

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)

	<div style="display: flex; justify-content: space-between; align-items: center;"> Particularly True For Me ←————→ Doesn't Hold True At All For Me </div>				
	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"/>

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)

	<div style="display: flex; justify-content: space-between; align-items: center;"> Completely Agree ←————→ Completely Disagree </div>				
	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)**

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 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)**

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 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"/>

A15. Suppose that there is a “speed lottery” with a 50% chance of winning ¥100,000. If you win, you get the prize right away. If you lose, you get nothing. How much would you spend to buy a ticket for this lottery? Choose Option “A” if you would buy it at that price, and choose Option “B” if you would not buy the ticket at that price.
(X ONE Box For EACH Row)

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

A16 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” Receive if you pick a red ball	or	Option “B” Certainly receive	→	Which ONE 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"/>

A17 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” Receive if you take a red ball	or	Option “B” Certainly receive	→	Which ONE 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"/>

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)**

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.

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

B3. When were you and your spouse born? **(Write In Number for Month and Year)**

You, **yourself**: Month _____ Year _____
 Your **spouse**: Month _____ Year _____

B4. What is your and your spouse's height and weight? **(Write In #)**

You Height: _____ cm, Weight: _____ kg
Your spouse Height: _____ cm, Weight: _____ kg

B5. Please indicate the type of school you and your spouse (including common-law marriage) attended for each grade level listed below. **(Using the Key Below, Write in the Number that Corresponds with the School Type)**

You Elementary School: _____
 Junior High School: _____
 High School: _____

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

Type of School

- 0: Did not attend
- 1: Coeducation
- 2: Boys' school
- 3: Girls' school

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)**

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

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

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

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

Please answer if you don't work.

B9. 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.

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>
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>
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>
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"/>

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>
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>
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>
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>
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>
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>
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. Approximately how much was your salary or hourly wage in 2016 (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 ¥ _____

B12. Approximately how much was the annual earned income of you and your spouse before taxes, including bonuses and business income in 2016? **(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"/>

B13. 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

B14. 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

B15. 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

B16. Do you or your spouse have a driver's license and often drive a car? (**X ONE Box**) If you have a driver's license, please indicate the age at which you acquired it.

You

1 Don't have a driver's licence

2 Have a driver's license but have not driven for **over a year**

3 Have a driver's licence and often drive a car

→ **Age of license acquisition**

1 24 years old or younger

2 Between 25 and 34 years old

3 Between 35 and 44 years old

4 45 years old and over

Your spouse

1 Doen't have a driver's licence

2 has a driver's license but has not been driving for **more than a year**.

3 has a driver's licence and often drives a car.

→ **Age of license acquisition**

1 24 years old or younger

2 From 25 years old to under 35 years old

3 From 35 years old to under 45 years old

4 45 years old and over

All respondents should answer the following question

B17. 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): _____

B18. How many people are currently living in your household including yourself? (**Write In**)

of people: _____

B19. 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)

B20. 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

B21. Are your 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 father	1 <input type="checkbox"/> Alive → _____ years old
	2 <input type="checkbox"/> Deceased → _____ years old
Your mother	1 <input type="checkbox"/> Alive → _____ years old
	2 <input type="checkbox"/> Deceased → _____ years old

B22. How much did you spend on durable consumer goods such as housing, cars, and expensive electric products for your entire family in 2016? (Write In)
Approximate expense in 2016 for entire family ¥ _____

B23. Did your household purchase a house (or condo) in 2016? (X ONE Box)
1 Yes 2 No

B24. How much were the average food expenses of your entire family per month in 2016? (Write In For EACH Row)
Approximate food expenses (excluding expenses of eating out). ¥ _____ per month
Approximate expenses of eating out..... ¥ _____ per month

B25. How much were the average expenditures of your entire family per month in 2016 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 2016 for entire family ¥ _____ per month

B26. In 2016 what was the approximate percentage change in your family's total annual expenditures compared with previous year? 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"/>

B27. In 2017, what will be the approximate percentage change in your family's total annual expenditures compared with previous year? 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"/>

B28. By what percentage do you expect consumer prices will change in 2017, 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"/>

B28-1. When predicting the inflation rate in B28, to what extent did you take the following information (that you received through the news or in your daily life) into consideration? Please answer on a scale of 1 to 4, where "1" means you did not consider that factor at all (it is not important to you), and "4" means you took that factor into careful consideration (it is important to you). (X ONE Box for EACH Row)

When predicting the inflation rate for 2017 (the whole year)	Not important	Not that important	Slightly important	Important
Bank of Japan and the government's policies until now	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
Prospects of Bank of Japan and the government's future policies	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
Wage trends until now	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
Future wage trends	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
Changes in the price level until now	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

B29. By what percentage do you expect the Japanese nominal average wage will change in 2017, 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"/>

B29-1. When predicting the inflation rate in B29, to what extent did you take the following information (that you received through the news or in your daily life) into consideration? Please answer on a scale of 1 to 4, where “1” means you did not consider that factor at all (it is not important to you), and “4” means you took that factor into careful consideration (it is important to you). (X ONE Box for EACH Row)

