

**Section A**

**A1.** 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)

	<b>Particularly True For Me</b>	←————→			<b>Doesn't Hold True At All For Me</b>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
My daily life is fulfilling.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I plan to spend a lot of money or plan to purchase expensive items in the future .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I don't feel uncomfortable borrowing money .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I am so occupied with my daily life that I cannot save much money .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Even if I make plans, I end up procrastinating .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
If there is something that I want, I need to buy it .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I always plan things before I actually do them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
If I have work that can wait to be done tomorrow, I wait until tomorrow to do it .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I have anxieties about my health .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I am deeply religious.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I have been feeling stressed lately .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I have been feeling depressed lately .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I haven't been sleeping well lately .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I have been feeling lonely lately .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <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') .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I want to bequeath as much of my inheritance as possible to my spouse.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Behaving similarly to people around me makes me feel comfortable ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
When I am faced with a problem, I usually act before I think .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I never cut into a line of people .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I always keep my promise.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I am never late for appointments/deadlines .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Work is something to live for.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Work is for making money.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I enjoy competing with others.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I plan tasks carefully.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I plan trips well ahead of time .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I exercise self-control .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I am an observant thinker.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I plan for job security .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I say things without thinking .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I take nutritional content into account when choosing foods .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I take the time to properly chew my food .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I always eat my meals at the same time .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**A2.** 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)

	<b>Completely Agree</b>	←————→			<b>Completely Disagree</b>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
In general, most people are trustworthy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <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).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
It is the government's responsibility to take care of those who cannot take care of themselves financially .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Child(ren) should take care of their parents when they require long-term care.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
If I have child(ren), I would like my child(ren) to take care of me when I require long-term care.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**A3.** 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”	or	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"/>

- A4. 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"	or	Option "B"	Which ONE 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	<input type="checkbox"/>	<input type="checkbox"/>
¥3,006		¥3,000	<input type="checkbox"/>	<input type="checkbox"/>
¥3,000		¥3,009	<input type="checkbox"/>	<input type="checkbox"/>
¥3,007		¥3,301	<input type="checkbox"/>	<input type="checkbox"/>
¥3,006		¥3,035	<input type="checkbox"/>	<input type="checkbox"/>
¥3,002		¥3,005	<input type="checkbox"/>	<input type="checkbox"/>
¥3,007		¥5,955	<input type="checkbox"/>	<input type="checkbox"/>
¥3,001		¥3,001	<input type="checkbox"/>	<input type="checkbox"/>
¥3,007		¥3,066	<input type="checkbox"/>	<input type="checkbox"/>

- A5. 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"	or	Option "B"	Which ONE do you prefer? (X ONE Box For EACH Row)	
Receive today		Receive 28 days from today	Option "A"	Option "B"
¥3,004		¥3,240	<input type="checkbox"/>	<input type="checkbox"/>
¥3,000		¥3,000	<input type="checkbox"/>	<input type="checkbox"/>
¥3,005		¥3,017	<input type="checkbox"/>	<input type="checkbox"/>
¥3,001		¥14,769	<input type="checkbox"/>	<input type="checkbox"/>
¥3,006		¥3,122	<input type="checkbox"/>	<input type="checkbox"/>
¥3,007		¥3,479	<input type="checkbox"/>	<input type="checkbox"/>
¥3,002		¥2,978	<input type="checkbox"/>	<input type="checkbox"/>
¥3,009		¥4,187	<input type="checkbox"/>	<input type="checkbox"/>
¥3,007		¥3,042	<input type="checkbox"/>	<input type="checkbox"/>

- A6. 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"	or	Option "B"	Which ONE 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	<input type="checkbox"/>	<input type="checkbox"/>
59 Minutes reduction		61 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
58 Minutes reduction		48 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
60 Minutes reduction		90 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
59 Minutes reduction		59 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
58 Minutes reduction		64 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
59 Minutes reduction		68 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
61 Minutes reduction		55 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>

- A7. 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 ONE 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	<input type="checkbox"/>	<input type="checkbox"/>
60 Minutes reduction		90 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
58 Minutes reduction		48 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
59 Minutes reduction		65 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
60 Minutes reduction		54 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
58 Minutes reduction		72 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
59 Minutes reduction		59 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>
60 Minutes reduction		69 Minutes reduction	<input type="checkbox"/>	<input type="checkbox"/>

**A8.** 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 ONE 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"/>

