

Section A

1. How true for you is each of the following statements? Answer for each on a scale from 1 to 5, where “1” means it is particularly true for you and “5” means “it doesn't hold true at all for you. (X ONE Box For EACH)

	Particularly True For Me	←————→			Doesn't Hold True At All For Me
	1	2	3	4	5
My daily life is fulfilling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to spend a lot of money or plan to purchase expensive items in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel uncomfortable borrowing money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am so occupied with my daily life that I cannot save much money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even if I make plans, I end up procrastinating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is something that I want, I need to buy it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always plan things before I actually do them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have work that can wait to be done tomorrow, I wait until tomorrow to do it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have anxieties about my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am deeply religious.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been feeling stressed lately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been feeling depressed lately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I haven't been sleeping well lately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been feeling lonely lately.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have anxieties about my 'life after I am 65 years old'* (For those who are already aged 65 or above, 'life in future')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to bequeath as much of my inheritance as possible to my spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaving similarly to people around me makes me feel comfortable ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am faced with a problem, I usually act before I think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I never cut into a line of people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always keep my promise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am never late for appointments/deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work is something to live for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work is for making money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy competing with others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If someone does me a favor, I am prepared to return it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I suffer a serious wrong, I will take revenge as possible, no matter what the cost.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If somebody puts me in a difficult position, I will do the same to him/her.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I go out of my way to help somebody who has been kind to me before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If somebody offends me, I will offend him/her back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am ready to undergo personal costs to help somebody who helped me before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people frequently tell me that what I've said is impolite, even though I think it is polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy social chit-chat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I talk, it isn't always easy for others to get a word in edgeways....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to “read between the lines” when someone is talking to me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to do things with others rather than on my own.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it hard to make new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to work out what someone is thinking or feeling just by looking at their face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Japan] 2012 Preference Parameters Study of Osaka University

2. To what extent do you agree with each of the following statements? Answer on a scale from 1 to 5, where “1” means you agree completely and “5” means you disagree completely. Of course, you may choose any number in between. (X ONE Box For EACH)

	Completely Agree				Completely Disagree
	1	2	3	4	5
Since the future is uncertain, it is a waste to think about it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, most people are trustworthy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel happy when I do a good deed that I think benefits others (such as picking up trash in a park)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Although an economy regulated by market forces widens the income gap between the rich and the poor, it makes people wealthier in general; so in total, they are better off.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is the government’s responsibility to take care of those who cannot take care of themselves financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work, I should follow the opinion of the group.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home, I should follow my family’s opinion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working as a group results in greater achievement than working Individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more satisfied when I achieve a goal by cooperating with others than only by myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The most important factor for success in life is hard work rather than luck and personal connections.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
God is watching and sees all bad deeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life after death exists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirits and Ghosts exist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is written in science textbooks is reliable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The earth is not round, but it is flat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heaven exists.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is possible to move an object by using psychokinesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
God or Gods exist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe in fortunetelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person’s blood type indicates their character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human beings evolved from other living things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You should place a greater value on thinking with your head than with your heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is broadcast in TV programs is reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number “4” is unlucky.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Big Foot exists.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witches do exist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Suppose that you are to receive money from someone. You can either choose to receive the money **today**, or **7 days from today**, but the amounts will be different. Compare the amounts and dates below in Option “A” and Option “B”, and indicate which option you prefer for each of the nine choices.

Option “A”	<i>or</i>	Option “B”		Which ONE do you prefer? (X ONE Box For EACH Row)	
Receive today		Receive 7 days from today	→	Option “A”	Option “B”
¥3,005		¥3,014		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,003		¥3,297		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,008		¥3,037		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,000		¥3,000		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,005		¥5,951		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,009		¥3,068		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,001		¥3,119		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,002		¥2,996		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,008		¥3,011		1 <input type="checkbox"/>	2 <input type="checkbox"/>

4. Now, suppose that you are to receive money from someone and you can choose either to receive the money **90 days from today, or 97 days from today**, but the amounts will be different. Compare the amounts and dates below in Option “A” and Option “B” and indicate which option you prefer for each of the nine choices.

Option “A”	<i>or</i>	Option “B”	Which <u>ONE</u> do you prefer? (X ONE Box For EACH Row)	
Receive 90 days from today		Receive 97 days from today	Option “A”	Option “B”
¥3,000		¥3,118	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,006		¥3,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,000		¥3,009	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,007		¥3,301	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,006		¥3,035	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,002		¥3,005	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,007		¥5,955	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,001		¥3,001	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,007		¥3,066	1 <input type="checkbox"/>	2 <input type="checkbox"/>

5. Now, suppose that you are to receive money from someone and you can choose either to receive the money **today, or 28 days from today**, but the amounts will be different. Compare the amounts and dates below in Option “A” and Option “B” and indicate which option you prefer for each of the nine choices.

Option “A”	<i>or</i>	Option “B”	Which <u>ONE</u> do you prefer? (X ONE Box For EACH Row)	
Receive today		Receive 28 days from today	Option “A”	Option “B”
¥3,004		¥3,240	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,000		¥3,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,005		¥3,017	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,001		¥14,769	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,006		¥3,122	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,007		¥3,479	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,002		¥2,978	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,009		¥4,187	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,007		¥3,042	1 <input type="checkbox"/>	2 <input type="checkbox"/>

6. Let’s assume that you are required to spend 3 hours (=180 Minutes) once a year cleaning a park. Today is your assigned work day, but it seems that the park has less litter than expected. Now you have the choice to **shorten your work hours either today or on the next available day, which is 7 days from today**. Please look at Option “A” and Option “B” below for the work date and minutes you can choose, and indicate which you prefer for each of the eight choices.

Option “A”	<i>or</i>	Option “B”	Which <u>ONE</u> do you prefer? (X ONE Box For EACH Row)	
Reduce my working time today		Reduce my working time 7 days from today	Option “A”	Option “B”
60 Minutes reduction		74 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
59 Minutes reduction		61 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
58 Minutes reduction		48 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60 Minutes reduction		90 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
59 Minutes reduction		59 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
58 Minutes reduction		64 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
59 Minutes reduction		68 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
61 Minutes reduction		55 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>

7. Now, let's assume that you are required to spend 3 hours (=180 Minutes) once a year cleaning a park. Your assigned work day is 90 days from today, but it seems that the park will have less litter than expected. You now have the choice to **shorten the work hours either on that day, 90 days from today, or on the next available day, which is 97 days from today**. Please look at Option "A" and Option "B" below for the work date and minutes you can choose, and indicate which you prefer for each of the eight choices.

Option "A"		or	Option "B"		Which <u>ONE</u> do you prefer? (X ONE Box For EACH Row)	
Reduce my working time 90 days from today			Reduce my working time 97 days from today		Option "A"	Option "B"
61	Minutes reduction		63	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60	Minutes reduction		90	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
58	Minutes reduction		48	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
59	Minutes reduction		65	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60	Minutes reduction		54	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
58	Minutes reduction		72	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
59	Minutes reduction		59	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60	Minutes reduction		69	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>

8. Let's assume that you are required to spend 3 hours (=180 Minutes) once a year cleaning a park. Today is your assigned day, but it seems that the park has less litter than expected. Now you have the choice to **shorten the work hours either today or on the next available day, which is 28 days from today**. Please look at Option "A" and Option "B" below for the work date and minutes you can choose, and indicate which you prefer for each of the eight choices.

