



---

***Shaping the Future with Your Opinions***

222240

**Dear MySurvey Member,**

Would you please give this questionnaire to the person in your household whose age and sex are indicated above (this may be you)? Thank you!

**TO THE HOUSEHOLD MEMBER HELPING WITH THIS STUDY:**

Today's survey covers a wide variety of topics, such as your current lifestyle and choices you would make given different situations. You may remember doing a similar survey last year.

I would like to assure you that your answers will be completely confidential. Your answers will be tabulated with information from thousands of other participants and only the total results will be used for academic research purposes.

The survey is lengthy. To pace yourself, you can answer the booklet in sections if you like. Most of the questions can be easily answered by simply placing an "X" in the appropriate box or boxes. In the questions that ask you to write in your answers, please be as specific as possible. Please take your time to read each question thoroughly and be sure to answer all the questions. Remember that there are no right or wrong answers to this survey. We are just interested in your opinions.

Once you have finished, please return the questionnaire to me in the enclosed postage-paid envelope.

As a token of my appreciation, I have enclosed a \$5 bill.

Thank you for your continued cooperation.

Sincerely,

Carol Adams

**Section A**

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

	Particularly True For Me ←————→ Doesn't Hold True At All For Me				
	1	2	3	4	5
My daily life is fulfilling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to spend a lot of money or plan to purchase expensive items in the future .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't feel uncomfortable borrowing money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am so occupied with my daily life that I cannot save much money .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have anxieties about my health .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am deeply religious.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been feeling stressed lately .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been feeling depressed lately .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I haven't been sleeping well lately .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been feeling lonely lately.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to bequeath as much of my inheritance as possible to my spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Completely Agree ←————→ Completely Disagree				
	1	2	3	4	5
Since the future is uncertain, it is a waste to think about it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is OK to receive social security, even if you are ineligible. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, most people are trustworthy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a recession, it is better to preserve men's jobs than it is to preserve women's jobs. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Although an economy regulated by market forces widens the income gap between the rich and the poor, it makes people wealthier in general; so in total, they are better off .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When the competition is greater, illegal activity and cheating increase .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is the government's responsibility to take care of those who cannot take care of themselves financially.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel happy when I do a good deed that I think benefits others (such as picking up trash in a park) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have to take control of our own destinies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being poor is due to unfairness rather than laziness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The most important factor for success in life is hard work rather than luck and personal connections.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties in life make people stronger and better than before.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our destinies are pre-determined by God or fate even before we are born.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is unacceptable that the number of poor people increases further.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is unacceptable that income inequalities increase further .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a husband has sufficient income, his wife should not work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Husbands should work outside the home, and wives should keep the household .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A mother's job holding has a negative impact on the development of primary school children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is more important for a wife to help her husband's career than to pursue her own career.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Option “A”	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”
\$30.xx5		\$30.34		1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.01		\$31.78		1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.08		\$30.14		1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.02		\$29.96		1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.08		\$30.67		1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.09		\$31.27		1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.03		\$32.97		1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.00		\$30.00		1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.05		\$59.51		1 <input type="checkbox"/>	2 <input type="checkbox"/>

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

Option "A"	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"
\$30.02		\$30.08	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.00		\$30.29	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.07		\$59.55	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.07		\$33.02	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.06		\$30.00	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.06		\$30.65	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.07		\$31.25	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.00		\$31.76	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$30.01		\$30.01	1 <input type="checkbox"/>	2 <input type="checkbox"/>

5. Let's assume that you are required to spend two hours every week cleaning a park. Today is your assigned work day. It seems that the park will have less litter than expected, so you can reduce the amount of your work time. You have the choice of shortening your work hours either today or on the next assigned 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		90 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
58 Minutes reduction		58 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
61 Minutes reduction		55 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
58 Minutes reduction		67 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
60 Minutes reduction		80 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
59 Minutes reduction		63 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
59 Minutes reduction		73 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
58 Minutes reduction		48 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>