**A9.** 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 <b>doubling</b> , but also a 50% chance of the salary <b>decreasing by 60%</b>		Guaranteed to the salary <b>increase by 0.5%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>doubling</b> , but also a 50% chance of the salary <b>decreasing by 50%</b>		Guaranteed to the salary <b>increase by 0.5%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>doubling</b> , but also a 50% chance of the salary <b>decreasing by 45%</b>		Guaranteed to the salary <b>increase by 0.5%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>doubling</b> , but also a 50% chance of the salary <b>decreasing by 30%</b>		Guaranteed to the salary <b>increase by 0.5%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>doubling</b> , but also a 50% chance of the salary <b>decreasing by 10%</b>		Guaranteed to the salary <b>increase by 0.5%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>doubling</b> , but also a 50% chance of the salary <b>decreasing by 5%</b>		Guaranteed to the salary <b>increase by 0.5%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>doubling</b> , but also a 50% chance of the salary <b>decreasing by 1%</b>		Guaranteed to the salary <b>increase by 0.5%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**A10.** 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 <b>decreasing by 30%</b> , but also a 50% chance of the salary <b>decreasing by 19%</b>		Guaranteed to the salary <b>decrease by 20%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>decreasing by 30%</b> , but also a 50% chance of the salary <b>decreasing by 17%</b>		Guaranteed to the salary <b>decrease by 20%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>decreasing by 30%</b> , but also a 50% chance of the salary <b>decreasing by 15%</b>		Guaranteed to the salary <b>decrease by 20%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>decreasing by 30%</b> , but also a 50% chance of the salary <b>decreasing by 13%</b>		Guaranteed to the salary <b>decrease by 20%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>decreasing by 30%</b> , but also a 50% chance of the salary <b>decreasing by 12%</b>		Guaranteed to the salary <b>decrease by 20%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>decreasing by 30%</b> , but also a 50% chance of the salary <b>decreasing by 11%</b>		Guaranteed to the salary <b>decrease by 20%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
A 50% chance of the salary <b>decreasing by 30%</b> , but also a 50% chance of the salary <b>decreasing by 10%</b>		Guaranteed to the salary <b>decrease by 20%</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>



**A16.** 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"/>

**A17.** 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

**A18.** 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 and somewhat guilty
- 5  I would feel ashamed but would not feel very guilty
- 6  I would feel neither guilty nor ashamed

**A19.** 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 time
- 6  Got it done after the deadline
- 7  Did not get it done
- 8  There weren't any assignments

**A20.** 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 get it done at the last minute
- 6  I planned to do get it done after the last minute
- 7  I did not plan to get it done
- 8  I had no particular plans
- 9  There weren't any assignments

**A21.** 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 rather toward the end
- 5  To get it done at the last minute
- 6  To get it done after the deadline
- 7  Not to get it done

**A22.** 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) \_\_\_\_\_%

**A23. During the last year (in 2012),** 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.

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

- |   |   |
|---|---|
| <input type="checkbox"/> 1 I did not donate for any purpose | <input type="checkbox"/> 2 ¥1 to less than ¥5,000         |
| <input type="checkbox"/> 3 ¥5,000 to less than ¥10,000      | <input type="checkbox"/> 4 ¥10,000 to less than ¥50,000   |
| <input type="checkbox"/> 5 ¥50,000 to less than ¥100,000    | <input type="checkbox"/> 6 ¥100,000 to less than ¥500,000 |
| <input type="checkbox"/> 7 ¥500,000 to less than ¥1,000,000 | <input type="checkbox"/> 8 More than ¥1,000,000           |

**A24.** 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)**

	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>NO SPOUSE</u></b>
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"/>	5 <input type="checkbox"/>

**A25.** 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)**

	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>NO SPOUSE</u></b>
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"/>	5 <input type="checkbox"/>

**A26.** What is the purpose of your savings and financial assets? Please circle “1” if the stated purpose applies and “2” if it does not. In addition, have you accumulated these savings, or have you used them in the past year? Circle “1” if the savings increased, “2” if they decreased, and “3” if they neither increased nor decreased.

	Do you have any savings for this motive?		Within the past year, savings		
	YES	No	increased	decreased	neither
Using in case of unexpected emergency such as illness, disasters, etc.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Paying for my children’s educational expenses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Budgeting for my wedding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Budgeting for my children’s wedding(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
For building, extending or renovating my home or for purchasing land	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Using after retirement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Preparing for when I need nursing care (e.g., if I am bedridden)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Purchasing durable consumer goods (e.g., automobiles, furniture, household appliances)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Paying for leisure activities (e.g., vacation, sports)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Leaving an inheritance for my children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Objectives other than those listed above	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I have no objective in particular, just security.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I do not have any savings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**A27** Do you think going through hard times helps you (i.e., improves your personality)? Please choose the most accurate percentage of usefulness for you. For example, if you think the experience is absolutely useless, circle 0%, if you think it may be useful, circle 50%, and if you think it is definitely useful, circle 100%.