Option "A"		or	Option "B"		Which <u>ONE</u> do you prefer? (X ONE Box For EACH Row)	
Reduce my working time today			Reduce my working time 28 days from today		Option "A"	Option "B"
61	Minutes reduction		99	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60	Minutes reduction		36	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
58	Minutes reduction		58	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
59	Minutes reduction		177	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60	Minutes reduction		67	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
58	Minutes reduction		82	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
61	Minutes reduction		119	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
59	Minutes reduction		18	Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>

9. In which of the following two ways would you prefer to **receive your monthly salary**? Assume that your job assignment is the same for each scenario. If you are a dependent (e.g. student, housewife, etc.) and not working, please answer based on the assumption that your monthly income equals your current actual living expenses.
(X ONE Box)

<u>Option "A"</u>	<i>or</i>	<u>Option "B"</u>	<u>Which ONE do you prefer?</u> (X ONE Box For Each ROW)	
			<u>Option "A"</u>	<u>Option "B"</u>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 60%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 50%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 45%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<u>Option "A"</u>	<i>or</i>	<u>Option "B"</u>	<u>Which ONE do you prefer?</u> (X ONE Box For Each ROW)	
			<u>Option "A"</u>	<u>Option "B"</u>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 30%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 10%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 5%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary doubling, but also a 50% chance of the salary decreasing by 1%		Guaranteed to the salary increase by 0.5%	1 <input type="checkbox"/>	2 <input type="checkbox"/>

10. In which of the following two ways would you prefer to **receive your monthly salary**? Assume that your job assignment is the same for each scenario. If you are a dependent (e.g. student, housewife, etc.) and not working, please answer based on the assumption that your monthly income equals your current actual living expenses.
(X ONE Box)

<u>Option "A"</u>	<i>or</i>	<u>Option "B"</u>	<u>Which ONE do you prefer?</u> (X ONE Box For Each ROW)	
			<u>Option "A"</u>	<u>Option "B"</u>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 19%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 17%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 15%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 13%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 12%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 11%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary decreasing by 30%, but also a 50% chance of the salary decreasing by 10%		Guaranteed to the salary decrease by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>

11. In which of the following two ways would you prefer to **receive your monthly salary**? Assume that your job assignment is the same for each scenario. If you are a dependent (e.g. student, housewife, etc.) and not working please answer based on the assumption that your monthly income equals your current actual living expenses. **(X ONE Box)**

Option "A"	or	Option "B"	Which ONE do you prefer? (X ONE Box For Each ROW)	
			Option "A"	Option "B"
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 10.5%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 11%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 13%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 14%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 15%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 16%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary increasing by 30%, but also a 50% chance of the salary increasing by 18%		Guaranteed to the salary increase by 20%	1 <input type="checkbox"/>	2 <input type="checkbox"/>

12. Overall, how happy would you say you are currently? Using a scale from 0 - 10 where "10" is "very happy" and "0" is "very unhappy", how would you rate your current level of happiness? **(X ONE Box)**

Very Happy ←————→ Very Unhappy

10 09 08 07 06 05 04 03 02 01 00

13. Compared to 1 year ago, do you think that you are happier now than you were then? **(X ONE Box)**

1 Happier than 1 year ago 3 Less happy than 1 year ago
 2 About the same as 1 year ago 4 Don't know

14. How does your standard of living compare with that of the people around you? **(X ONE Box)**

1 Theirs is much lower than mine
 2 Theirs is somewhat lower than mine
 3 Theirs is about the same as mine
 4 Theirs is somewhat higher than mine
 5 Theirs is much higher than mine

14a. In Q.14, with whom did you compare your standard of living? (X ONE Box)

- 01 Neighbor
- 02 Your own classmates when you were in school
- 03 Relatives
- 04 Families of your children's classmates
- 05 Worker in your company who is in your age group, has similar academic background, or who started working in the same year
- 06 Worker in your company who is assigned to a similar job as yours, regardless of their age, academic background, year in which he or she joined the company.
- 07 Worker in another company in the same industry who belongs to the same age group, has similar academic background, or who started working in the same year
- 08 Worker in another company in the same industry who is assigned to a similar job as yours, regardless of his or her age, academic background, and year in which he or she joined a company
- 09 Average person in Japan
- 10 Average person in the world
- 11 Friend or acquaintance excluding above choices
- 12 Others (Specify): _____
- 13 I don't know

15. Suppose that there is a "speed lottery" with a 50% chance of winning ¥100,000. If you win, you get the prize right away. If you lose, you get nothing. How much would you spend to buy a ticket for this lottery? Choose Option "A" if you would buy it at that price, and choose Option "B" if you would not buy the ticket at that price. (X ONE Box For EACH Row)

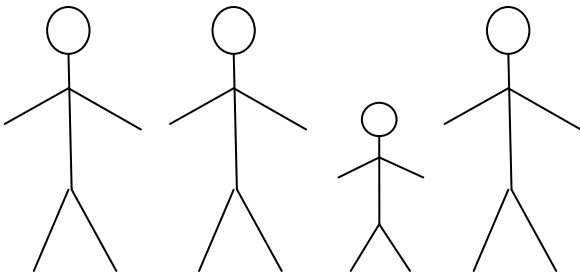
Price of the "speed lottery" ticket	Which ONE do you prefer? (X ONE Box For EACH Row)	
	Option "A" (buy the "speed lottery" ticket)	Option "B" (DO NOT buy the "speed lottery" ticket)
¥10	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥2,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥4,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥8,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥15,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥25,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥35,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥50,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>

16. Assume that you know there is a 50% chance of losing ¥100,000 on a given day. You can take out insurance to cover this amount in case of loss. If an insurance policy is sold as listed below, would you purchase it? You may choose Option "A", to purchase the insurance, or Option "B", not to purchase the insurance. Please indicate which option you prefer for each of the nine insurance prices.

Price of the insurance	Which ONE do you prefer? (X ONE Box For EACH Row)	
	Option "A" (purchase the insurance)	Option "B" (NOT purchase the insurance)
¥1,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥5,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥10,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥15,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥20,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥30,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥40,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥45,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥50,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>

17. Which figure does not belong with the other three figures? (X ONE Box)

- 1 2 3 4



18. How satisfied are you with each of the following? (X ONE Box)

	Satisfied ←————→ Unsatisfied					
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Your life overall	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
The place you live in	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Your non-work activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
The current financial situation of your household	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Relationships with your friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/> Don't work
Relationship with your spouse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/> Don't have spouse
Relationships with your family member(s), except for your spouse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/> Don't have any family except for spouse

19. Imagine that you have just found out that something you said carelessly hurt a friend's feelings. How would you feel? (X ONE Box)

- 1 I would feel guilty but would not feel very ashamed
 2 I would feel guilty and would feel somewhat ashamed
 3 I would feel both guilty and ashamed
 4 I would feel ashamed but would not feel very guilty
 5 I would feel neither guilty nor ashamed

20. Thinking about when you were a child and were given an assignment during school vacation, how early did you usually finish up the assignment? (X ONE Box)

- 1 Got it done right away
 2 Tended to get it done early, before the due date
 3 Worked on it daily up until the due date
 4 Tended to get it done toward the end
 5 Got it done at the last minute

21. Thinking about when you were a child and were given an assignment during school vacation, how early did you plan to finish the assignment? (X ONE Box)

- 1 I planned to get it done right away
 2 I planned to get it done rather early, before the due date
 3 I planned to work it daily up until the due date
 4 I planned to get it done rather toward the end
 5 I planned to do get it done at the last minute

22. Thinking about when you were a child and were given an assignment during school vacation, when did you think was the ideal time to finish up the assignment? (X ONE Box)

- 1 To get it done right away
 2 To get it done early, before the due date
 3 To work on it daily up until the due date
 4 To get it done toward the end
 5 To get it done at the last minute

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23. You won a free vacation! Flights and accommodation are set for three nights but your schedule is completely open. You will leave in a month. How detailed is your plan for the trip? (X ONE Box)
- 1 I make plans for every 30 minutes
 - 2 I make plans for every hour
 - 3 I make plans for every morning, afternoon and night
 - 4 I make plans for every half day
 - 5 I make plans for every day
 - 6 I do not make any plans ahead

24. How high does the chance of rain have to be before you will bring an umbrella with you when you go out? (Write In Number From 0 - 100) _____ %

25. Please circle ONE applicable number next to each statement to indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other. (X ONE Box For EACH)

I see myself as;	Disagree <u>Strongly</u>	Disagree <u>Moderately</u>	Disagree A <u>Little</u>	Neither Agree Nor <u>Disagree</u>	Agree A <u>Little</u>	Agree <u>Moderately</u>	Agree <u>Strongly</u>
A Extraverted, enthusiastic.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
B Critical, quarrelsome.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
C Dependable, self-disciplined..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
D Anxious, easily upset.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
E Open to new experiences, complex.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
F Reserved, quiet.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
G Sympathetic, warm.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
H Disorganized, careless.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
I Calm, emotionally stable.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
J Conventional, uncreative.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

26. During the years 2010 and 2011, how much money did you donate? Please choose a number from the box below to choose the most appropriate category and write in the number to indicate the total amount of donation you made. Please also choose numbers from the box below to indicate the portion of your donation for disaster relief, religious purposes, and other purposes.

