

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)

	Particularly True For Me ←→ Doesn't Hold True At All For Me				
	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"/>
If someone does me a favor, I am prepared to return it.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
If I suffer a serious wrong, I will take revenge as soon as possible, no matter what the cost.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
If somebody puts me in a difficult position, I will do the same to him/her ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I go out of my way to help somebody who has been kind to me before ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
If somebody offends me, I will offend him/her back.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I am ready to undergo personal costs to help somebody who helped me before	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 am self controlled	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I am a careful 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"/>

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)

	Completely Agree ←→ Completely Disagree				
	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"/>
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.....	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"/>
The most important factor for success in life is hard work rather than luck and personal connections.....	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	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"/>

A5. 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	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"/>

A6. 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	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"/>

A7. 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"/>
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"/>

A8. 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"/>

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 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"/>

A10. 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 ← 10 09 08 07 06 05 04 03 02 01 00 → **Very Unhappy**

A11. 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

A12. 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

A13. Please answer intuitively. Which of the following does not belong with the other two? (X ONE Box)

1 Banana
 2 Panda
 3 Monkey

A14. 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 Strongly	Disagree Moderately	Disagree A Little	Neither Agree Nor Disagree	Agree A Little	Agree Moderately	Agree Strongly
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"/>

A15. For the purpose of this question, please assume that your parents are both living and that you do not live with them. Suppose that your parents had only one-third as much family income per person to live on as you do. How much of your own family income per month would you be willing to give to your parents to help them out until things changed (possibly a few years)? **(X ONE Box For EACH)**

- 1 Up to 2% of your family income per month
- 2 Up to 5% of your family income per month
- 3 Up to 10% of your family income per month
- 4 Up to 20% of your family income per month
- 5 21% or more of your family income per month
- 6 Don't donate

A16. Under the same circumstances as A15, further suppose that **your parents receive as the government aid twice the amount of the financial support you offer them.** In this new system, how much would you be willing to give to your parents for support? Choose your answer based on your answer to the previous question. **(X ONE Box)**

- 1 Reduce by more than half
- 2 Reduce by half
- 3 Reduce by a small amount
- 4 Will not change the amount
- 5 Increase the amount

A17. 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 <u>ONE</u> 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"/>

A18. 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)** _____%

A19. 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 <u>ONE</u> 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"/>

A20 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"	or	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"/>

A21 Suppose that there are a total of **twenty** red and white balls in a bag. You do not know how many balls of each color are there. You can choose either an Option "A", to take a ball from the bag and you can get ¥1,000 if the ball is red, or Option "B", to take 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"	or	Option "B"	Which ONE do you prefer? (X ONE Box For EACH Row)	
Receive if you take 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"/>

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, excluding spouses through common-law marriages) → **(Continue)**
 - 2 I have a spouse through a common-law marriage → **(Continue)**
 - 3 I am not currently married, having divorced or separated → **(Continue)**
 - 4 I am an unattached widow or widower → **(Continue)**
 - 5 I have never married → **(Skip to B2-2)**
 - 6 I am currently separated in the process of divorce → **(Continue)**
 - 7 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: _____ cm, Weight: _____ kg

If you do not have a spouse currently, please write the answer only in the space provided for your answers.

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

You, **yourself**: Month _____ Year _____
 Your **spouse**: Month _____ Year _____
 + No spouse

B5. 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)**

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

B5-1. 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.

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

B5-2. 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.)

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

Please answer if you don't work.

B6. 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.

B7. 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**)

You → _____ days per year Don't work
Your spouse → _____ days per year No spouse Doesn't work

B8. 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**)

You → _____ years old Haven't worked
Your spouse → _____ years old No spouse Hasn't worked

B9. 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	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 B9, please continue. Otherwise, skip to B10

B9-1. 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"/>

B9-2. 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:	6 <input type="checkbox"/>	6 <input type="checkbox"/>

B9-3. 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>
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"/>

B9-4. 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>
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"/>

B9-5. 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>
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"/>

B9-6. 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"/>

B9-7. 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>
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"/>

B9-8. 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>
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"/>

B9-9. 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>
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

B10. Approximately how much was your salary or hourly wage in 2015 (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 ¥ _____

B11. Approximately how much was the annual earned income of you and your spouse before taxes, including bonuses and business income in 2015? **(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 ¥1,000,00002	<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"/>

B12. 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

B13. 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;

Your spouse: ___ hours ___ minutes

B14. 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

B15. 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): _____

B16. How many people are currently living in your household including yourself? **(Write In)**

of people: _____

B17. 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)