**Useless**

**Useful**

00 0% 10 10% 20 20% 30 30% 40 40% 50 50% 60 60% 70 70% 80 80% 90 90% 100 100%

**A28** Suppose that there are 10 red balls and 10 white balls in a bag. You can choose either Option "A", to take a ball from the bag and receive ¥1,000 if the ball is red, or Option "B", to take a certain amount of money without taking a ball. Which would you choose: option "A" or "B"? Please look at Option "A" and Option "B" below and indicate which you prefer for each of the seven choices.

Option "A"	<i>or</i>	Option "B"	→	Which ONE do you prefer? (X ONE Box for EACH Row)	
Receive if you pick a red ball		Certainly receive		Option "A"	Option "B"
¥1,000		¥50		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥200		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥400		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥600		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥800		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥1,000		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥2,000		1 <input type="checkbox"/>	2 <input type="checkbox"/>

**A29** Suppose that there is a total of 20 red and white balls in a bag. You do not know how many balls of each color are there. You can choose either Option "A", to take a ball from the bag and receive ¥1,000 if the ball is red, or Option "B", to take a certain amount of money without taking a ball. Which would you choose: option "A" or "B"? Please look at Option "A" and Option "B" below and indicate which you prefer for each of the seven choices.

Option "A" Receive if you pick a red ball	or	Option "B" Certainly receive	Which <u>ONE</u> do you prefer? (X ONE Box for EACH Row)	
			Option "A"	Option "B"
¥1,000		¥50	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥200	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥400	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥600	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥800	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥1,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥1,000		¥2,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**A30** What kind of lessons did you take during your preschool years and/or during elementary school, including lessons from your parents? (X ALL That Apply for Each)

	During your preschool years	During your elementary school
Swimming.....	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Baseball, football, tennis .....	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Marital arts ( <i>karate, fencing, judo, etc.</i> ).....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Gymnastics Training with gym equipment .....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Dancing (ballet, folk dancing, ballroom dancing, etc.) .....	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Musical instruments (guitar, piano, violin, etc.) .....	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Singing or chorus .....	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Painting, sculpture, handicrafts .....	08 <input type="checkbox"/>	08 <input type="checkbox"/>
Calligraphy .....	09 <input type="checkbox"/>	09 <input type="checkbox"/>
Game of <i>go</i> .....	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Chess .....	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Foreign language .....	12 <input type="checkbox"/>	12 <input type="checkbox"/>
Math problems and language dictation .....	13 <input type="checkbox"/>	13 <input type="checkbox"/>
Cram school for entrance exam including standardized examinations .....	14 <input type="checkbox"/>	14 <input type="checkbox"/>
Cram school for supplementary lesson.....	15 <input type="checkbox"/>	15 <input type="checkbox"/>
Correspondence courses with periodic delivery of course materials.....	16 <input type="checkbox"/>	16 <input type="checkbox"/>
Other ( ).....	17 <input type="checkbox"/>	17 <input type="checkbox"/>

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

**B1.** Your gender: 1  Male 2  Female

**B2.** 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 B2-2)
  - 5  I am currently separated in the process of divorce → (Continue)
  - 6  I am not married but living with significant other\* → (Skip to B2-2)
- \*Please do not answer questions involving a spouse

**B2-1.** When did you marry your spouse? (Write In #)

Month \_\_\_\_\_ Year \_\_\_\_\_ or when I was \_\_\_\_\_ years old

**B2-2.** 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.

**B3.** What is your height and weight? (Write In #)

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches, Weight: \_\_\_\_\_ pounds

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

**B4.** When were you born? (Write In Number for Month and Year)

You, yourself: Month \_\_\_\_\_ Year \_\_\_\_\_

Your spouse: Month \_\_\_\_\_ Year \_\_\_\_\_

+  No spouse



**If you got married within the last one year, please answer the following questions. Otherwise, skip to B6.**

**B5. 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"/>  |
| .....   | 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 B5, please go to B5-2, if you answered 6-11 for B5, please go to B5-1.**

**B5-1. In case you and/or your wife attended college, what is you/your spouse's major? (X ONE Box For Each)**

- |  | <u>Your Spouse</u>          |
|--|-----------------------------|
| 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"/> |

