (continuous employment with transfer)
- 3 I remain an employee of the same company or organization as 1 year ago, but I am working at a different company or organization (temporary transfer)
- 4 I am at a different company or organization from 1 year ago (job switch)
- 5 I was newly employed during the past year (new employment)
- 6 I quit the job I had 1 year ago, and became unemployed (left employment)
- 7 I was on leave for childcare, nursing care, etc. during the past year (on leave)
- 8 I was unemployed 1 year ago and I am still unemployed (continued unemployment)

[For respondents who answered 4 or 6 in Q6]

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

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

[To be answered by all respondents]

Q7. (1) Please circle all of the following items that apply concerning your employment status last year (Jan.-Dec.). (Multiple responses permitted)

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

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

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

(a) Months when I primarily worked

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

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

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

(c) Months when I primarily looked for work

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

Q8. During last year (Jan.-Dec.) did you ever have a side job in addition to your main job?

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

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

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

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

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

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

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

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

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

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

These questions concern your health.

Q1. How is your health normally?

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

Q2. Do you smoke cigarettes?

- 1 Every day 2 Sometimes 3 Used to smoke but do not now 4 Never smoked
- ↓ (to Q3) ↓ (to Q3)

[SQ1 is to be answered by those who chose [1] or [2] for Q2]

SQ1. Please provide answers about the cigarettes you currently smoke

Brand :	Amount of tar :	<input type="text"/>	mg
Amount of nicotine : <input type="text"/> . <input type="text"/> mg	Price <input type="text"/> per pack	Number of cigarettes <input type="text"/>	per day:

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

[To be answered by all respondents]

Q3. Please circle the number that corresponds to your recent alcohol drinking habits.

- 1 Never drink 2 Few times/month 3 1-2 times/week 4 3+ times/week

Q4. Did you receive medical treatment or were you hospitalized last year? (Multiple responses permitted)

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

[SQ is to be answered by those who chose [3] or [4] for Q4]

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

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

Q5. Did you pay for the treatment of disease or injury last year? Please circle the numbers that apply. If you did, please write the amount of copayment for the last year.

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

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

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

Q6. Please circle the approximate time of visiting if you remember the date when you received the medical examination. (Multiple responses permitted)

- 1 No exam or screening
- 2 Periodic company or municipal government screening Time of visiting (Before April 2016 or after March 2016)
- 3 Multiphase health screening Time of visiting (Before April 2016 or after March 2016)
- 4 Lung cancer screening Time of visiting (Before April 2016 or after March 2016)
- 5 Uterine cancer screening (Women only) Time of visiting (Before April 2016 or after March 2016)
- 6 Breast cancer screening Time of visiting (Before April 2016 or after March 2016)
- 7 Colon cancer screening Time of visiting (Before April 2016 or after March 2016)
- 8 Other ()

[SQ1 is for respondents who answered [2] or [3] in Q6]

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

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

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

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

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

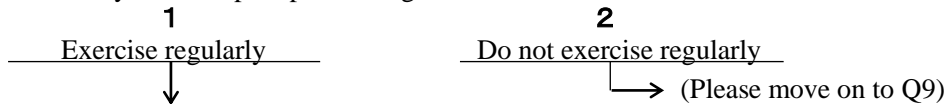
[To be answered by all respondents]

Q7. How much do you weigh?

kg × Don't know

Q8. Do you undertake a form of exercise such as those listed below on a regular basis?

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



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

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

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

[To be answered by all respondents]

Q9. (1) On average, how many minutes do you walk per day in commuting to school or work? (Circle one only)

--	--	--

minutes

0 do not walk

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

- | | | |
|-----------------|-----------------|--------------------------|
| 1 1 day | 4 4 days | 7 7 days (daily) |
| 2 2 days | 5 5 days | 8 Do not exercise |
| 3 3 days | 6 6 days | |

Q10. Have you recently experienced the following symptoms? Please select and circle the number that applies for each item (one number for each item).

(a) Had a headache or dizziness

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(b) Had a palpitation or shortness of breath

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(c) Had sensitive stomach and intestines

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(d) Had a backache or shoulder pain

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(e) Got tired easily

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(f) Caught a cold easily

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(g) Felt reluctant to meet other people

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(h) Been dissatisfied with the present life

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

(i) Felt anxiety over the future

- | | | | |
|----------------|-----------------|--------------------|----------------|
| 1 Never | 2 Rarely | 3 Sometimes | 4 Often |
|----------------|-----------------|--------------------|----------------|

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

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

These questions concern social insurance.