	Year 2011	Year 2010
Total value of annual donation	<input type="text"/>	<input type="text"/>
(Of the total value)		
A : Disaster relief (for example, donations to disaster victims and disaster relief organizations)	<input type="text"/>	<input type="text"/>
B : Religious purposes (for example, donations to religious organizations such as churches, synagogues, mosques, etc. Please do NOT include payments for services.)	<input type="text"/>	<input type="text"/>
Other (Neither A nor B)	<input type="text"/>	<input type="text"/>

1 I did not donate for any purpose	5 ¥50,000 to ¥99,999
2 ¥1 to ¥4,999	6 ¥100,000 to ¥499,999
3 ¥5,000 to ¥9,999	7 ¥500,000 to ¥999,999
4 ¥10,000 to ¥49,999	8 ¥ More than ¥10,000,000

27. Did you **regularly** participate in volunteer activities in **2011**? Please circle the most appropriate category, and write in the amount of hours spent for volunteer activities during the year. If you volunteered for 30 minutes, please indicate it as 0.5 hours.

Volunteer activities are defined here as the voluntary provision of labor, skills and time to people other than family members without payment. Volunteer activities through the organizations such as neighborhood associations, parent-teacher-associations, and labor unions, and so on, are included. Also, an activity is considered a volunteer activity even if participants receive small amounts to cover costs such as transportation costs.

I did not regularly participate in volunteer activities.	Once In A Month	Several Times In A Month	Once In A Week	Several Times In A Week	Almost Every Day
1 <input type="checkbox"/> → Go to 28	2 <input type="checkbox"/> ____ hours per month on average	3 <input type="checkbox"/> ____ hours per month on average	4 <input type="checkbox"/> ____ hours per week on average	5 <input type="checkbox"/> ____ hours per week on average	6 <input type="checkbox"/> ____ hours per day on average

27a. For those who regularly participated in volunteer activities, please circle the most appropriate category regarding volunteer activities for **religious purposes** as well, and write in the amount of hours spent for such volunteer activities.

I did not regularly participate in volunteer activities for religious purposes.	Once In A Month	Several Times In A Month	Once In A Week	Several Times In A Week	Almost Every Day
1 <input type="checkbox"/>	2 <input type="checkbox"/> ____ hours per month on average	3 <input type="checkbox"/> ____ hours per month on average	4 <input type="checkbox"/> ____ hours per week on average	5 <input type="checkbox"/> ____ hours per week on average	6 <input type="checkbox"/> ____ hours per day on average

28. Did you **irregularly** participate in volunteer activities in **2011**? Please circle the most appropriate category. Rescue and relief activities for accident and disaster victims are included in irregular volunteer activities. If you participated in those volunteer activities for 30 minutes or more, please count it as one day. **(X ONE Box)**

- 1 I did not irregularly participate in volunteer activities.
- 2 1 to 4 days a year
- 3 5 to 9 days a year
- 4 10 to 19 days a year
- 5 20 to 29 days a year
- 6 More than 30 days a year

29. Did you participate in any volunteer activities in **2010**? Please select all categories that apply to you. **(X ALL That Apply)**

- 1 I participated in volunteer activities for rescue or relief of accident or disaster victims.
- 2 I participated in volunteer activities for religious purposes.
- 3 I participated in volunteer activities for purposes other than those above.
- 4 I did not participate in any volunteer activities.

30. How often do you do the following? (X ONE Box)

	Very Often	Often	Some-times	Infre- quently	Never	
You lend personal possessions (e.g., CDs, books, car, bicycle) to your friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
You borrow your friends' personal possessions (e.g., CDs, books, car, bicycle) and do not return them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/> I don't borrow my friends' personal possessions
You lend money to your friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
You borrow money from your friends and do not return it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/> I don't borrow money from my friends

31. How do you feel about leaving an inheritance to your children? If you do not have any children, please respond on the assumption that you actually do have children. (X ONE Box)

- 1 I plan to leave an inheritance to my child(ren) no matter what.
- 2 I plan to leave an inheritance to my child(ren) only if they provide care (including nursing care) during old age.
- 3 I plan to leave an inheritance to my child(ren) only if they provide financial assistance during old age.
- 4 I plan to leave an inheritance to my child(ren) only if they carry on the family business.
- 5 I do not plan to make special efforts to leave an inheritance to my child(ren) but will leave whatever is left over.
- 6 I do not plan to leave an inheritance to my child(ren) under any circumstances because doing so may reduce their will to work.
- 7 I do not plan to leave an inheritance to my child(ren) under any circumstances because I want to use my wealth myself.
- 8 I want to leave an inheritance to my child(ren) but I won't because I don't have the financial capacity to do so.

If you answered 1 to 5 for Q.31, please continue. Otherwise, skip to Q.32.

31a. How do you plan to divide your inheritance among your children? (X ONE Box)

- 1 I plan to divide my inheritance equally among my children.
- 2 I do not plan to divide my inheritance equally among my children.
- 3 I have only one child so there is no need to divide my inheritance among my children.

If you answered 2 for Q.31a, please continue. Otherwise, skip to Q.32.

31b. Then how do you plan to divide your inheritance among your children? (X ALL That Apply)

- 01 I plan to leave more or all to the child (children) who lives with me.
- 02 I plan to leave more or all to the child (children) who lives near me.
- 03 I plan to leave more or all to the child (children) who helps me with housework.
- 04 I plan to leave more or all to the child (children) who provides nursing care.
- 05 I plan to leave more or all to the child (children) who provides financial assistance.
- 06 I plan to leave more or all to the child (children) who carries on the family business.
- 07 I plan to leave more or all to my eldest son or daughter even if he/she does not live with me, does not live near me, does not help me with housework, does not provide nursing care, does not provide financial assistance, and does not carry on the family business.
- 08 I plan to leave more or all to the child (children) who has less earnings capacity.
- 09 I plan to leave more or all to the child (children) who has greater needs.
- 10 I plan to leave more or all to the child (children) whom I like more.

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32. Have you received any inheritances (including real estate and financial assets) with a total value of ¥5,000,000 or more from your parents or your spouse's parents in the past? **(X ALL That Apply)**

	<u>YES</u>	<u>NO</u>	
Received an inheritance with a total value of ¥5,000,000 or more in the past from my parents.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Received an inheritance with a total value of ¥5,000,000 or more in the past from my spouse's parents.	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

33. Do you expect to receive any inheritances (including real estate and financial assets) with a total value of ¥5,000,000 or more from your parents or your spouse's parents in the future? **(X ALL That Apply)**

	<u>YES</u>	<u>NO</u>	
Expect to receive an inheritance with a total value of ¥5,000,000 or more in the future from my parents.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Expect to receive an inheritance with a total value of ¥5,000,000 or more in the future from my spouse's parents.	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

34. Have you received any monetary transfers (including real estate and financial assets) or financial support (for example, for educational expenses in college/graduate school, housing purchase, marriage expenses, etc.) with a total value of ¥5,000,000 or more from your parents or your spouse's parents in the past? **(X ALL That Apply)**

	<u>YES</u>	<u>NO</u>	
Received a monetary transfer or financial support with a total value of ¥5,000,000 or more in the past from my parents.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Received a monetary transfer or financial support with a total value of ¥5,000,000 or more in the past from my spouse's parents.	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

35. Do you expect to receive any monetary transfers (including real estate and financial assets) or financial support (for example, for educational expenses in college/graduate school, housing purchase, marriage expenses, etc.) with a total value of ¥5,000,000 or more from your parents or your spouse's parents in the future?

(X ALL That Apply)

	<u>YES</u>	<u>NO</u>	
Expect to receive a monetary transfer or financial support with a total value of ¥5,000,000 or more in the past from my parents.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Expect to receive a monetary transfer or financial support with a total value of ¥5,000,000 or more in the past from my spouse's parents.	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

Section B - The following questions are about you and your family.

1. Your gender: 1 Male 2 Female

2. Please answer about your marital status. **(X ONE Box)**

- 1 I have a spouse (husband or wife, including common-law marriage) → **(Continue)**
- 2 I am not currently married, having divorced or separated → **(Continue)**
- 3 I am an unattached widow or widower → **(Continue)**
- 4 I have never married → **(Skip to Q.2b)**
- 5 I am currently separated in the process of divorce → **(Continue)**
- 6 I am not married but living with significant other* → **(Skip to Q.2b)**

*Please do not answer questions involving a spouse

- 2a. When did you marry your spouse? **(Write In #)**
 Year _____ Month _____ **or** when I was _____ years old
- 2b. Do you have plans to marry, or want to marry in the future? **(X ONE Box)**
- 1 I already have plans to marry.
 - 2 I do not have any plans to marry but would like to.
 - 3 I do not have any plans to marry and do not want to.
 - 4 I already have married.
3. What is your height and weight? **(Write In #)**
 Height: _____ cm, Weight: _____ kg

Please answer the following questions for you and your spouse (if applicable)

4. When were you born? **(Write In Number for Month and Year)**
- You, **yourself**: Year _____ Month _____
- Your **spouse**: Year _____ Month _____

If you got married within the last one year, please answer the following questions. Otherwise, skip to 6.