**B5-2. When are your spouse's parents' birth years? (Write The Year For EACH)**

**Your spouse's father** \_\_\_\_\_  
**Your spouse's mother** \_\_\_\_\_

**B5-3. 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 Spouse's 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"/>  |
| .....   | 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"/>  |
| .....   | 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"/> |

**B5-4. 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)**

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

**B5-5. 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 ..... \_\_\_\_\_

**B5-6.** Please indicate the type of the school you and your spouse attended (**Write In Number For EACH**)

<b>You:</b>	Elementary School .....	_____	Junior High School .....	_____
	High School.....	_____	University .....	_____
<b>Your spouse:</b>	Elementary School .....	_____	Junior High School .....	_____
	High School.....	_____	University .....	_____

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

**All respondents should answer the following question.**

**B6.** About how many hours per week do you and your spouse usually work including overtime work? If you don't work outside the home, X "don't work". If you don't have a spouse, X "no spouse" and if your spouse doesn't work outside the home, X "doesn't work". (**Write In A Number For EACH Row**)

<b>You</b>	→	_____	hours per week	- <input type="checkbox"/> Don't work
<b>Your spouse</b>	→	_____	hours per week	+ <input type="checkbox"/> No spouse      - <input type="checkbox"/> Doesn't work

**B6-1.** 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.

<b>You</b>	→	_____	hours per week	- <input type="checkbox"/> Don't work
<b>Your spouse</b>	→	_____	hours per week	+ <input type="checkbox"/> No spouse      - <input type="checkbox"/> Doesn't work

**B6-2.** 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.)

<b>You</b>	→	_____	hours per week	- <input type="checkbox"/> Don't work
<b>Your spouse</b>	→	_____	hours per week	+ <input type="checkbox"/> No spouse      - <input type="checkbox"/> Doesn't work

**Please answer if you don't work.**

**B7.** 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.**

**B8.** 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 you don't have a spouse, X "no spouse" and if your spouse doesn't work outside the home, X "doesn't work". (**Write In Number For EACH Row**)

<b>You</b>	→	_____	days per year	- <input type="checkbox"/> Don't work
<b>Your spouse</b>	→	_____	days per year	+ <input type="checkbox"/> No spouse      - <input type="checkbox"/> Doesn't work

**B9.** 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 you don't have a spouse, X "no spouse" and if your spouse hasn't worked outside the home, X "hasn't worked".

**(Write In Number For EACH Row)**

<b>You</b>	→	_____	years old	- <input type="checkbox"/> Haven't worked
<b>Your spouse</b>	→	_____	years old	+ <input type="checkbox"/> No spouse      - <input type="checkbox"/> Hasn't worked

**B10.** 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>
No spouse .....		+ <input type="checkbox"/>
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.....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Professional and related occupations .....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Service occupations (healthcare support/protective service, or food preparation and serving-related, 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 B10, please continue. Otherwise, skip to B11**

**B10-1. What is the type of employment of you and of your spouse? (X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
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"/>

**B10-2. What is your employment status, and what is your spouse's employment status? (X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
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"/>

**B10-3. 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>
No spouse .....		+ <input type="checkbox"/>
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"/>

**B10-4. 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>
No spouse .....		+ <input type="checkbox"/>
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"/>

**B10-5. 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>
No spouse .....		+ <input type="checkbox"/>
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"/>

**B10-6. 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>
No spouse .....		+ <input type="checkbox"/>
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"/>
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"/>

**B10-7.** 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>
No spouse .....		+ <input type="checkbox"/>
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"/>

**B10-8.** 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>
No spouse .....		+ <input type="checkbox"/>
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"/>

**B10-9.** 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>
No spouse .....		+ <input type="checkbox"/>
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**

**B11.** 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>
No spouse .....		+ <input type="checkbox"/>
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 .....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Professional and related occupations.....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Service occupations (healthcare support/protective service, or food preparation and serving-related, 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 B11, please continue. Otherwise, skip to B12.***

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.