When predicting the inflation rate for 2017 (the whole year)	Not important	Not that important	Slightly important	Important
Bank of Japan and the government’s policies until now	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
Prospects of Bank of Japan and the government’s future policies	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
Trends in consumer prices until now	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
Future trends in consumer prices	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
Changes in the wage level until now	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

B30. Approximately how much was the annual earned income before taxes and with bonuses included of your entire household for 2016? (If you are a student, please indicate the income of your parents' entire household.)
(X ONE Box)

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

B31. In 2016 what was the approximate percentage change in your family’s total annual income compared with 2015? 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)

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%	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 2017 what will be the approximate percentage change in your family’s total annual income compared with 2016? 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 is the nature of your residence? (X ONE Box)

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

B34. 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 |

B35. 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 |

B36. 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 B37) | |

B36-1. 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

B37. 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 <input type="checkbox"/> Less than ¥5,000,000 | 06 <input type="checkbox"/> ¥30,000,000 to less than ¥40,000,000 |
| 02 <input type="checkbox"/> ¥5,000,000 to less than ¥10,000,000 | 07 <input type="checkbox"/> ¥40,000,000 to less than ¥60,00,000 |
| 03 <input type="checkbox"/> ¥10,000,000 to less than ¥15,000,000 | 08 <input type="checkbox"/> ¥60,000,000 to less than ¥100,000,000 |
| 04 <input type="checkbox"/> ¥15,000,000 to less than ¥20,000,000 | 09 <input type="checkbox"/> ¥100,000,000 to less than ¥200,000,000 |
| 05 <input type="checkbox"/> ¥20,000,000 to less than ¥30,000,000 | 10 <input type="checkbox"/> ¥200,000,000 or more |

B38. 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 <input type="checkbox"/> Less than ¥5,000,000 | 06 <input type="checkbox"/> ¥30,000,000 to less than ¥40,000,000 |
| 02 <input type="checkbox"/> ¥5,000,000 to less than ¥10,000,000 | 07 <input type="checkbox"/> ¥40,000,000 to less than ¥60,00,000 |
| 03 <input type="checkbox"/> ¥10,000,000 to less than ¥15,000,000 | 08 <input type="checkbox"/> ¥60,000,000 to less than ¥100,000,000 |
| 04 <input type="checkbox"/> ¥15,000,000 to less than ¥20,000,000 | 09 <input type="checkbox"/> ¥100,000,000 to less than ¥200,000,000 |
| 05 <input type="checkbox"/> ¥20,000,000 to less than ¥30,000,000 | 10 <input type="checkbox"/> ¥200,000,000 or more |

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 <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

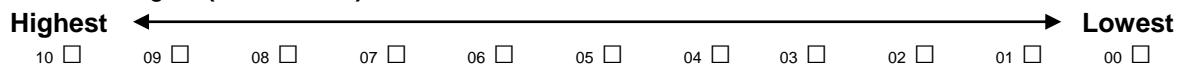
B40. Do you use credit cards? If you do, how do you use them? **(X ALL That Apply)**

- 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)**



B43. 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

B43-1. In **B43**, 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

B44. What is your blood type? **(X ONE Box)**

- 1 A
- 2 B
- 3 O
- 4 AB
- 5 I don't know

B45. How would you describe your current health status? **(X ONE Box)**

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

- B46.** 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 B47**
- B46-1.** 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
- B46-2.** About how much did you pay for out-of-pocket medical expenses per outpatient visit for doctor or clinic visits, including medicine? **(Write in)**
- ¥_____
- B47.** 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
- B48.** 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
- B49.** Do you donate blood? If you do, how often do you donate? **(X ONE Box)**
- 1 I donate blood one or more times per year.
 - 2 I donate blood at least once every few years.
 - 3 I have donated blood in the past, but I have not donated in the past few years for health reasons.
 - 4 I have donated blood in the past, but I have not donated in the past few years because I did not have the opportunity.
 - 5 I would like to donate blood, but I have never done so, due to health reasons.
 - 6 I would like to donate blood, but I have never done so because I did not have the opportunity.
 - 7 I don't want to donate blood, and I have never done so.
- B50.** Suppose that, given advances in manufacturing technology of artificial blood, we were able to make double the amount from collected blood and transfuse it. In this situation, how often would you donate blood? Choose your answer based on the previous answer. **(X ONE Box)**
- 1 Reduce the frequency of donation
 - 2 Would not change the frequency of donation
 - 3 Increase the frequency of donation
 - 4 I have never donated my blood, and I will not change my behavior.
- B51.** Are you registering for the marrow donor program, which helps those with diseases such as leukemia and aplastic anemia? **(X ONE Box)**
- 1 I am registering as a donor to the marrow bank.
 - 2 I would like to register as a donor to the marrow bank, but I have not done so yet.
 - 3 I would like to register as a donor to the marrow bank, but I cannot do so because of age, health, or other reasons.
 - 4 Since I do not know the marrow bank, I am not registering as a donor.
 - 5 Although I know the marrow bank, I will not register as a donor.
- B52.** Do you agree to donate your organs? If you do, have you indicated your wishes? **(X ONE Box)**
- 1 I agree to donate my organs and have indicated my wish to do so on a donor card. (e.g., health insurance card, driver's license, individual number card, etc.)
 - 2 I agree to donate my organs, but I have not indicated my wishes on a donor card.
 - 3 I do not agree to donate my organs.