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

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

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

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

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

[To be answered by all respondents]

Q2. Do you subscribe to employment insurance?

- 1 Yes 2 No

[Q3 is for respondents 65 and over]

Q3. What is your nursing care insurance premium category?

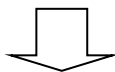
*The nursing care insurance premium category is written on nursing care insurance premium calculation notices.

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

[To be answered by all respondents]

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

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



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

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thousand yen per month

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

These questions concern your use of time.

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

Example: 1.0 hour → hrs 30 minutes → hrs

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

*1 Please include the travel time

Q2. Please write your usual sleeping hours.

(Please answer to the first decimal point.

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

Weekdays hours per night on average

Weekends and holidays hours per night on average

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

These questions concern TPP and Trade Liberalization

Q1. From 5 years old to 15 years old, which prefecture or which country were you habitually resident?

1 _____ Prefecture 2 Overseas (please specify) _____

Q2. (1) What is your attitude toward trade liberalization such as TPP (The Trans-Pacific Partnership)?

1 2 3 4 5 6
Agree Somewhat agree Neither Somewhat disagree Disagree I don't know

(2) Suppose that the government is going to increase/decrease taxes every month to execute/implement the TPP (Trade Liberalization).

If you answered "1 Agree" or "2 Somewhat Agree" in (1) above, how much increase in tax would be acceptable? If you answered "3 Neither," 4 "Somewhat disagree," or 5 "Disagree," how much decrease in tax or compensation from the government would be acceptable to approve the TPP (Trade liberalization)

Assuming that the average tax amount will be 40,000 yen as the baseline, please indicate the increase or decrease in monthly tax.

For example, if you can afford 50,000 yen in total, please fill in the surplus "10,000 yen" in the box.

If you approve of tax reduction, and the amount of reduction is more than 40,000 yen, you can claim tax exemption and receive the refund as compensation from the government. The refund amount will be the amount of tax reduction deducted from 40,000 yen. (For example, if your answer was tax reduction of 50,000 yen, you will receive 10,000 yen as compensation from the government without paying income tax).

40,000 yen as the average tax amount, increase / decrease by

(For those who chose 1 or 2 in (1))

_____ (ten thousand yen) _____ (thousand yen) additional tax per month

(For those who chose 3 to 6 in (1))

_____ (ten thousand yen) _____ (thousand yen) tax reduction per month

(3) What will your life quality be, due to the TPP (in terms of consumption such as the price, quality and variety of goods and services)?

1 2 3 4 5 6
Better Slightly better No change Slightly worse Worse I don't know

(4) What will your income be due to the TPP?

1 2 3 4 5 6
Increase Increase slightly No change Decrease slightly Decrease I don't know

(5) What is your attitude toward future policy on acceptance of immigrants from other countries to Japan?

1 2 3 4 5 6
Agree Somewhat agree Neither Somewhat disagree Disagree I don't know

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

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

These questions concern your satisfaction level with everyday life.

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

	Dissatisfied									Satisfied	
	←				→						
	0	1	2	3	4	5	6	7	8	9	10
Household income	0	1	2	3	4	5	6	7	8	9	10
Your employment	0	1	2	3	4	5	6	7	8	9	10
Housing	0	1	2	3	4	5	6	7	8	9	10
Amount of leisure time	0	1	2	3	4	5	6	7	8	9	10
The way you spend your leisure time	0	1	2	3	4	5	6	7	8	9	10
Your health	0	1	2	3	4	5	6	7	8	9	10
Life overall	0	1	2	3	4	5	6	7	8	9	10

[Lastly]

Q. For the questions on pages 21-38, please indicate who answered, and to what extent they answered the questions? Please circle the applicable option in each case (A-D). If your answer was “3. Other person,” please provide specific information about your relationship to the questionnaire subject. (Please circle one answer (1, 2, or 3) for each section.)