5. **If you got married within the last one year**, please indicate **your spouse's** highest level of education (or equivalent) completed. *If he/she is still in school, "X" the one he/she is in now.* **(X ONE Box)**

	<u>Your spouse</u>
Graduated from elementary/ Junior high school	1 <input type="checkbox"/>
Some high school – no degree	2 <input type="checkbox"/>
Graduated from high school.....	3 <input type="checkbox"/>
Some college (including Technical College) – no degree.....	4 <input type="checkbox"/>
Graduated from college (including Technical College) - Associate's degree (2 year)	5 <input type="checkbox"/>
Some university (including old-education-system high school) – no degree	6 <input type="checkbox"/>
Graduated from University (including old-education-system high school) – Bachelor's degree (4 year)	7 <input type="checkbox"/>
Some post graduate studies – no degree	8 <input type="checkbox"/>
Graduated from graduate school - Master's degree –MS, MA, MBA, etc .	9 <input type="checkbox"/>
Some doctoral studies – no degree	10 <input type="checkbox"/>
Graduated from graduate school - Doctoral degree – DVM, Ph.D, DDS, etc.	11 <input type="checkbox"/>

If you answered 1-5 for Q5, please go to 5b, if you answered 6-11 for Q5, please go to 5a.

- 5a. **In case your wife attended college**, what is your spouse's major? **(X ONE Box For Each)**

Your Spouse

Law.....	.01	<input type="checkbox"/>
Economics.....	.02	<input type="checkbox"/>
Business/Management.....	.03	<input type="checkbox"/>
International Relations/Sociology.....	.04	<input type="checkbox"/>
Humanities/Literature .....	.05	<input type="checkbox"/>
Education .....	.06	<input type="checkbox"/>
Medicine .....	.07	<input type="checkbox"/>
Dentistry .....	.08	<input type="checkbox"/>
Pharmacology .....	.09	<input type="checkbox"/>
Nursing.....	.10	<input type="checkbox"/>
Health .....	.11	<input type="checkbox"/>
Science.....	.12	<input type="checkbox"/>
Engineering .....	.13	<input type="checkbox"/>
Agriculture .....	.14	<input type="checkbox"/>
Home Economics .....	.15	<input type="checkbox"/>
Art.....	.16	<input type="checkbox"/>
Athletics.....	.17	<input type="checkbox"/>
Other .....	.18	<input type="checkbox"/>

5b. When are your spouse's parents' birth years? **(Write The Year For EACH)**

Your spouse's father _____
Your spouse's mother _____

5c. Please indicate the highest level of education (or equivalent) completed by **your spouse's parents**.
(X ONE Box For EACH)

	<u>Your Spouse's Father</u>	<u>Your</u>	<u>Spouse's</u>
<u>Mother</u>			
Graduated from elementary/ Junior high school.....1	<input type="checkbox"/>		1 <input type="checkbox"/>
Some high school – no degree .....2	<input type="checkbox"/>		2 <input type="checkbox"/>
Graduated from high school.....3	<input type="checkbox"/>		3 <input type="checkbox"/>
Some college (including Technical College) – no degree.....4	<input type="checkbox"/>		4 <input type="checkbox"/>
Graduated from college (including Technical College) - Associate's degree (2 year) .....5	<input type="checkbox"/>		5 <input type="checkbox"/>
Some university (including old-education-system high school) – no degree .....6	<input type="checkbox"/>		6 <input type="checkbox"/>
Graduated from university (including old-education-system high school) – Bachelor's degree (4 year).....7	<input type="checkbox"/>		7 <input type="checkbox"/>
Some post graduate studies – no degree .....8	<input type="checkbox"/>		8 <input type="checkbox"/>
Graduated from graduate school - Master's degree –MS, MA, MBA, etc .....9	<input type="checkbox"/>		9 <input type="checkbox"/>
Some doctoral studies – no degree .....10	<input type="checkbox"/>		10 <input type="checkbox"/>
Graduated from graduate school - Doctoral degree – DVM, Ph.D, DDS, etc.....11	<input type="checkbox"/>		11 <input type="checkbox"/>

5d. Are **your spouse's parents** alive? **(X ONE Box)** If they are alive, indicate their age. If they are deceased, indicate their age of death. **(Write In For EACH)**

Your spouse's father	1 <input type="checkbox"/> Alive→ _____ years old
	2 <input type="checkbox"/> Deceased→ _____ years old
Your spouse's mother	1 <input type="checkbox"/> Alive→ _____ years old
	2 <input type="checkbox"/> Deceased→ _____ years old

5e. How many brothers and sisters does your spouse have who are now living? **(Write In Number For EACH)**

Your spouse: Older brothers Younger brothers
 Older sisters Younger sisters

All respondents should answer the following question.

6. Have you ever refrained from academic advancement due to financial trouble? **(X ONE Box)**

- 1 Yes
- 2 No

6a. At what point did you forgo academic advancement? **(X ONE Box)**

- 1 High school
- 2 Technical college
- 3 Junior college
- 4 Four-year college
- 5 Graduate school

7. While you were in middle school, high school and college, were you heavily involved in the following activities?

	<u>Middle School</u>	<u>High School</u>	<u>College</u>
	<input type="checkbox"/> Did not go to middle school ->Skip to Q8	<input type="checkbox"/> Did not go to high school -> Skip to Q8	<input type="checkbox"/> Did not go to college -> Skip to Q8
1. Classes	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2. Team sports (such as soccer and baseball)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. Individual sports (such as track & field and swimming)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4. Group art activities (such as orchestra and chorus)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5. Individual art activities (such as painting)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6. Part-time jobs	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7. Community services (e.g. volunteer activities)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8. Internships (for work experience)			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

8. Do you have experience in the following positions?

	<u>Middle School</u>	<u>High School</u>	<u>College</u>
	<input type="checkbox"/> Did not go to middle school ->Skip to Q9	<input type="checkbox"/> Did not go to high school -> Skip to Q9	<input type="checkbox"/> Did not go to college -> Skip to Q9
1. Class president	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2. Captain or leader of a group activity (such as a team sport, orchestra or academic club)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. Member of student council	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4. Manager in a workplace	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5. Leader of any activity	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

8a. Please indicate the type of the school you and your spouse attended. (Write In Number For EACH)

You: Elementary School ____ Junior High School ____ High School ____ University ____
 Your spouse: Elementary School ____ Junior High School ____ High School ____ University ____

0: Did not attend; 1: Private; 2: Public (not-national); 3: National

All respondents should answer the following question.

9. About how many hours per week do you and your spouse usually work including overtime work? If you don't work outside the home, Y "don't work". If your spouse doesn't work outside the home, X "doesn't work".

(Write In A Number For EACH Row)

You → _____ hours per week - Don't work
 Your spouse → _____ hours per week - Doesn't work

9a. About how many hours per week in paid overtime do you and your spouse work? (Write in a number in each row) If you or your spouse do not work overtime, please write zero.

You → _____ hours per week - Don't work
 Your spouse → _____ hours per week - Doesn't work

9b. About how many hours per week in unpaid overtime do you and your spouse work? (Write in a number in each row. If you or your spouse do not work overtime please write zero.)

You → _____ hours per week - Don't work
 Your spouse → _____ hours per week - Doesn't work

Please answer if you don't work.

10. If you were working, what do you estimate you would be making per hour? (**Write In**)
 ¥ _____ per hour

All respondents should answer the following question.

11. About how many days in a year do you and your spouse work? If you don't work outside the home, X "don't work". If your spouse doesn't work outside the home, X "doesn't work".

(Write In Number For EACH Row)

You → _____ days per year - Don't work
 Your spouse → _____ days per year - Doesn't work

12. To what age do you and your spouse plan to work? If you are already retired, write in your age at the time of retirement. If you haven't worked outside the home, X "haven't worked". If your spouse hasn't worked outside the home, X "hasn't worked".