B53. Do you think that the following statements are correct? Select “1” if you think it is correct, and select “2” if you don’t. **(X ONE Box)**

	<u>Correct</u>	<u>Not Correct</u>
Type B blood cannot be transfused into people with type A blood.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Type O blood can be transfused into people with any blood type except for type O blood	1 <input type="checkbox"/>	2 <input type="checkbox"/>

B54. Do you smoke? **(X ONE Box)**

- | | |
|--|---|
| 01 <input type="checkbox"/> Never smoked → Skip to B55 | 06 <input type="checkbox"/> I smoke about 11 to 20 cigarettes a day |
| 02 <input type="checkbox"/> Hardly smoke | 07 <input type="checkbox"/> I smoke about 21 to 30 cigarettes a day |
| 03 <input type="checkbox"/> Occasionally smoke | 08 <input type="checkbox"/> I smoke about 31 to 40 cigarettes a day |
| 04 <input type="checkbox"/> I smoke about 1 to 5 cigarettes a day | 09 <input type="checkbox"/> I smoke 41 cigarettes or more a day |
| 05 <input type="checkbox"/> I smoke about 6 to 10 cigarettes a day | 10 <input type="checkbox"/> I used to smoke, but I quit |

B54-1. 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 B54, please continue. Otherwise, skip to B55.

B54-2. When is the last time you smoked? (approximately) (Write in)

YYYY MM

around () / ()

All respondents should answer the following question

B55. Do you exercise? **(X ONE Box)**

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

B56. 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

B57. Do you gamble in lotteries or at casinos or bet on sporting events or horse races? **(X ONE Box)**

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

B58. Please indicate if you are affiliated with any of the following religions. **(X ONE Box)**

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

B59. During the last year (in 2016), 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 2016	
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"/>

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

B60 Did you donate to any hometown tax payment program (Furusato Nozei) in 2016?

- 1 Yes → **Continue**
 2 No → **Skip to B61**

B60-1. Did you receive a local product as a thank you gift for your donation?

- 1 Yes
 2 No

B60-2. Did you donate to the municipality included in your prefecture?

- 1 Yes
 2 No

B60-3. Choose the prefecture to which you donated. (**X ALL That Apply**)

- | | | | | | |
|--------------|-------------|-------------|--------------|--------------|--------------|
| 01 Hokkaido | 02 Aomori | 03 Iwate | 04 Miyagi | 05 Akita | 06 Yamagata |
| 07 Fukushima | 08 Ibaraki | 09 Tochigi | 10 Gunma | 11 Saitama | 12 Chiba |
| 13 Tokyo | 14 Kanagawa | 15 Nigata | 16 Toyama | 17 Ishikawa | 18 Fukui |
| 19 Yamanashi | 20 Nagano | 21 Gifu | 22 Shizuoka | 23 Aichi | 24 Mie |
| 25 Shiga | 26 Kyoto | 27 Osaka | 28 Hyogo | 29 Nara | 30 Wakayama |
| 31 Tottori | 32 Shimane | 33 Okayama | 34 Hiroshima | 35 Yamaguchi | 36 Tokushima |
| 37 Kagawa | 38 Ehime | 39 Kochi | 40 Fukuoka | 41 Saga | 42 Nagasaki |
| 43 Kumamoto | 44 Oita | 45 Miyazaki | 46 Kagoshima | 47 Okinawa | |

All respondents should answer the following question

B 61. On what date did you complete this survey?

Day: _____ Month: _____ (in 2017)

**If you got married within the last one year, please answer the following questions.
 For Otherwise, this is the end of the questionnaire.**

B62. 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)

Your spouse

- Graduated from elementary/ junior high school1
- Some High School – no degree2
- Graduated from High School3
- Some College (including Technical College) - no degree4
- Graduated from College (including Technical College) - Associate's Degree (2 year)5
- Some university (including old-education-system high school) – no degree6
- Graduated from University (including old-education-system high school) - Bachelor's Degree (4 year)7
- Some post graduate studies - no degree8
- Graduated from graduate school - Master's Degree - MS, MA, MBA, etc.9
- Some doctoral studies – no degree10
- Graduated from graduate school - Doctoral Degree - DVM, Ph.D, DDS, etc.11

If you answered 6-11 for B62, please continue. Otherwise, skip to B62-2.

B62-1 In case your spouse(including common-law marriage) attended college, what is your spouse's major? (X ONE Box)

Your Spouse

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

B62-2. 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 _____

B62-3. 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"/>

B62-4. 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	1 <input type="checkbox"/> Alive → _____ years old
	2 <input type="checkbox"/> Deceased → _____ years old
Your spouse's mother	1 <input type="checkbox"/> Alive → _____ years old
	2 <input type="checkbox"/> Deceased → _____ years old

B62-5. 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	_____

B62-6. 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

B62-7 In which prefecture were your spouse's parents 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.