6. Now, let's assume that you are required to spend two hours every week cleaning a park, starting 90 days from today. It seems that the park will have less litter than expected, so you can reduce the amount of your work time. You have the choice to shorten the work hours either on that day, 90 days from today, or on the next assigned 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"
58 Minutes reduction		48 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
59 Minutes reduction		68 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
58 Minutes reduction		87 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		53 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
58 Minutes reduction		77 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
59 Minutes reduction		73 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>
61 Minutes reduction		66 Minutes reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>

7. In which of the following two ways would you prefer to **receive your monthly income**? 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)

<p>1 <input type="checkbox"/> Your monthly income has a 50% chance of doubling, but also has a 50% chance of decreasing by 30% → (Answer Q. 7a)</p>	or	<p>2 <input type="checkbox"/> Your monthly income is guaranteed to increase by 0.5% → (Answer Q. 7b)</p>
<p><b>7a.</b> Of the following two jobs, which would you prefer? (X ONE Box)</p> <p>1 <input type="checkbox"/> A job that has a 50% chance of the monthly income doubling, but also a 50% chance of the monthly income being cut in half</p> <p>2 <input type="checkbox"/> A job for which your monthly income is guaranteed to increase by 0.5%</p>		<p><b>7b.</b> Of the following two jobs, which would you prefer? (X ONE Box)</p> <p>1 <input type="checkbox"/> A job that has a 50% chance of the monthly income doubling, but also a 50% chance of the monthly income decreasing by 10%</p> <p>2 <input type="checkbox"/> A job for which your monthly income is guaranteed to increase by 0.5%</p>

8. In which of the following two ways would you prefer to **receive your monthly income**? 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)**

1  Your monthly income has a 50% chance of increasing by 60%, but also has a 50% chance of decreasing by 10% → **(Answer Q. 8a)**

or

2  Your monthly income is guaranteed to increase by 0.5% → **(Answer Q. 8b)**

**8a.** Of the following two jobs, which would you prefer? **(X ONE Box)**  
 1  A job that has a 50% chance of the monthly income increasing by 30%, but also has a 50% chance of decreasing by 10%  
 2  A job for which your monthly income is guaranteed to increase by 0.5%

**8b.** Of the following two jobs, which would you prefer? **(X ONE Box)**  
 1  A job that has a 50% chance of the monthly income increasing by 200%, but also has a 50% chance of decreasing by 10%  
 2  A job for which your monthly income is guaranteed to increase by 0.5%

9. Suppose that there is a “speed lottery” with a 50% chance of winning \$1000. 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"/>
\$20	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$40	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$80	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$150	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$250	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$350	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$500	1 <input type="checkbox"/>	2 <input type="checkbox"/>

10. Suppose that there is another lottery called a “3-year lottery”. This also has a 50% chance of winning \$1000 just like the “speed lottery”. If you win, you get the prize 3 years later. If you lose, you get nothing. If you were given the choice of which one you prefer, a “speed lottery” or a “3-year lottery”, which lottery would you choose? **(X ONE Box)**

- 1  I would choose a “speed lottery”. (If you win, you get the prize right away)  
 2  I would choose a “3-year lottery”. (If you win, you get the prize 3 years later)

11. How much would you spend to buy a “3-year lottery” ticket? 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 “3-year lottery” ticket	Which <u>ONE</u> do you prefer? (X ONE Box For EACH Row)	
	Option “A” (buy the “3-year lottery” ticket)	Option “B” (DO NOT buy the “3-year lottery” ticket)
10¢	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$20	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$40	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$80	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$150	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$250	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$350	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$500	1 <input type="checkbox"/>	2 <input type="checkbox"/>

12. Assume that you know there is a **50% chance of losing \$1000 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)
\$10	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$50	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$150	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$300	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$375	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$400	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$425	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$450	1 <input type="checkbox"/>	2 <input type="checkbox"/>
\$500	1 <input type="checkbox"/>	2 <input type="checkbox"/>

13. 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 you current level of happiness? (X ONE Box)