(Write In Number For EACH Row)

You → _____ years old - Haven't worked
 Your spouse → _____ years old - Hasn't worked

13. What is your occupation and what is your spouse's occupation (Including part-time work)?

(X ONE Box For EACH)

	<u>Yourself</u>	<u>Your Spouse</u>
Office and administrative support	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Sales and related occupations	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Management, business, and financial operations (section chief or superior positions at government or private company).....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Professional and related occupations (teacher, medical doctor, engineer, legal business operator, writer, artist, etc.).....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Service occupations (housekeeper, home care worker, hairdresser, receptionist, driver, security guards, etc.).....	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Construction, extraction, and maintenance.....	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Farming, fishing, and forestry.....	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Housewives/Househusbands	08 <input type="checkbox"/>	08 <input type="checkbox"/>
Student.....	09 <input type="checkbox"/>	09 <input type="checkbox"/>
Retired (excluding housewives/househusbands)	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Unemployed (excluding housewives/househusbands)	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Other (Specify): _____	12 <input type="checkbox"/>	12 <input type="checkbox"/>

If you answered 1 to 7 for yourself and/or your spouse for Q.13, please continue. Otherwise, skip to Q.14

13a. What is the type of employment of you and of your spouse? (**X ONE Box**)

	<u>Yourself</u>	<u>Your Spouse</u>
Employee of private company or organization.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Government employee.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Management position.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Self-employed	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Family employee (in self-employed business).....	5 <input type="checkbox"/>	5 <input type="checkbox"/>

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13b. What is your employment status, and what is your spouse's employment status? (X ONE Box)

	<u>Yourself</u>	<u>Your Spouse</u>
Full-time employee.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Part-time employee.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Student part-time employee.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Temporary work (sent to a company from a temporary job agency, internship, specific project for a company, etc.).....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Contract worker.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other (Specify): _____	6 <input type="checkbox"/>	6 <input type="checkbox"/>

13c. Have you and your spouse worked for a job introduced by a temporary staffing agency in the past two years? (X ONE Box that best describes the type of work.)

	<u>Yourself</u>	<u>Your Spouse</u>
Mostly jobs lasting one day.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Mostly jobs lasting two to less than ten days.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Mostly jobs lasting ten days to less than three months.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Mostly jobs lasting three months or more.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
I did not take any dispatched employment.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>

13d. For how many years have you been working for your present employer? And for how many years has your spouse been working for his or her present employer? (X ONE Box)

	<u>Yourself</u>	<u>Your Spouse</u>
Less than a year.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
A year to less than 5 years.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
5 years to less than 10 years.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
10 years to less than 20 years.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
20 years to less than 30 years.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
30 years to less than 40 years.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
More than 40 years.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>

13e. Approximately how many employees are working for the company that employs you, and how many are working for the company that employs your spouse? Indicate the approximate numbers including the head office, all branch offices, branch stores, sales offices and factories. If the employer is a government organization, select "Government employee." (X ONE Box)

	<u>Yourself</u>	<u>Your Spouse</u>
1 to 5 people.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
6 to 29 people.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
30 to 99 people.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
100 to 299 people.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
300 to 499 people.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
500 to 999 people.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
1,000 to 4,999 people.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
5,000 or more people.....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Government employee.....	9 <input type="checkbox"/>	9 <input type="checkbox"/>

13f. Which one of the following best describes the industry in which you work, and which one best describes the industry in which your spouse works? (X ONE Box)

	<u>Yourself</u>	<u>Your Spouse</u>
Agriculture and related industries.....	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Mining.....	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Construction.....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Manufacturing.....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Wholesale trade/Retail trade.....	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Finance and insurance.....	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Real estate.....	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Transportation/Telecommunications.....	08 <input type="checkbox"/>	08 <input type="checkbox"/>
Utilities.....	09 <input type="checkbox"/>	09 <input type="checkbox"/>
Professional and business services.....	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Education.....	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Others.....	12 <input type="checkbox"/>	12 <input type="checkbox"/>

13g. To what extent is your salary or wage based on your work performance, and to what extent is your spouse's salary or wage based on his or her work performance? (X ONE Box)

	<u>Yourself</u>	<u>Your Spouse</u>
The wage is based almost entirely on performance	1 <input type="checkbox"/>	1 <input type="checkbox"/>
The wage is based mostly on performance	2 <input type="checkbox"/>	2 <input type="checkbox"/>
The wage is based slightly on performance.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
The wage is not at all based on performance	4 <input type="checkbox"/>	4 <input type="checkbox"/>

13h. About how hard do you work each day, and about how hard does your spouse work each day? Please answer based on the amount of work done per hour. (X ONE Box)

	<u>Yourself</u>	<u>Your Spouse</u>
Could not work any harder than currently	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Work hard and continuously.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Work continuously but not hard	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Work but have some downtime.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Work but have a lot of downtime.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>

13i. What is the possibility that you or your spouse will be unemployed (or in the case of running your own business, will discontinue the business) within the next two years? (X ONE Box)

	<u>Yourself</u>	<u>Your Spouse</u>
Strong possibility.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some possibility	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Little possibility	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Don't know.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>

All respondents should answer the following question

14. What is the occupation of the longest job in your career and what is the occupation of the longest job in your spouse's career? (X ONE Box For EACH) Please do not regard "Housewife/Househusband," "Student," "Retired (except Housewife/Househusband)," "Unemployed (except Housewife/Househusband)" as occupations for the purposes of this question.

	<u>Yourself</u>	<u>Your Spouse</u>
Office and administrative support	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Sales and related occupations.....	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Management, business, and financial operations (section chief or superior positions at government or private company)	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Professional and related occupations (teacher, medical doctor, engineer, legal business operator, writer, artist, etc.)	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Service occupations (housekeeper, home care worker, hairdresser, receptionist, driver, security guards, etc.)	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Construction, extraction, and maintenance	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Farming, fishing, and forestry	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Have/Has never worked	08 <input type="checkbox"/>	08 <input type="checkbox"/>
Other (Specify):.....	09 <input type="checkbox"/>	09 <input type="checkbox"/>

If you answered 1 to 7 for yourself and/or your spouse for Q.14, please continue. Otherwise, skip to Q.15.

If you have had more than one employer in the occupation of your longest job, please answer about the one in which you worked/have worked the longest.

14a. What is the type of employment of you and of your spouse in the occupation of your/his/her longest job? (X ONE Box)

	<u>Yourself</u>	<u>Your Spouse</u>
Employee of private company or organization	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Government employee	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Management position	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Self-employed.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Family employee (in self-employed business).....	5 <input type="checkbox"/>	5 <input type="checkbox"/>

14b. What is your employment status, and what is your spouse's employment status in the occupation of your/his/her longest job? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
Full-time employee	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Part-time employee.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Student part-time employee.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Temporary work (sent to a company from a temporary job agency, internship, specific project for a company, etc.).....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Contract worker.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other (Specify):	6 <input type="checkbox"/>	6 <input type="checkbox"/>

14c. For how many years did you work (have you been working) in the occupation of your longest job? And for how many years did your spouse work (or has your spouse been working) in the occupation of his/her longest job?

(X ONE Box)

	<u>Yourself</u>	<u>Your Spouse</u>
Less than a year	1 <input type="checkbox"/>	1 <input type="checkbox"/>
A year to less than 5 years	2 <input type="checkbox"/>	2 <input type="checkbox"/>
5 years to less than 10 years.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
10 years to less than 20 years.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
20 years to less than 30 years.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
30 years to less than 40 years.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
More than 40 years.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>

14d. Approximately how many employees were/are working for the company of the occupation of your longest job, and how many were/are working for the company of the occupation of your spouse's longest job? Indicate the approximate numbers including the head office, all branch offices, branch stores, sales offices and factories. If the employer is a government organization, select "Government employee." **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
1 to 5 people	1 <input type="checkbox"/>	1 <input type="checkbox"/>
6 to 29 people	2 <input type="checkbox"/>	2 <input type="checkbox"/>
30 to 99 people	3 <input type="checkbox"/>	3 <input type="checkbox"/>
100 to 299 people	4 <input type="checkbox"/>	4 <input type="checkbox"/>
300 to 499 people	5 <input type="checkbox"/>	5 <input type="checkbox"/>
500 to 999 people	6 <input type="checkbox"/>	6 <input type="checkbox"/>
1,000 to 4,999 people	7 <input type="checkbox"/>	7 <input type="checkbox"/>
5,000 or more people.....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Government employee	9 <input type="checkbox"/>	9 <input type="checkbox"/>