B18. 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 child/ren

Daughter child/ren

B26. During the last year (in 2015), 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 2015	
Total value of annual donation	<input style="width: 60px; height: 20px;" type="text"/>
(Of the total value)	
A : Disaster relief (for example, donations to disaster victims and disaster relief organizations)	<input style="width: 60px; height: 20px;" 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 style="width: 60px; height: 20px;" type="text"/>
Other (Neither A nor B)	<input style="width: 60px; height: 20px;" 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

B27. Approximately how much was the annual earned income before taxes and with bonuses included of your entire household for 2015? (If you are a student, please indicate the income of your parents' entire household.) **(X ONE Box)**

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

B28. In 2015 what was the approximate percentage change in your family's total annual income compared with 2014? 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"/>

B29. In 2016 what will be the approximate percentage change in your family's total annual income compared with 2015? 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"/>

B30. What is the nature of your residence? **(X ONE Box)**

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

B31. 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 |

B32. 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 |

B33. 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) | →(Continue) |
| 02 <input type="checkbox"/> Corporate bonds | |
| 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"/> Japan. 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 B34) | |

B33-1. 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

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

All respondents should answer the following question

B34. 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 for 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"/>

- B35.** What is the approximate value of the total assets target (i.e., financial assets and real assets such as housing and land) for your entire household? (If you are a student, please answer based on assets owned by your parents' entire household.) **(X ONE Box)**
- 01 Less than ¥5,000,000
 - 02 ¥5,000,000 to less than ¥10,000,000
 - 03 ¥10,000,000 to less than ¥15,000,000
 - 04 ¥15,000,000 to less than ¥20,000,000
 - 05 ¥20,000,000 to less than ¥30,000,000
 - 06 ¥30,000,000 to less than ¥40,000,000
 - 07 ¥40,000,000 to less than ¥60,00,000
 - 08 ¥60,000,000 to less than ¥100,000,000
 - 09 ¥100,000,000 to less than ¥200,000,000
 - 10 ¥200,000,000 or more

- B36.** What is the approximate value of total assets (i.e., financial assets and real assets such as housing and land) common for people around you? **(X ONE Box)**
- 01 Less than ¥5,000,000
 - 02 ¥5,000,000 to less than ¥10,000,000
 - 03 ¥10,000,000 to less than ¥15,000,000
 - 04 ¥15,000,000 to less than ¥20,000,000
 - 05 ¥20,000,000 to less than ¥30,000,000
 - 06 ¥30,000,000 to less than ¥40,000,000
 - 07 ¥40,000,000 to less than ¥60,00,000
 - 08 ¥60,000,000 to less than ¥100,000,000
 - 09 ¥100,000,000 to less than ¥200,000,000
 - 10 ¥200,000,000 or more

- B37.** How does the total value of your household's assets compare with that of the people around you? **(X ONE Box)**
- 01 Theirs is much smaller than mine
 - 02 Theirs is somewhat smaller than mine
 - 03 Theirs is about the same as mine
 - 04 Theirs is somewhat larger than mine
 - 05 Theirs is much larger than mine

- B37-1.** In **B37**, with whom did you compare your household's assets? **(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 the US
 - 10 Average person in the world
 - 11 Friend or acquaintance excluding above choices
 - 12 Others (Specify): _____
 - 13 I don't know

B37-2 Please indicate which of the following types of assets you considered while comparing your household's assets with those of the people around you in B37. Check "1" if you included them, and "2" if not.

	<u>YES</u>	<u>NO</u>
Cash and savings	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Financial assets other than cash and savings (e.g., bonds, mutual funds, stocks, life insurance, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Housing and residential land (e.g., you own your current residence, and/or you own other property, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Assets such as durable consumer goods (Art, jewelry, memberships (e.g., golf club), automobiles, furniture, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>

- B37-3** To what extent do you care about whether your household's assets are greater (or smaller) compared to those of the people around you? **(X ONE Box)**
- 01 I do not care about it at all
 - 02 I do not really care about it
 - 03 I care about it somewhat
 - 04 I care about it

B38. 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 B38, please continue. Otherwise, skip to B39.