Very Happy ←————→ Very Unhappy

10  09  08  07  06  05  04  03  02  01  00

14. 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
- 2  About the same as 1 year ago
- 3  Less happy than 1 year ago
- 4  Don't know

15. 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

15a. In Q.15, 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

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

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

**If you answered 1 to 5 for Q.16, please continue. Otherwise, skip to Q.17.**

16a. How do you plan to divide your inheritance among your children? (X ONE Box)

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

**If you answered 2 for Q.16a, please continue. Otherwise, skip to Q.17.**

16b. Then how do you plan to divide your inheritance among your children? (X ALL That Apply)

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

17. Suppose that in 5 years, the inheritance tax will be charged at a rate of 20 % for the entire amount of inheritance to all inheritors, in addition to the current inheritance tax. How would this affect you? (If you do not have any children, please answer on the assumption that you actually do have children.) **(X ONE Box)**
- 1  I would try to increase the amount of inheritance, so that the after-tax amount would be the same as it is now.
  - 2  I would try to increase the amount of inheritance, but the after-tax amount would be lower than it is now.
  - 3  I would not change the amount of inheritance.
  - 4  I would reduce the amount of inheritance and would use more money for my old age.
  - 5  I would reduce the amount of inheritance and would donate some money to charity organizations or schools.
  - 6  I would reduce the amount of inheritance and, instead, would use more money for my child(ren)'s education and living expenses during my life.
  - 7  I do not plan to leave any inheritance to my child(ren) anyway.

18. Please answer the following questions regarding your life during retirement. **(The question asks about inheritances to your children. If you do not have any children, please respond on the assumption that you actually do have children.)**  
 Please assume that you have won \$100,000 in a lottery and that you can spend your prize money only on private long-term care (LTC) or on an inheritance to your children. You must immediately decide how much of the prize money to spend on a high-quality nursing home with private room and how much to leave to your children as an inheritance, and once you make your decision, you cannot make any changes at a later time. Furthermore, please assume that you cannot tell your children how much you will leave to them as an inheritance. How much of your prize money would you choose to spend on private long-term care (LTC)? **(X ONE Box)**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1 <input type="checkbox"/> Zero (I will leave all of my prize money (\$100,000) to my children as an inheritance and will either not seek private long-term care (LTC) or will bear the cost using my own funds)</li> <li>2 <input type="checkbox"/> \$1 to less than \$20,000</li> <li>3 <input type="checkbox"/> \$20,000 to less than \$40,000</li> </ol> | <ol style="list-style-type: none"> <li>4 <input type="checkbox"/> \$40,000 to less than \$60,000</li> <li>5 <input type="checkbox"/> \$60,000 to less than \$80,000</li> <li>6 <input type="checkbox"/> \$80,000 - \$99,999</li> <li>7 <input type="checkbox"/> \$100,000 (I will spend all of my prize money on private long-term care (LTC))</li> </ol> |
|---|---|

- 19a. Please answer the following questions concerning how you want to spend the final year of your life. Please assume that you are currently 85 years old and in need of long-term care (LTC) but have absolutely no long-term care insurance. You know that you have exactly one year left to live and need to spend it in a long-term care (LTC) facility. Also, you have sold your home and have a total wealth of \$200,000 at today's prices. If you had to choose between Option 1 and Option 2 below, which option would you choose? **(X ONE Box)**

**Option 1**  : Use Medicaid funded long-term care (LTC). The government will pay for your long-term care (LTC), allowing you to leave all \$200,000 as an inheritance. However, using Medicaid restricts your choice of facility, which, on average, results in inferior care, and requires you to surrender all income to the government,

**Option 2**  : Pay \$50,000 for private long-term care (LTC). You would only leave \$150,000 as an inheritance, but would have your choice of facility and would be able to keep your income to spend as you wish during that year (unspent income is forfeited).