14e. Which one of the following best describes the industry in which you worked/work in the occupation of your longest job, and which one best describes the industry in which your spouse worked/works in the occupation of his/her longest job? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
Agriculture and related industries	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Mining	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Construction.....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Manufacturing	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Wholesale trade/Retail trade	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Finance and insurance	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Real estate.....	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Transportation/Telecommunications	08 <input type="checkbox"/>	08 <input type="checkbox"/>
Utilities	09 <input type="checkbox"/>	09 <input type="checkbox"/>
Professional and business services	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Education.....	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Others	12 <input type="checkbox"/>	12 <input type="checkbox"/>

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22. How long does it take for you, and for your spouse, to commute? If you or your spouse do not work, please indicate 0 in the following. **(Write In)**

You: _____ hours _____ minutes;
Your spouse: _____ hours _____ minutes

23. Which of the following best describes your current household? **(X ONE Box)**

- 1 Single
- 2 You and your parent(s)
- 3 You and your spouse
- 4 You, your spouse and your children
- 5 You and your children (no spouse)
- 6 You, your spouse, and your (or your spouse's) parent(s)
- 7 You, your spouse, your children and your (or your spouse's) parent(s)
- 8 You, your spouse, your children and your (or your spouse's) parent(s)/sibling(s)
- 9 You and your friend(s)
- 10 Others (Specify): _____

24. How many people are currently living in your household including yourself? **(Write In)**
 # of people: _____

25. How much did you spend on durable consumer goods such as housing, cars, and expensive electric products for your entire family in 2011? **(Write In)**
 Approximate expense in 2011 for entire family ¥ _____

25a. Did your household purchase a house (or condo) in 2011? **(X ONE Box)**
 1 Yes 2 No

26. How much were the average food expenses of your entire family per month in 2011? **(Write In For EACH Row)**
 Approximate food expenses (excluding expenses of eating out). ¥ _____ per month
 Approximate expenses of eating out..... ¥ _____ per month

27. How much were the average expenditures of your entire family **per month** in 2011? Exclude durable consumer goods purchased such as housing, cars, expensive electronic products, taxes, insurance premiums, and mortgage interest. Include costs of public utilities and energy bills. **(Write In)**
 Approximate **monthly** expense in 2011 for entire family ¥ _____ per month

28. In 2011 what was the approximate percentage change in your family's total annual expenditures compared with 2010? Select the most appropriate response from the following list. **(X ONE Box)**

Increased by at least 9%	Increased by at least 7% but less than 9%	Increased by at least 5% but less than 7%	Increased by at least 3% but less than 5%	Increased by at least 1% but less than 3%	Changed by less than 1% in either direction	Decreased by at least 1% but less than 3%	Decreased by at least 3% but less than 5%	Decreased by at least 5% but less than 7%	Decreased by at least 7% but less than 9%	Decreased by at least 9%
10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

29. In 2012 what will be the approximate percentage change in your family's total annual expenditures compared with 2011? Select the most appropriate response from the following list. **(X ONE Box)**

Increase by at least 9%	Increase by at least 7% but less than 9%	Increase by at least 5% but less than 7%	Increase by at least 3% but less than 5%	Increase by at least 1% but less than 3%	Change by less than 1% in either direction	Decrease by at least 1% but less than 3%	Decrease by at least 3% but less than 5%	Decrease by at least 5% but less than 7%	Decrease by at least 7% but less than 9%	Decrease by at least 9%
10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

30. By what percentage do you expect consumer prices will change in 2012, compared with the previous year?

(X ONE Box)

Increase by at least 4.5%	Increase by at least 3.5% but less than 4.5%	Increase by at least 2.5% but less than 3.5%	Increase by at least 1.5% but less than 2.5%	Increase by at least 0.5% but less than 1.5%	Change by less than 0.5% in either direction	Decrease by at least 0.5% but less than 1.5%	Decrease by at least 1.5% but less than 2.5%	Decrease by at least 2.5% but less than 3.5%	Decrease by at least 3.5% but less than 4.5%	Decrease by at least 4.5%
10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

31. Was your mother working when you were 3 years old, 7 years old, and/or 15 years old?
Was your spouse's mother working when your spouse was 3 years old, 7 years old, and/or 15 years old?
Please select from the following and **write in the number** for the proper selection. .

	When you were 3 years old	When you were 7 years old	When you were 15 years old
Your mother			
Your spouse's mother			

1. Full time worker (a company or government institution)
2. Full time worker (self-employment)
3. Part time worker (a company or government institution)
4. Part time worker (self-employment)
5. My mother was not working then
6. Mother had passed away already or lived separately from respondent

32. If you would like to move to another prefecture in Japan, please **X box 1** and indicate in which prefecture you would like to live. If you would prefer to stay in your current prefecture, please **X in box 2**.

- 01 I would like to move to ()
02 I would continue to live in the current prefecture.

33. Why would you like to live/remain living in the prefecture indicated above? Please select 4 of the following reasons, ranking them 1 through 4.

(Put an X in FOUR BOXES)	Ranking (Write In a Number from 1 to 4)	
01 <input type="checkbox"/>	()	High income possibilities
02 <input type="checkbox"/>	()	Better cultural environment
03 <input type="checkbox"/>	()	Better educational opportunities
04 <input type="checkbox"/>	()	Good place to raise a family
05 <input type="checkbox"/>	()	Lower risk of natural disasters
06 <input type="checkbox"/>	()	Natural environment and climate
07 <input type="checkbox"/>	()	Can live with my family
08 <input type="checkbox"/>	()	My home town
09 <input type="checkbox"/>	()	Not close to nuclear plant
10 <input type="checkbox"/>	()	High moving cost
11 <input type="checkbox"/>	()	Better welfare service
12 <input type="checkbox"/>	()	Better medical facilities
13 <input type="checkbox"/>	()	Less exposure to nuclear radiation
14 <input type="checkbox"/>	()	Convenient shopping environment
15 <input type="checkbox"/>	()	Low cost of living
16 <input type="checkbox"/>	()	Convenient transportation
17 <input type="checkbox"/>	()	Easier to find a job
18 <input type="checkbox"/>	()	No earthquakes
19 <input type="checkbox"/>	()	Other reasons(_____)

33a. In which prefecture were your parents and your spouse's parents born? If born in another country, please indicate which country. **(Write In For EACH)**

Your father: Name of Prefecture in Japan: _____
Name of Country: _____

Your mother: Name of Prefecture in Japan: _____
Name of Country: _____

Your spouse's father: Name of Prefecture in Japan: _____
Name of Country: _____

You spouse's mother: Name of Prefecture in Japan: _____
Name of Country: _____

34. Now, we would like to ask you about dependents in your family. Here, a dependent (one supported) is anyone claimed as such on the last tax return. Are you ... **(X ONE Box)**

- 1 Supporting someone in the family.
- 2 Supported by someone in your family.
- 3 Neither supporting nor being supported. (single-person household included)

35. What is the nature of your residence? **(X ONE Box)**

- | | |
|--|--|
| 1 <input type="checkbox"/> Your own house (a single-family house) | 5 <input type="checkbox"/> Government-owned housing |
| 2 <input type="checkbox"/> Your own condominium | 6 <input type="checkbox"/> Lodgings (Hotels, Motels, etc.) |
| 3 <input type="checkbox"/> Private rented house (a single house or an apartment) | 7 <input type="checkbox"/> Dormitory, Group Quarters, etc. |
| 4 <input type="checkbox"/> Supplied house (a company house or an official residence) | 8 <input type="checkbox"/> Others |

36. Approximately how much was the annual earned income before taxes and with bonuses included of your entire household for 2011? (If you are a student, please indicate the income of your parents' entire household.)