B38-1. 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

B38-2. 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 B39)**
- 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

B38-3. What debts do you currently have? **(X ALL That Apply)**

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

All respondents should answer the following question

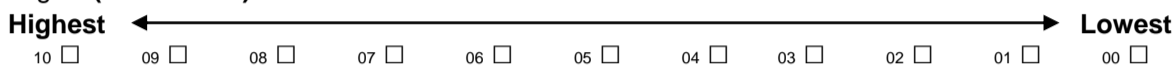
B39. Do you use credit cards? If you do, how do you use them? **(X ALL That Apply)**

- 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

B40. 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

B41. 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)**



B42. 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

B42-1. In **B42**, 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 the US
- 10 Average person in the world
- 11 Friend or acquaintance excluding above choices
- 12 Others (Specify): _____
- 13 I don't know

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

B46. 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 organaized 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 Other₇
- 7 I haven't taken any health check in the last one year

B47. Do you smoke? (X ONE Box)

- | | |
|--|---|
| <input type="checkbox"/> 01 Never smoked → Skip to B48 | <input type="checkbox"/> 06 I smoke about 11 to 20 cigarettes a day |
| <input type="checkbox"/> 02 Hardly smoke | <input type="checkbox"/> 07 I smoke about 21 to 30 cigarettes a day |
| <input type="checkbox"/> 03 Occasionally smoke | <input type="checkbox"/> 08 I smoke about 31 to 40 cigarettes a day |
| <input type="checkbox"/> 04 I smoke about 1 to 5 cigarettes a day | <input type="checkbox"/> 09 I smoke 41 cigarettes or more a day |
| <input type="checkbox"/> 05 I smoke about 6 to 10 cigarettes a day | <input type="checkbox"/> 10 I used to smoke, but I quit |

B47-1. 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 B47, please continue. Otherwise, skip to B48.

B47-2. When is the last time you smoked? (approximately) (Write in)

YYYY MM

around () / ()

All respondents should answer the following question

B48. Do you exercise? (X ONE Box)

- | | |
|---|--|
| <input type="checkbox"/> 1 Almost everyday | <input type="checkbox"/> 4 About once a month |
| <input type="checkbox"/> 2 A few times a week | <input type="checkbox"/> 5 Don't exercise at all |
| <input type="checkbox"/> 3 About once a week | |

B49. 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 (350 ml.) or its equivalent a day, almost everyday
- 5 3 cans of beer (350 ml. x 3) or its equivalent a day, almost everyday
- 6 5 cans of beer (350 ml. x 5) or its equivalent a day, almost everyday

B50. Do you gamble in lotteries or at casinos or bet on sporting events or horse races? (X ONE Box)

- | | |
|---|---|
| <input type="checkbox"/> 1 Don't gamble at all | <input type="checkbox"/> 5 Once a month or so |
| <input type="checkbox"/> 2 I used to gamble, but I quit | <input type="checkbox"/> 6 Once a week or so |
| <input type="checkbox"/> 3 Hardly gamble | <input type="checkbox"/> 7 Almost everyday |
| <input type="checkbox"/> 4 Several times a year or so | |

B51. Please indicate if you are affiliated with any of the following religions. (X ONE Box)

- | | | |
|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> 1 None | <input type="checkbox"/> 4 Other Christian | <input type="checkbox"/> 7 Hinduism |
| <input type="checkbox"/> 2 Catholic | <input type="checkbox"/> 5 Judaism | <input type="checkbox"/> 8 Buddhism |
| <input type="checkbox"/> 3 Protestant | <input type="checkbox"/> 6 Islam | <input type="checkbox"/> 9 Others |

B52. 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 B52, please continue.

B52-1. 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 B52, 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

All respondents should answer the following question

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.

If you got married within the last one year, please answer the following questions.

For Otherwise, this is the end of the questionnaire.

B54. 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 6-11 for B54, please continue. Otherwise, skip to B54-2.

B54-1 In case your spouse(including common-law marriage) attended college, what is your spouse's major? (X ONE Box)

- | | <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"/> |

B54-2. When are your spouse (including common-law marriage)'s parents' birth years? (Write The Year For EACH)

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

B54-3. Please indicate the highest level of education (or equivalent) completed by your spouse (including common-law marriage)'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"/> |
| 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"/> |

B54-4. Are **your spouse (including common-law marriage)'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	<input type="checkbox"/> Alive→ _____ years old
	<input type="checkbox"/> Deceased→ _____ years old
Your spouse's mother	<input type="checkbox"/> Alive→ _____ years old
	<input type="checkbox"/> Deceased→ _____ years old

B54-5. How many brothers and sisters does your spouse (including common-law marriage) have who are now living? **(Write In Number For EACH)**

Your spouse: Older brothers _____ Younger brothers _____
 Older sisters _____ Younger sisters _____

B54-6. Please indicate the type of the school your spouse (including common-law marriage) attended **(Write In Number For EACH)**

Your spouse: Elementary School _____ Junior High School _____
 High School..... _____ University _____

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

B54-7 In which prefecture were your spouse's parents (including common-law marriage) born? If born in another country, please indicate which country. **(Write In For EACH)**

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

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

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