- 19b. Up to how much of your \$200,000 in wealth would you be willing to pay to stay in a private long-term care (LTC) facility rather than use Medicaid-funded long-term care (LTC). **(X ONE Box)**
- 1  I would be willing to live in a private long-term care (LTC) facility only if I did not need to pay anything out of my own pocket (i.e., I want to leave all of my \$200,000 in wealth to my children as an inheritance.)
  - 2  I would be willing to pay up to \$25,000 out of my own pocket to live in a private long-term care (LTC) facility
  - 3  I would be willing to pay up to \$50,000 out of my own pocket to live in a private long-term care (LTC) facility
  - 4  I would be willing to pay up to \$100,000 out of my own pocket to live in a private long-term care (LTC) facility.
  - 5  I would be willing to pay up to \$125,000 out of my own pocket to live in a private long-term care (LTC) facility.
  - 6  I would be willing to pay up to \$150,000 out of my own pocket to live in a private long-term care (LTC) facility.
  - 7  I would be willing to pay up to \$175,000 out of my own pocket to live in a private long-term care (LTC) facility.
  - 8  I would be willing to pay all of my assets (\$200,000) to live in a private long-term care (LTC) facility.

20. Have you received any inheritance (or transfers of wealth before death) from your parents or your spouse's parents in the past? **(X ALL That Apply)**

	YES	NO	NO SPOUSE
Received inheritance (or transfers of wealth before death) in the past from your parents.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Received inheritance (or transfers of wealth before death) in the past from your spouse's parents.	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

21. Do you expect that you will receive any inheritance (or transfers of wealth before death) from your parents or your spouse's parents in the future? **(X ALL That Apply)**

	YES	NO	NO SPOUSE
Expect to receive inheritance (or transfers of wealth before death) in the future from your parents.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
Expect to receive inheritance (or transfers of wealth before death) in the future from your spouse's parents.	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

- Your gender: 1  Male 2  Female
- Please answer about your marital status. **(X ONE Box)**
  - I have a spouse (husband or wife, including common-law marriage) → **(Continue)**
  - I am currently unattached, having divorced or separated → **(Continue)**
  - I am an unattached widow or widower → **(Continue)**
  - I have never married → **(Skip to Q.2b)**
- 2a. When did you marry your spouse? **(Write In #)**  
 Month \_\_\_\_\_ Year \_\_\_\_\_ or when I was \_\_\_\_\_ years old → **(Skip to Q.3)**
- 2b. Do you have plans to marry, or want to marry in the future?
  - I already have plans to marry.
  - I do not have any plans to marry but would like to.
  - I do not have any plans to marry and do not want to.
3. What is your height and weight? **(Write In #)**  
 Height: \_\_\_\_\_ feet \_\_\_\_\_ inches, Weight: \_\_\_\_\_ pounds
4. How much did you weigh when you were born? **(X ONE Box)**
  - Less than 5.5 pounds
  - 5.5 - 6.9 pounds
  - 7.0-8.4 pounds
  - 8.5 - 9.9 pounds
  - 10 pounds or more
  - Don't know

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

5. When were you born? **(Write In Number for Month and Year)**  
 You, **yourself**: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Your **spouse**: Month \_\_\_\_\_ Year \_\_\_\_\_  
 +  No spouse
6. How many brothers and sisters do you have who are now living? **(Write In Number For EACH)**  
**You:** Older brothers ..... Younger brothers .....  
 Older sisters ..... Younger sisters .....  
**Your spouse:** Older brothers ..... Younger brothers .....  
 Older sisters ..... Younger sisters .....
7. Please indicate the highest level of education (or equivalent) completed by you and by your spouse. *If you are still in school, "X" the one you are in now.* **(X ONE Box For EACH)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
Grade School .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some High School .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Graduated from High School.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Some College - no degree .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Graduated from College - Associate's Degree (2 year) .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Graduated from College - Bachelor's Degree (4 year) .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Some post graduate studies - no degree.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Master's Degree - MS, MA, MBA, etc. ....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Doctoral Degree - DVM, Ph.D, DDS, etc. ....	9 <input type="checkbox"/>	9 <input type="checkbox"/>
8. 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 +  No spouse -  Doesn't work
- 8a. 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 +  No spouse -  Doesn't work
- 8b. 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 +  No spouse -  Doesn't work