A Page 30 (Feeling of happiness)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify: _____)
B Page 31-34 (Health)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify: _____)
C Pages 38 (Feeling of satisfaction)	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify: _____)
D Pages other than A-C	1 Spouse (Spouse of questionnaire subject)	2 Questionnaire subject	3 Other person (Please specify: _____)

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

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

These questions concern funding plan after retirement

Q1. (1) The next questions ask about your household living fund (plan) after retirement.

If you and your spouse are not retired, please fill in the table according to your plan after retirement (approximate numbers are acceptable). If you are retired, please fill in the table according to your plan (approximate numbers are acceptable) before retirement (for example, you retired in your early fifties, 10 years before the retirement age) and the actual number after the retirement.

Impression of the living fund after retirement(plan)	Current plan / plan before retirement	The actual figures after retirement (Retiree only)
Retirement (e.g., compulsory retirement) age	() Years old	() Years old
Amount of saving (net financial asset) at the time of retirement (a)	Approx. () Ten thousand yen	Approx. () Ten thousand yen
Value of real estate (home, land, etc.) at the time of retirement (b)	Approx. () Ten thousand yen	Approx. () Ten thousand yen
Average monthly expenditure	Approx. () Ten thousand yen	Approx. () Ten thousand yen
Average monthly income: ① Pension income	Approx. () Ten thousand yen	Approx. () Ten thousand yen
② Property income such as interest, dividend, rent etc.	Approx. () Ten thousand yen	Approx. () Ten thousand yen
③ Business income such as income from self-employment	Approx. () Ten thousand yen	Approx. () Ten thousand yen
④ Wage from part-time job, and other income	Approx. () Ten thousand yen	Approx. () Ten thousand yen
⑤ Using savings to cover expenses	Approx. () Ten thousand yen	Approx. () Ten thousand yen

(2) These questions concern “⑤ Using savings to cover expenses” (1)

(A) Do you think that you are cautious about using savings to cover expenses?

1 I am cautious about using savings to cover expenses **2** I am not cautious about using savings to cover expenses

(B) [If you chose “**1** I am cautious about using savings to cover expenses” in the above question (A)]

Why do you think you are cautious about using savings to cover expenses? (Please circle all the items that apply)

- 1** As a precaution in case of illness and disaster
- 2** Funds in case of living longer than expected
- 3** To leave an inheritance to descendants
- 4** There is no particular purpose other than for peace of mind
- 5** Because it is not easy to convert real estate into cash
- 6** Other (please specify:)

(3) [If you are retired]

(A) Do you feel that there is a significant difference between the plan before retirement and the reality after retirement?

- 1** The difference is significant
- 2** The difference is not that significant

(B) [If you chose “**1** The difference is significant” in the question (3) (A)]

What made that difference? (Please circle all the items that apply)

- 1** Pension income is different from what I thought it would be
- 2** Property income (interest income, etc.) is different from what I thought it would be
- 3** Business income or the wage from a part-time job are different from what I thought they would be
- 4** Living expenses are different from what I thought they would be
- 5** There are unexpected living expenses (medical expenses etc.) or non-recurring income
- 6** Other (please specify:)

(4) [If you are not yet retired] Please answer the following questions according to “(Reference) Accumulated amount of premium payment to date” listed on the “Regular Pension Coverage Notice.”

If you have not received the “Regular Pension Coverage Notice,” please indicate the approximate accumulated amount of premium payment to date.

		You			Your spouse		
Have you ever received the “Regular Pension Coverage Notice?” (For those who answered “1 Yes.”: Please indicate the date when the pension subscription was made)		1 Yes /Year	2 No /Month		1 Yes /Year	2 No /Month	
Accumulated amount of premium payment to date	National Pension Insurance Premium	()	ten thousand yen		()	ten thousand yen	
	Welfare Pension Insurance Premium (General Welfare Pension)	()	ten thousand yen		()	ten thousand yen	
	Welfare Pension Insurance Premium (Public Employee Welfare Pension)	()	ten thousand yen		()	ten thousand yen	
	Welfare Pension Insurance Premium (Mutual Aid for Private Schools)	()	ten thousand yen		()	ten thousand yen	

Q2. If you have a private pension, please circle the one you have joined. (Multiple responses permitted)

- 1 Defined contribution pension (enterprise type)
- 2 Defined-Benefit Corporate Pension
- 3 Employees' Pension Insurance
- 4 Other company pensions (company administered pension)
- 5 National pension fund
- 6 Defined contribution pension plan (personal type)
- 7 Personal pension/property accumulation pension
- 8 Other (please specify:)

These questions concern educational investment/financial literacy

Q1. Please answer the following question if you have preschool/school age children or grandchildren.