(X ONE Box)

- | | |
|---|--|
| 01 <input type="checkbox"/> Less than ¥1,000,000 | 07 <input type="checkbox"/> ¥10,000,000 to less than ¥12,000,000 |
| 02 <input type="checkbox"/> ¥1,000,000 to less than ¥2,000,000 | 08 <input type="checkbox"/> ¥12,000,000 to less than ¥14,000,000 |
| 03 <input type="checkbox"/> ¥2,000,000 to less than ¥4,000,000 | 09 <input type="checkbox"/> ¥14,000,000 to less than ¥16,000,000 |
| 04 <input type="checkbox"/> ¥4,000,000 to less than ¥6,000,000 | 10 <input type="checkbox"/> ¥16,000,000 to less than ¥18,000,000 |
| 05 <input type="checkbox"/> ¥6,000,000 to less than ¥8,000,000 | 11 <input type="checkbox"/> ¥18,000,000 to less than ¥20,000,000 |
| 06 <input type="checkbox"/> ¥8,000,000 to less than ¥10,000,000 | 12 <input type="checkbox"/> ¥20,000,000 or more |

37. Approximately how much household income is your goal? (If you are a student, please indicate the income of your parents' entire household.) **(X ONE Box)**

- | | |
|---|--|
| 01 <input type="checkbox"/> Less than ¥1,000,000 | 07 <input type="checkbox"/> ¥10,000,000 to less than ¥12,000,000 |
| 02 <input type="checkbox"/> ¥1,000,000 to less than ¥2,000,000 | 08 <input type="checkbox"/> ¥12,000,000 to less than ¥14,000,000 |
| 03 <input type="checkbox"/> ¥2,000,000 to less than ¥4,000,000 | 09 <input type="checkbox"/> ¥14,000,000 to less than ¥16,000,000 |
| 04 <input type="checkbox"/> ¥4,000,000 to less than ¥6,000,000 | 10 <input type="checkbox"/> ¥16,000,000 to less than ¥18,000,000 |
| 05 <input type="checkbox"/> ¥6,000,000 to less than ¥8,000,000 | 11 <input type="checkbox"/> ¥18,000,000 to less than ¥20,000,000 |
| 06 <input type="checkbox"/> ¥8,000,000 to less than ¥10,000,000 | 12 <input type="checkbox"/> ¥20,000,000 or more |

38. About how much household income is common for people around you? **(X ONE Box)**

- | | |
|---|--|
| 01 <input type="checkbox"/> Less than ¥1,000,000 | 07 <input type="checkbox"/> ¥10,000,000 to less than ¥12,000,000 |
| 02 <input type="checkbox"/> ¥1,000,000 to less than ¥2,000,000 | 08 <input type="checkbox"/> ¥12,000,000 to less than ¥14,000,000 |
| 03 <input type="checkbox"/> ¥2,000,000 to less than ¥4,000,000 | 09 <input type="checkbox"/> ¥14,000,000 to less than ¥16,000,000 |
| 04 <input type="checkbox"/> ¥4,000,000 to less than ¥6,000,000 | 10 <input type="checkbox"/> ¥16,000,000 to less than ¥18,000,000 |
| 05 <input type="checkbox"/> ¥6,000,000 to less than ¥8,000,000 | 11 <input type="checkbox"/> ¥18,000,000 to less than ¥20,000,000 |
| 06 <input type="checkbox"/> ¥8,000,000 to less than ¥10,000,000 | 12 <input type="checkbox"/> ¥20,000,000 or more |

39. In 2011 what was the approximate percentage change in your family's total annual income compared with 2010? Select the most appropriate response from the following list. (If you are a student, please answer for the income of your parents' entire household.) (X ONE Box)

Increased by at least 9%	Increased by at least 7% but less than 9%	Increased by at least 5% but less than 7%	Increased by at least 3% but less than 5%	Increased by at least 1% but less than 3%	Changed by less than 1% in either direction	Decreased by at least 1% but less than 3%	Decreased by at least 3% but less than 5%	Decreased by at least 5% but less than 7%	Decreased by at least 7% but less than 9%	Decreased by at least 9%
10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

40. In 2012 what will be the approximate percentage change in your family's total annual income compared with 2011? Select the most appropriate response from the following list. Please answer your entire household, for you and for your spouse. (If you are a student, please answer for the income of your parents' entire household.)

(X ONE Box for EACH Row)

	Increase by at least 9%	Increase by at least 7% but less than 9%	Increase by at least 5% but less than 7%	Increase by at least 3% but less than 5%	Increase by at least 1% but less than 3%	Change by less than 1% in either direction	Decrease by at least 1% but less than 3%	Decrease by at least 3% but less than 5%	Decrease by at least 5% but less than 7%	Decrease by at least 7% but less than 9%	Decrease by at least 9%
Entire Household	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>
You	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>
Your Spouse	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

41. What do you estimate will be the change in total annual income of your household in 2016 compared to 2011? Please circle ONE applicable number for your entire household, ONE for you, and ONE for your spouse. (If you are a student, please answer for the income of your parents' entire household.) (X ONE Box for EACH Row)

	Increase by at least 20%	Increase by at least 15% but less than 20%	Increase by at least 10% but less than 15%	Increase by at least 6% but less than 10%	Increase by at least 2% but less than 6%	Change by less than 2% in either direction	Decrease by at least 2% but less than 6%	Decrease by at least 6% but less than 10%	Decrease by at least 10% but less than 15%	Decrease by at least 15% but less than 20%	Decrease by at least 20%
Entire Household	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>
You	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>
Your Spouse	10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

42. After you are retired, what proportion of the living expenses of you and your spouse do you think you will be able to cover using your public pension? (X ONE Box)

- 01 0~9%
- 02 10~19%
- 03 20~29%
- 04 30~39%
- 05 40~49%
- 06 50~59%
- 07 60~69%
- 08 70~79%
- 09 80~89%
- 10 90% or more

43. Approximately how much is the present appraised value of all housing and property owned by your entire household? (If you are a student, please answer about the housing and property owned by your parents' entire household.) **(X ONE Box)**

- | | |
|--|---|
| 01 <input type="checkbox"/> Do not possess housing or properties | 06 <input type="checkbox"/> ¥20,000,000 to less than ¥30,000,000 |
| 02 <input type="checkbox"/> Less than ¥5,000,000 | 07 <input type="checkbox"/> ¥30,000,000 to less than ¥40,000,000 |
| 03 <input type="checkbox"/> ¥5,000,000 to less than ¥10,000,000 | 08 <input type="checkbox"/> ¥40,000,000 to less than ¥50,000,000 |
| 04 <input type="checkbox"/> ¥10,000,000 to less than ¥15,000,000 | 09 <input type="checkbox"/> ¥50,000,000 to less than ¥100,000,000 |
| 05 <input type="checkbox"/> ¥15,000,000 to less than ¥20,000,000 | 10 <input type="checkbox"/> ¥100,000,000 or more |

44. Approximately how much is the balance of financial assets (savings, stocks, bonds, insurance, etc.) of your entire household? (If you are a student, please indicate the balance of financial assets of your parents' entire household.) **(X ONE Box)**

- | | |
|--|---|
| 01 <input type="checkbox"/> Less than ¥2,500,000 | 06 <input type="checkbox"/> ¥15,000,000 to less than ¥20,000,000 |
| 02 <input type="checkbox"/> ¥2,500,000 to less than ¥5,000,000 | 07 <input type="checkbox"/> ¥20,000,000 to less than ¥30,000,000 |
| 03 <input type="checkbox"/> ¥5,000,000 to less than ¥7,500,000 | 08 <input type="checkbox"/> ¥30,000,000 to less than ¥50,000,000 |
| 04 <input type="checkbox"/> ¥7,500,000 to less than ¥10,000,000 | 09 <input type="checkbox"/> ¥50,000,000 to less than ¥100,000,000 |
| 05 <input type="checkbox"/> ¥10,000,000 to less than ¥15,000,000 | 10 <input type="checkbox"/> ¥100,000,000 or more |

45. Please indicate which of the following financial assets you own. **(X ALL That Apply)**

- | |
|--|
| 01 <input type="checkbox"/> Bank savings (including cooperative banks, credit unions and other associations) |
| 02 <input type="checkbox"/> Postal savings |
| 03 <input type="checkbox"/> Life insurance |
| 04 <input type="checkbox"/> Stocks |
| 05 <input type="checkbox"/> Investment Trusts |
| 06 <input type="checkbox"/> Foreign currency deposits |
| 07 <input type="checkbox"/> Futures / Options |
| 08 <input type="checkbox"/> Japanese Government bonds |
| 09 <input type="checkbox"/> Government bonds of foreign countries |
| 10 <input type="checkbox"/> Private individual pensions (from life insurance companies, etc.) |
| 11 <input type="checkbox"/> Company pensions |
| 12 <input type="checkbox"/> Cash |
| 13 <input type="checkbox"/> None → (Skip To Q.46) |

→(Continue)

45a. What percentage of the financial assets of your entire household are in the following ... **(Write In % For Group B only)**

Group A: Bank savings, Postal savings, cash, Japanese government bonds

GroupB: Investment trusts, stocks, futures/options, corporate bonds, foreign currency deposits, government bonds of foreign countries _____%

46. Does your household have a saving plan for the next one year? If so, how detailed is the plan? **(X ONE Box)**

- 1 Have plans for each month
- 2 Have plans for each 3 month period
- 3 Have plans for each 6 month period
- 4 Have plans for the whole year
- 5 Don't have any saving plans for the next year

47. Do you currently have any debts? Debts here include housing loans, car loans and any other installment payments on which you have to pay interest charges. **(X ONE Box)**

- 1 No debts
- 2 Yes, have debts

If you answered 2 for Q.47, please continue. Otherwise, skip to Q.48.