**B11-1.** 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>
No spouse.....		+ <input type="checkbox"/>
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"/>

**B11-2.** 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>
No spouse.....		+ <input type="checkbox"/>
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"/>

**B11-3.** 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>
No spouse.....		+ <input type="checkbox"/>
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"/>

**B11-4.** 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>
No spouse.....		+ <input type="checkbox"/>
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"/>

**B11-5.** 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>
No spouse.....		+ <input type="checkbox"/>
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"/>

**All respondents should answer the following question**

**B12.** How many sons and daughters do you have? If you do not have any children, please indicate 0 in the following boxes. **(Write In Number)**

Son

Daughter

**B13.** Approximately how much was your salary or hourly wage in 2012 (including business income if you are self-employed), and approximately how much was your spouse's salary or hourly wage? **(Write In)**

**You:** Salary per month ¥ \_\_\_\_\_ or Wage per hour ¥ \_\_\_\_\_

**Your spouse:** Salary per month ¥ \_\_\_\_\_ or Wage per hour ¥ \_\_\_\_\_

**B14.** Approximately how much was the annual earned income of you and your spouse before taxes, including bonuses and business income in 2012? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse.....		+ <input type="checkbox"/>
None.....	.01 <input type="checkbox"/>	01 <input type="checkbox"/>
Less than ¥1,000,000 .....	.02 <input type="checkbox"/>	02 <input type="checkbox"/>
¥1,000,000 to less than ¥2,000,000.....	.03 <input type="checkbox"/>	03 <input type="checkbox"/>
¥2,000,000 to less than ¥4,000,000.....	.04 <input type="checkbox"/>	04 <input type="checkbox"/>
¥4,000,000 to less than ¥6,000,000.....	.05 <input type="checkbox"/>	05 <input type="checkbox"/>
¥6,000,000 to less than ¥8,000,000.....	.06 <input type="checkbox"/>	06 <input type="checkbox"/>
¥8,000,000 to less than ¥10,000,000.....	.07 <input type="checkbox"/>	07 <input type="checkbox"/>
¥10,000,000 to less than ¥12,000,000.....	.08 <input type="checkbox"/>	08 <input type="checkbox"/>
¥12,000,000 to less than ¥14,000,000.....	.09 <input type="checkbox"/>	09 <input type="checkbox"/>
¥14,000,000 or more.....	.10 <input type="checkbox"/>	10 <input type="checkbox"/>

**B15.** Are you or your spouse currently seeking jobs? *(Please answer regardless of whether you presently have a job.)*  
**(X ONE Box For EACH Row). If you and your spouse are seeking jobs, please indicate the duration of your search. If it is more than one month, please write in a specific duration**

**You**                    1  Seeking a job    → 1. Less than a month 2. More than a month ( \_\_\_ year/s \_\_\_ month/s)  
                                  2  Not seeking a job

**Your spouse**        +  No spouse  
                                  1  Seeking a job    → 1. Less than a month 2. More than a month ( \_\_\_ year/s \_\_\_ month/s)  
                                  2  Not seeking a job

**B16.** How much time do you and your spouse spend doing housework everyday? Please answer an average amount of time per day for weekdays and weekends. **(Write In)**

**You:**                    **week days:** \_\_\_ hours \_\_\_ minutes;    **week ends:** \_\_\_ hours \_\_\_ minutes  
**Your spouse:** **week days:** \_\_\_ hours \_\_\_ minutes;    **week ends:** \_\_\_ hours \_\_\_ minutes

**B17.** How long does it take for you, and for your spouse, to commute? If you or your spouse do/does not work, please indicate 0 **(Write In Number)**.

**You:**                    \_\_\_ hours \_\_\_ minutes;                    1  Don't work  
**Your spouse:**        \_\_\_ hours \_\_\_ minutes                    1  Doesn't work

**B18.** 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): \_\_\_\_\_

**B19.** How many people are currently living in your household including yourself? **(Write In)**

# of people: \_\_\_\_\_

**B20.** How much did you spend on durable consumer goods such as housing, cars, and expensive electric products for your entire family in 2012? **(Write In)**

Approximate expense in 2012 for entire family ¥ \_\_\_\_\_

**B20-1.** Did your household purchase a house (or condo) in 2012? **(X ONE Box)**

1  Yes                    2  No

**B21.** How much were the average food expenses of your entire family per month in 2012? **(Write In For EACH Row)**

Approximate food expenses (excluding expenses of eating out). ¥ \_\_\_\_\_ per month  
 Approximate expenses of eating out ..... ¥ \_\_\_\_\_ per month

**B22.** How much were the average expenditures of your entire family **per month** in 2012? 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 2012 for entire family ¥ \_\_\_\_\_ **per month**

**B23.** In 2012 what was 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)**

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"/>

**B24.** In 2013 what will be the approximate percentage change in your family's total annual expenditures compared with 2012? 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"/>

**B25.** By what percentage do you expect consumer prices will change in 2013, 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"/>

**B26.** 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. **(X ONE Box)**

You are ....