What level of education do you expect your children or grandchildren to reach? Please circle one answer.

- | | | |
|--|------------------------|---------------------------|
| 1 Senior high school | 3 Four-year university | 5 Special training school |
| 2 Junior college or specialized school | 4 Graduate school | |

Q2. These questions concern investment in risky financial assets (stocks, corporate bonds, investment trusts, foreign currency denominated financial products, etc.)

(1) Are you investing in any risky financial assets (stocks, corporate bonds, investment trusts, foreign currency denominated financial products, etc.) Please circle one answer.

- 1 Yes, I have one.
- 2 I used to have one, but I do not have any at the moment.
- 3 I have never had one, but I am interested.
- 4 I have never had one, and I will not have one in the future.

(2) How did you or how would you obtain the requisite knowledge and information for investment in risky financial assets? Please circle all that apply. (Multiple responses permitted)

- | | |
|--|---|
| 1 Consultation at financial institutions | 5 Utilization of mass media and websites |
| 2 Pamphlets at financial institutions | 6 Other |
| 3 Participation in lectures/seminars | 7 No particular intention to obtain either knowledge or information |
| 4 Consultation with experts/advisors | |

(3) How much time would you spend obtaining the requisite knowledge and information for investment in risky financial assets? Please circle one answer.

- | | | |
|---|--|--------------------|
| 1 up to 3 hours | 3 more than one day but less than 3 days | 5 more than 1 week |
| 2 more than 3 hours but less than 1 day | 4 more than 3 days but less than 1 week | |

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?

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

ten thousand yen

Does not have any deposits

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

(A) Gold investment account/Gold saving account

ten thousand yen

Does not have any deposits

(B) Medium-term government bond

ten thousand yen

Do not have one.

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

ten thousand yen

Does not have any securities

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

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

ten thousand yen

Do not have one.

(B) Foreign currency denominated financial products

ten thousand yen

Do not have one.

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

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

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

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

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

SQ. Please enter your present household borrowings balance.

Total present household borrowings balance

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

ten thousand yen

These questions concern income.

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

Total annual before-tax income last year ten thousand yen

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

Total annual after-tax income last year ten thousand yen

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

Saving approximate percentage

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

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

1 Yes → ten thousand yen **2** No

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

1 Yes → ten thousand yen **2** No

(3) Retirement benefits

1 Yes → ten thousand yen **2** No

(4) Securities sales profits and losses

1 Profits received **2** Losses incurred **3** No
↓ ↘ (to next page)

SQ. Enter the amount of the profits or losses

ten thousand yen

Q4. For each of the following items, enter the amount of income your household earned **last year (Jan. 2016 to Dec. 2016)**. (Enter "0" for items for which you had no income).

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

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

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

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

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

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

These questions concern expenditures

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

- (1) Food → thousand yen
- (2) Eating out & school lunches → thousand yen
- (3) Rent, land rent, home repairs (excluding mortgages) → thousand yen
 excluding multi-family housing common charges
- (4) Multi-family housing common charges → thousand yen
- (5) Electricity, gas, water (supply & sewage) → thousand yen
- (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 → thousand yen
 (school tuition, textbooks, learning reference materials, tutoring, etc.)
- (14) Culture & amusement (stationery, sporting goods, travel, hobbies) → thousand yen
- (15) Entertaining & pocket money → thousand yen
 (allowances, membership fees and other association fees, etc.)
- (16) Remittances (children's food & board, etc.) → thousand yen
- (17) Other expenditures (barbers and beauty parlors, cigarettes,
 nursery school, nursing care, other personal goods, etc.) → thousand yen

Total → thousand yen

[To be answered by all respondents]

Q2. How much did your household spend on loan repayments last month (Jan.)? Do not include mortgage loans.

Loan repayments (including payment for credit card purchases)

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→ten thousand yen

Q3. How much did your household donate to charity and religious organizations last year? Please do not include money offerings to shrines, political donations and contributions to educational institutes.