47a. If you are paying off housing loan(s), what is the current balance of your housing loan(s)? **(X ONE Box)**

- | | |
|---|---|
| 1 <input type="checkbox"/> Less than ¥2,500,000 | 6 <input type="checkbox"/> ¥15,000,000 to less than ¥20,000,000 |
| 2 <input type="checkbox"/> ¥2,500,000 to less than ¥5,000,000 | 7 <input type="checkbox"/> ¥20,000,000 to less than ¥30,000,000 |
| 3 <input type="checkbox"/> ¥5,000,000 to less than ¥7,500,000 | 8 <input type="checkbox"/> ¥30,000,000 or more |
| 4 <input type="checkbox"/> ¥7,500,000 to less than ¥10,000,000 | 9 <input type="checkbox"/> No housing loans |
| 5 <input type="checkbox"/> ¥10,000,000 to less than ¥15,000,000 | |

47b. Do you have any debts other than housing loan(s), including car loans and any other installment payments on which you have to pay interest charges **(X ONE Box)**

- | | |
|---|--|
| 1 <input type="checkbox"/> No loans other than housing loans | 6 <input type="checkbox"/> ¥3,000,000 to less than ¥5,000,000 |
| 2 <input type="checkbox"/> Less than ¥500,000 | 7 <input type="checkbox"/> ¥5,000,000 to less than ¥7,500,000 |
| 3 <input type="checkbox"/> ¥500,000 to less than ¥1,000,000 | 8 <input type="checkbox"/> ¥7,500,000 to less than ¥10,000,000 |
| 4 <input type="checkbox"/> ¥1,000,000 to less than ¥2,000,000 | 9 <input type="checkbox"/> ¥10,000,000 or more |
| 5 <input type="checkbox"/> ¥2,000,000 to less than ¥3,000,000 | |

If you answered 2 to 9 for Q.47b, please continue. Otherwise, skip to Q.48.

47c. What debts do you currently have? **(X ALL That Apply)**

- 1 Car loan(s)
- 2 Installment payment(s) for consumption
- 3 Education loan(s)
- 4 Borrowing for living and/or medical expenses
- 5 Borrowing for business fund(s)
- 6 Borrowing for entertainment expenses
- 7 Borrowing to pay off debts
- 8 Other

48. Do you use credit cards? If you do, how do you use them? **(X ALL That Apply)**

- 1 For payments in full
- 2 For payments in installments with no interest
- 3 For payments in installments with interest charges
- 4 For revolving payments
- 5 I have a credit card or cards but do not use it or them
- 6 I do not have a credit card

49. Have you ever been rejected for a loan application (*excluding housing loans*)? **(X ALL That Apply)**

- 1 Yes
- 2 No, but I did not get approved for the full amount for which I applied, only for a reduced amount
- 3 Did not apply because I did not think I would be approved
- 4 No, I have always been able to borrow the amount I applied for
- 5 I have never attempted to borrow money

50. On a scale of 0-10 with "10" being "Highest" and "0" being "Lowest", please indicate what you think your standard of living is. **(X ONE Box)**



51. How would you describe your current health status: Is it excellent, very good, good, fair, or poor? **(X ONE Box)**

- | | | |
|--------------------------------------|---------------------------------|---------------------------------|
| 1 <input type="checkbox"/> Excellent | 3 <input type="checkbox"/> Good | 5 <input type="checkbox"/> Poor |
| 2 <input type="checkbox"/> Very good | 4 <input type="checkbox"/> Fair | |

52. Do you visit a doctor on a regular basis either in a hospital or clinic (including dental clinics) because of a chronic disease or injury? This also includes a home visit by a doctor. **(X ONE Box)**

- 1 Yes → **Continue**
 2 No → **Skip to Q.53**

52a. On average, how many times do you go to a hospital or clinic as an out-patient within a one month period? **(Write in)**

_____times in a month

52b. About how much did you pay for out-of-pocket medical expenses per outpatient visit for doctor or clinic visits, including medicine? **(Write in)**

¥_____

53. During the last 12 months, have you been in a hospital or clinic as an in-patient overnight or longer? This includes childbirth. **(X ONE Box)**

- 1 Yes 2 No

53a. Have you had any health check-ups (excluding prenatal check, dental check-up, and medical treatment) within the past year?**(X ALL That Apply)**

- 1 Health check organized by local municipality
 2 Health check organized by your employee or labor union of your employee
 3 Health check organized by your school
 4 Medical check-up (other than above 1-3)
 5 Health check (Cancer check only)
 6 Other
 7 I haven't taken any health check in the last one year.

54. Do you smoke? **(X ONE Box)**

- | | |
|--|---|
| 01 <input type="checkbox"/> Never smoked → Skip to Q.55 | 06 <input type="checkbox"/> I smoke about 11 to 20 cigarettes a day |
| 02 <input type="checkbox"/> Hardly smoke | 07 <input type="checkbox"/> I smoke about 21 to 30 cigarettes a day |
| 03 <input type="checkbox"/> Occasionally smoke | 08 <input type="checkbox"/> I smoke about 31 to 40 cigarettes a day |
| 04 <input type="checkbox"/> I smoke about 1 to 5 cigarettes a day | 09 <input type="checkbox"/> I smoke 41 cigarettes or more a day |
| 05 <input type="checkbox"/> I smoke about 6 to 10 cigarettes a day | 10 <input type="checkbox"/> I used to smoke, but I quit |

If you answered 2 to 10 for Q.54, please continue. Otherwise, skip to Q.55.

54a. How old were you when you started smoking? **(Write in)**

Around _____years old

54b. How long does it take to get to a smoking area in your work place? If you are not working, please answer about smoking at the place you spend most of the day. **(X ONE Box)**

- | | |
|---|--|
| 1 <input type="checkbox"/> 0 minutes (I can smoke right at my seat) | 4 <input type="checkbox"/> 6-10 minutes |
| 2 <input type="checkbox"/> 1-2 minutes | 5 <input type="checkbox"/> 11 minutes or more |
| 3 <input type="checkbox"/> 3-5 minutes | 6 <input type="checkbox"/> Smoking is not allowed at all at my workplace |

54c. Do you want to quit smoking? Would you like to quit smoking? **(X ONE Box)**

- 1 Yes, I want to quit smoking
 2 I want to reduce the amount of cigarettes I smoke
 3 No, I don't want to quit smoking
 4 I don't know
 5 I don't smoke

If you answered 10 for Q.54, please continue. Otherwise, skip to Q.55.

- 54d. When is the last time you smoked? (approximately) **(Write in)**
 YYYY MM
 around (_____) / (_____)
- 54e. How long did it take for you to finally quit smoking once you decided to quit? **(Write in)**
 about _____ days
55. Do you exercise? **(X ONE Box)**
1 Almost everyday 4 About once a month
2 A few times a week 5 Don't exercise at all
3 About once a week
56. Do you drink alcoholic beverages? **(X ONE Box)**
1 Don't drink at all
2 Hardly drink (a few times a month or less)
3 Drink sometimes (a few times a week)
4 A can of beer (350ml) or its equivalent a day, almost everyday
5 3 cans of beer (350ml x 3) or its equivalent a day, almost everyday
6 5 cans of beer (350ml x 5) or its equivalent a day, almost everyday
57. Do you gamble in lotteries or at casinos or bet on sporting events or horse races? **(X ONE Box)**
1 Don't gamble at all
2 I used to gamble, but I quit
3 Hardly gamble
4 Several times a year or so
5 Once a month or so
6 Once a week or so
7 Almost everyday
58. Please indicate if you are affiliated with any of the following religions. **(X ONE Box)**
01 None
02 Catholic
03 Protestant
04 Other Christian
05 Judaism
06 Islam
07 Hinduism
08 Buddhism
09 Others

Thank you for your help with this study. Please return your completed questionnaire in the enclosed postage-paid envelope as soon as possible.