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

**B27.** What is the nature of your residence? **(X ONE Box)**

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

**B28.** Approximately how much was the annual earned income before taxes and with bonuses included of your entire household for 2012? (If you are a student, please indicate the income of your parents' entire household.) **(X ONE Box)**

- 01  Less than ¥1,000,000
- 02  ¥1,000,000 to less than ¥2,000,000
- 03  ¥2,000,000 to less than ¥4,000,000
- 04  ¥4,000,000 to less than ¥6,000,000
- 05  ¥6,000,000 to less than ¥8,000,000
- 06  ¥8,000,000 to less than ¥10,000,000
- 07  ¥10,000,000 to less than ¥12,000,000
- 08  ¥12,000,000 to less than ¥14,000,000
- 09  ¥14,000,000 to less than ¥16,000,000
- 10  ¥16,000,000 to less than ¥18,000,000
- 11  ¥18,000,000 to less than ¥20,000,000
- 12  ¥20,000,000 or more

**B29.** 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  Less than ¥1,000,000
- 02  ¥1,000,000 to less than ¥2,000,000
- 03  ¥2,000,000 to less than ¥4,000,000
- 04  ¥4,000,000 to less than ¥6,000,000
- 05  ¥6,000,000 to less than ¥8,000,000
- 06  ¥8,000,000 to less than ¥10,000,000
- 07  ¥10,000,000 to less than ¥12,000,000
- 08  ¥12,000,000 to less than ¥14,000,000
- 09  ¥14,000,000 to less than ¥16,000,000
- 10  ¥16,000,000 to less than ¥18,000,000
- 11  ¥18,000,000 to less than ¥20,000,000
- 12  ¥20,000,000 or more

**B30.** About how much household income is common for people around you? **(X ONE Box)**

- 01  Less than ¥1,000,000
- 02  ¥1,000,000 to less than ¥2,000,000
- 03  ¥2,000,000 to less than ¥4,000,000
- 04  ¥4,000,000 to less than ¥6,000,000
- 05  ¥6,000,000 to less than ¥8,000,000
- 06  ¥8,000,000 to less than ¥10,000,000
- 07  ¥10,000,000 to less than ¥12,000,000
- 08  ¥12,000,000 to less than ¥14,000,000
- 09  ¥14,000,000 to less than ¥16,000,000
- 10  ¥16,000,000 to less than ¥18,000,000
- 11  ¥18,000,000 to less than ¥20,000,000
- 12  ¥20,000,000 or more

**B31.** In 2012 what was the approximate percentage change in your family's total annual income compared with 2011? 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"/>

**B32.** In 2013 what will be the approximate percentage change in your family's total annual income compared with 2012? 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"/>

**B33.** What do you estimate will be the change in total annual income of your household in 2017 compared to 2012? 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"/>

**B34.** 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 Social Security income? (X ONE Box)

- |                                    |   |
|------------------------------------|---|
| 01 <input type="checkbox"/> 0~9%   | 06 <input type="checkbox"/> 50~59%      |
| 02 <input type="checkbox"/> 10~19% | 07 <input type="checkbox"/> 60~69%      |
| 03 <input type="checkbox"/> 20~29% | 08 <input type="checkbox"/> 70~79%      |
| 04 <input type="checkbox"/> 30~39% | 09 <input type="checkbox"/> 80~89%      |
| 05 <input type="checkbox"/> 40~49% | 10 <input type="checkbox"/> 90% or more |

**B35.** 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                  |

**B36.** 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                  |

**B37.** Please indicate which of the following financial assets you own. (X ALL That Apply)

- 01  Bank savings (including cooperative banks, credit unions and other associations)
- 02  Corporate bonds
- 03  Life insurance
- 04  Stocks
- 05  Investment Trusts
- 06  Foreign currency deposits
- 07  Futures / Options
- 08  U.S. Government bonds
- 09  Government bonds of foreign countries
- 10  Private individual pensions (from life insurance companies, etc.)
- 11  Company pensions
- 12  Cash
- 13  None → (Skip To B38)

→(Continue)

**B37-1.** What percentage of the financial assets of your entire household are in the following ... (Write In % For EACH)

Bank savings, Postal savings, cash, Japanese government bonds..... %  
 Investment trusts, stocks, futures/options, corporate bonds,  
 foreign currency deposits, government bonds of foreign countries..... %