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yen

0 yen

Q4. How much do your family members spend for “(8) Clothes & footwear,” “(13) Education,” and “(14) Reading & recreation,” as answered in Q1? Further, how much did your family members pay as personal contributions and donations in Q3? Please answer in such a manner that the total for each item is 100%. Enter 0% if no family member is applicable. Enter 0% for items with no expenditure.

	Common expenses	Your share	Your spouse's share	Your children's share	Other household members' share	Total
Clothes & footwear	%	%	%	%	%	100%
Education	%	%	%	%	%	100%
Reading & recreation	%	%	%	%	%	100%
Contributions & donations	%	%	%	%	%	100%

This question concerns various insurance policies to which your household subscribe and their starting periods.

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

Type of insurance	Already held	Not held, but intend to hold	Not held, and no intention to hold
Fire insurance (residence)	1	2	3
Fire insurance (household belongings)	1	2	3
Earthquake insurance (residence)	1	2	3
Earthquake insurance (household belongings)	1	2	3
Life insurance (husband)	1	2	3
Life insurance (wife)	1	2	3

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

- 1** Confirmed
- 2** Would like to confirm, but materials are not available
- 3** Not confirmed

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

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

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

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

1
Sufficient

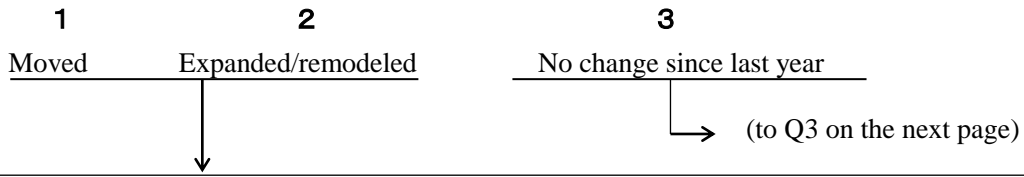
2
Insufficient

3
Don't know

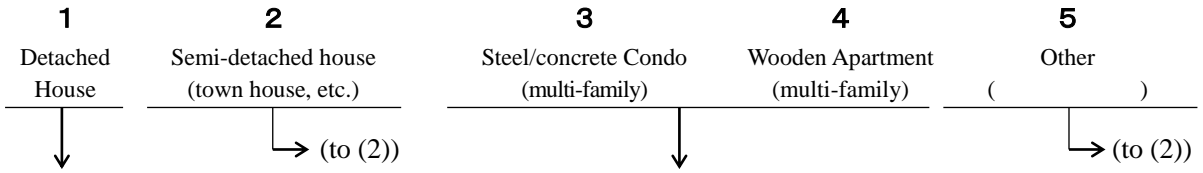
These questions concern housing.

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 2016**?



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



[For respondents who answered 1 in Q2(1)]

SQ1. How many stories is your house?

stories

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

1 Yes m² 2 No

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

SQ3. How many stories is the building?

stories

SQ4. Which floor do you live on?

Floor

[To be answered by all respondents]

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

m²

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

years old

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

Rooms

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

Minutes

[To be answered by all respondents]

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

1	2	3	4	5	6	7	8
Homeowner -detached house (plot owned)	Homeowner -condo (plot partially owned)	Homeowner -detached house or condo (plot regular lease)	Homeowner -detached house or condo (plot term lease)	Private rental housing	Public rental housing	Company housing or dormitory (incl. company leased housing)	Other type ()

(To SQ7 on the next page)

(to Q5 on page53)

SQ4. This question concerns the term lease system established in March 2000. Does your present residence have a fixed-term lease? (a residence for which a fixed-term building lease has been concluded)

- 1 Yes
- 2 No

SQ5. Have you renewed the contract last year?

- 1 Yes
- 2 No

a) Renewal fee: thousand yen

[For respondents who answered 4 in Q3]

SQ1. How much did you pay as the guarantee deposit?

ten thousand yen

SQ2. Do you plan to buy the plot in the future?

- 1 Yes
- 2 No

[For respondents who answered 3 or 4 in Q3]

SQ3. How much is the land rent?(per month)

ten thousand yen

SQ6. This question continues asking about the term lease system established in March 2000.

Did you have a fixed-term lease when you moved into your present residence? (a residence for which a fixed-term building lease has been concluded)

- 1 Yes
- 2 No

(Respondents who answered 5-7 in Q3, proceed to Q4 on p.52)

(proceed to next page)

[For respondents who answered “1-4 homeowner” in Q3]

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.)