**All respondents should answer the following question**

**B38.** 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

**B39.** 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 → **(Skip To B40)**
- 2  Yes, have debts

***If you answered 2 for B39, please continue. Otherwise, skip to B40.***

**B39-1.** If you are paying off housing loan(s), what is the current balance of your housing loan(s)? **(X ONE Box)**

- 1  Less than ¥2,500,000
- 2  ¥2,500,000 to less than ¥5,000,000
- 3  ¥5,000,000 to less than ¥7,500,000
- 4  ¥7,500,000 to less than ¥10,000,000
- 5  ¥10,000,000 to less than ¥15,000,000
- 6  ¥15,000,000 to less than ¥20,000,000
- 7  ¥20,000,000 to less than ¥30,000,000
- 8  ¥30,000,000 or more
- 9  No housing loans

**B39-2.** 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  No loans other than housing loans → **(Skip to B40)**
- 2  Less than ¥500,000
- 3  ¥500,000 to less than ¥1,000,000
- 4  ¥1,000,000 to less than ¥2,000,000
- 5  ¥2,000,000 to less than ¥3,000,000
- 6  ¥3,000,000 to less than ¥5,000,000
- 7  ¥5,000,000 to less than ¥7,500,000
- 8  ¥7,500,000 to less than ¥10,000,000
- 9  ¥10,000,000 or more

**B39-3.** 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

**All respondents should answer the following question**

**B40.** 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

**B41.** 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

**B42.** 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)**

Highest ←—————→ Lowest  
10  09  08  07  06  05  04  03  02  01  00

**B43.** How would you describe your current health status: Is it excellent, very good, good, fair, or poor? **(X ONE Box)**

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

**B44.** 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 B45**

**B44-1.** 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

**B44-2.** About how much did you pay for out-of-pocket medical expenses per outpatient visit for doctor or clinic visits, including medicine? **(Write in)**

¥ \_\_\_\_\_

**B45.** 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

**B45-1.** 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

**B46.** Do you smoke? **(X ONE Box)**

- 01  Never smoked → **Skip to B47**
- 02  Hardly smoke
- 03  Occasionally smoke
- 04  I smoke about 1 to 5 cigarettes a day
- 05  I smoke about 6 to 10 cigarettes a day
- 06  I smoke about 11 to 20 cigarettes a day
- 07  I smoke about 21 to 30 cigarettes a day
- 08  I smoke about 31 to 40 cigarettes a day
- 09  I smoke 41 cigarettes or more a day
- 10  I used to smoke, but I quit

**If you answered 2 to 10 for B.46, please continue. Otherwise, skip to B.47.**

**B46-1.** 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  0 minutes (I can smoke right at my seat)
- 2  1-2 minutes
- 3  3-5 minutes
- 4  6-10 minutes
- 5  11 minutes or more
- 6  Smoking is not allowed at all at my workplace

**B46-2.** 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

**All respondents should answer the following question**

**B47. 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

**B48. 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 (12 oz.) or its equivalent a day, almost everyday  
 5  3 cans of beer (12 oz. x 3) or its equivalent a day, almost everyday  
 6  5 cans of beer (12 oz. x 5) or its equivalent a day, almost everyday

**B49. 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                      5  Once a month or so  
 2  I used to gamble, but I quit                      6  Once a week or so  
 3  Hardly gamble                      7  Almost everyday  
 4  Several times a year or so

**B50. Please indicate if you are affiliated with any of the following religions. (X ONE Box)**

- 1  None                      4  Other Christian                      7  Hinduism  
 2  Catholic                      5  Judaism                      8  Buddhism  
 3  Protestant                      6  Islam                      9  Others

**B51. Do you have breakfast, lunch, and dinner on weekdays? (X ONE Box)**

	Almost everyday	Do not have for a few days	Do not have for four to five days	Hardly eat
Breakfast	1	2	3	4
Lunch	1	2	3	4
Dinner	1	2	3	4

**B52. What time do you usually wake up, have breakfast, have lunch, have dinner, and go to bed?**

In the morning	Wake up	Break fast	Lunch	Dinner	Go to bed	In the afternoon	Wake up	Break fast	Lunch	Dinner	Go to bed
0:00	1	1	1	1	1	12:00	25	25	25	25	25
0:30	2	2	2	2	2	12:30	26	26	26	26	26
1:00	3	3	3	3	3	13:00	27	27	27	27	27
1:30	4	4	4	4	4	13:30	28	28	28	28	28
2:00	5	5	5	5	5	14:00	29	29	29	29	29
2:30	6	6	6	6	6	14:30	30	30	30	30	30
3:00	7	7	7	7	7	15:00	31	31	31	31	31
3:30	8	8	8	8	8	15:30	32	32	32	32	32
4:00	9	9	9	9	9	16:00	33	33	33	33	33
4:30	10	10	10	10	10	16:30	34	34	34	34	34
5:00	11	11	11	11	11	17:00	35	35	35	35	35
5:30	12	12	12	12	12	17:30	36	36	36	36	36
6:00	13	13	13	13	13	18:00	37	37	37	37	37
6:30	14	14	14	14	14	18:30	38	38	38	38	38
7:00	15	15	15	15	15	19:00	39	39	39	39	39
7:30	16	16	16	16	16	19:30	40	40	40	40	40
8:00	17	17	17	17	17	20:00	41	41	41	41	41
8:30	18	18	18	18	18	20:30	42	42	42	42	42
9:00	19	19	19	19	19	21:00	43	43	43	43	43
9:30	20	20	20	20	20	21:30	44	44	44	44	44
10:00	21	21	21	21	21	22:00	45	45	45	45	45
10:30	22	22	22	22	22	22:30	46	46	46	46	46
11:00	23	23	23	23	23	23:00	47	47	47	47	47
11:30	24	24	24	24	24	23:30	48	48	48	48	48