Housing Year Month Plot Year Month

SQ8. Approximately how much was the purchase price?
 (If you do not own the plot, enter housing amount only.)

Housing ten thousand yen Plot ten thousand yen

SQ8. (1) Please fill in the amount of funding that used to purchase the current residence and building plot (only include the residence in the case of purchasing an apartment)

1. Mortgage (initial borrowing amount at the time of purchase)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen
When did you take out the mortgage?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> Month	
2. Savings	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen
3. (In case of removal) Funds from the sale of a previous home	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen
4. Borrow from relatives	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen
5. Assistance from relatives	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen
1~5 Total	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ten thousand yen

SQ9. What is the approximate present total market value of the real estate (the price you would receive if you sold it)? (If you do not own the plot, enter housing value only)

Housing 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 plot, enter the housing value only).

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

Housing 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 m²

SQ13. How did you acquire the real estate? Choose the number of the acquisition method that applies for the housing and plot, respectively. (Select 7 if the title is in the name of parents or other family members)

Housing Plot

- | | |
|---|--------------------------------------|
| 1 All self-financing (including loans) | 5 Inherited from parents |
| 2 Received some 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 |

SQ14 (1) What kinds of home repairs and renovation have you done so far? (Multiple responses permitted)

- 1 Improvement and modification of the facilities inside
- 2 Replacement of the interior
- 3 Improvement and modification outside
- 4 Replacement of the heating and cooling facilities
- 5 Barrier-free construction such as eliminating steps (beneficial for elderly people etc.)
- 6 Layout has been changed
- 7 Improvement and modification of the structure
- 8 Other

[For respondents who answered “5 Barrier-free construction such as eliminating steps (beneficial for elderly people etc.)” in SQ14(1)]

(2) What specific alterations have you made? (Multiple responses permitted)

- 1 Handrails
- 2 Low bathtub walls for easy access
- 3 Hallways wide enough to accommodate wheelchairs
- 4 No indoor floor-height differentials
- 5 Entrance is wheelchair accessible

[Proceed to Q5 on p.53]

[This page is for respondents who answered “5-7 rental housing” in Q3 on p.49]

Q4 (1) How much is the rent per month (excluding common charges and utilities)?

thousand yen

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

thousand yen

(3) Did you pay a security deposit?

1
Yes
↓

2
No
→ (to (5))

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

. month's rent

(5) Did you pay key money?

1
Yes
↓

2
No
→ (to (7))

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

. month's rent

(7) What is the remaining lease period?

Years months

[To be answered by all respondents]

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



[For respondents who answered [1-8] in Q5]

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

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

[To be answered by all respondents]

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

- | | |
|----------|----------|
| 1 | 2 |
| Yes | No |
- ↓

SQ. [For respondents who answered "1 Yes"]

Do you plan to live in that property?

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

[To be answered by all respondents]

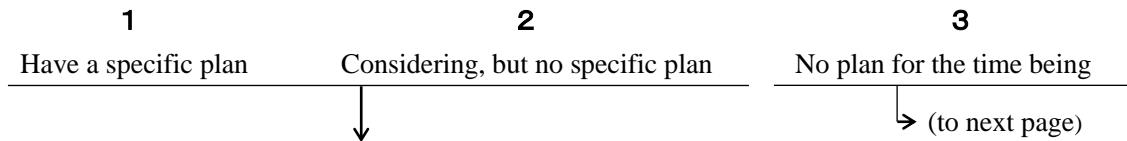
(2) Is there a possibility that you will inherit some other housing or land in the future?

- | | |
|----------|----------|
| 1 | 2 |
| Yes | No |

[To be answered by 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?



SQ1. When do you expect to realize your plan?

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

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

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

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

SQ3. Where is the location of your planned housing?

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

These questions concern mortgage loans.

[To be answered by all respondents]

Q1. Does your household presently have any mortgage loans?



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

Total mortgage loan balance ten thousand yen

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

SQ2. Is the current mortgage a new borrowing or refinancing?

- 1 New borrowing 2 Refinancing
-

SQ3. What type of interest rate is applied to the current mortgage?

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

SQ4. Have you ever made advance payments towards the current mortgage?

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

Thank you for participating in the Japan Household Panel Survey.

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