**B53.** Indicate the care levels of your and your spouse's parents. If you and your spouse's parents already passed away, choose their care level when they were alive. (Write In Number for EACH)

Your father \_\_\_\_\_  
 Your mother \_\_\_\_\_  
 Your spouse's father \_\_\_\_\_ +  No spouse  
 Your spouse's mother \_\_\_\_\_ +  No spouse

1. Support Level 1 or 2
2. Care Level 1 or 2
3. Care Level 3, 4, or 5
4. He or she has a care level, but I don't know which level he/she has.
5. He or she applied the use of the long-term care insurance, but the application was rejected.
6. He or she does not need any care, so he or she has not applied for use of long-term care insurance.
7. Although he or she needs care, he or she has not applied for use of long-term care insurance.
8. I don't know.

**B54.** Who do your parents or your spouse's parents live with? Please check all appropriate answer(s). If your parents and your spouse's parents have passed away, please circle the number 5, "No one."

	Your father	Your mother	Your spouse's father	Your spouse's mother
No spouse	/		0	
You or your spouse	1	1	1	1
Your brother/ sister or your spouse's brother/ sister	2	2	2	2
The spouse of the parent requiring care	3	3	3	3
Other family member	4	4	4	4
No one	5	5	5	5

**B54-1.** Who do your parents or your spouse's parents live near? Please check all appropriate answer(s). If your parents and your spouse's parents have passed away, please circle the number 5, "No one."

	Your father	Your mother	Your spouse's father	Your spouse's mother
No spouse	/		0	
You or your spouse	1	1	1	1
Your brother/ sister or your spouse's brother/ sister	2	2	2	2
The spouse of the parent requiring care	3	3	3	3
Other family member	4	4	4	4
No one	5	5	5	5

**B54-2.** Do (did) your parents or your spouse's parents receive financial assistance from someone? Please check all appropriate answer(s).

	Your father	Your mother	Your spouse's father	Your spouse's mother
No spouse	/		0	
You or your spouse	1	1	1	1
Your brother/ sister or your spouse's brother/ sister	2	2	2	2
The spouse of the parent requiring care	3	3	3	3
Other family member	4	4	4	4
No one	5	5	5	5

**B55** Do your parents or your spouse's parents require (or did they require) physical care or help with housework? Please choose one response from among choices 1 through 4 for each parent. (X ONE Box For EACH)

	Your father	Your mother	Your spouse's father	Your spouse's mother
No spouse	/		0	
Currently necessary	1	1	1	1
Alive but not currently necessary	2	2	2	2
Already passed away but necessary	3	3	3	3
Already passed away and not necessary while alive	4	4	4	4

***If you answered 1, 2, or 3 for B55, please continue.***

**B55-1.** Who is, or was, the primary caregiver for that parent? Please pick one choice from among choices 1 through 8 for each parent. If you picked choice 2 in part (A), please indicate whom you expect to be the primary caregiver when that parent requires care. In addition, please indicate whether your parents or your spouse's parents live (lived) with you, live near your house, and receive financial assistance from you, respectively. (X ONE Box For EACH)

	Your father	Your mother	Your spouse's father	Your spouse's mother
No spouse	/		0	
You	1	1	1	1
Your spouse	2	2	2	2
Your brother/ sister or your spouse's brother/ sister	3	3	3	3
The spouse of the parent requiring care	4	4	4	4
Other family member	5	5	5	5
Nursing home or assisted living home	6	6	6	6
Home helper	7	7	7	7
Other	8	8	8	8
Live with you	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Live near with you	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Receive financial assistance from you	Yes/ No	Yes/ No	Yes/ No	Yes/ No

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