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

9. 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.**

10. 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

11. 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".  
**(X ONE Box And Write In Number For EACH Row)**

You → \_\_\_\_\_ years old -  Haven't worked  
 Your spouse → \_\_\_\_\_ years old +  No spouse -  Hasn't worked

12. What is your occupation and what is your spouse's occupation (Including part-time work)?  
**(X ONE Box For EACH)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
Office and administrative support .....	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Sales and related occupations .....	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Management, business, and financial operations .....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Professional and related occupations .....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Service occupations (healthcare support/protective service, or food preparation and serving-related, security guards, etc.) .....	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Construction, extraction, and maintenance .....	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Farming, fishing, and forestry .....	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Housewives/Househusbands .....	08 <input type="checkbox"/>	08 <input type="checkbox"/>
Student .....	09 <input type="checkbox"/>	09 <input type="checkbox"/>
Retired (excluding housewives/househusbands) .....	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Unemployed (excluding housewives/househusbands) .....	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Other (Specify): .....	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered 1 to 7 for yourself and your spouse for Q.12, please continue. Otherwise, skip to Q.13.**

12a. What is the type of employment of you and of your spouse? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
Employee of private company or organization .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Government employee .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Management position .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Self-employed .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Family employee (in self-employed business) .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>

12b. What is your employment status, and what is your spouse's employment status? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
Full-time employee .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Part-time employee .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Student part-time employee .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Temporary work (sent to a company from a temporary job agency, internship, specific project for a company, etc.) .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Contract worker .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other (Specify): .....	<input type="checkbox"/>	<input type="checkbox"/>

12c. Have you and your spouse worked for a job introduced by a temporary staffing agency in the past two years? **(X ONE Box that best describes the type of work.)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
Mostly jobs lasting one day .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Mostly jobs lasting two to less than ten days .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Mostly jobs lasting ten days to less than three months .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Mostly jobs lasting three months or more .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
I did not take any dispatched employment .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>

12d. For how many years have you been working for your present employer? And for how many years has your spouse been working for his or her present employer? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
Less than a year .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
A year to less than 5 years .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
5 years to less than 10 years .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
10 years to less than 20 years .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
20 years to less than 30 years .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
30 years to less than 40 years .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
More than 40 years .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>



**12e.** Approximately how many employees are working for the company that employs you, and how many are working for the company that employs your spouse? Indicate the approximate numbers including the head office, all branch offices, branch stores, sales offices and factories. If the employer is a government organization, select "Government employee." **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
1 to 5 people ..... 1	<input type="checkbox"/>	1 <input type="checkbox"/>
6 to 29 people ..... 2	<input type="checkbox"/>	2 <input type="checkbox"/>
30 to 99 people ..... 3	<input type="checkbox"/>	3 <input type="checkbox"/>
100 to 299 people ..... 4	<input type="checkbox"/>	4 <input type="checkbox"/>
300 to 499 people ..... 5	<input type="checkbox"/>	5 <input type="checkbox"/>
500 to 999 people ..... 6	<input type="checkbox"/>	6 <input type="checkbox"/>
1,000 to 4,999 people ..... 7	<input type="checkbox"/>	7 <input type="checkbox"/>
5,000 or more people ..... 8	<input type="checkbox"/>	8 <input type="checkbox"/>
Government employee ..... 9	<input type="checkbox"/>	9 <input type="checkbox"/>

**12f.** 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"/>
Professional and business services ..... 10	<input type="checkbox"/>	10 <input type="checkbox"/>
Others ..... 11	<input type="checkbox"/>	11 <input type="checkbox"/>

**12g.** To what extent is your salary or wage based on your work performance, and to what extent is your spouse's salary or wage based on his or her work performance? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
The wage is based almost entirely on performance ..... 1	<input type="checkbox"/>	1 <input type="checkbox"/>
The wage is based mostly on performance ..... 2	<input type="checkbox"/>	2 <input type="checkbox"/>
The wage is based slightly on performance ..... 3	<input type="checkbox"/>	3 <input type="checkbox"/>
The wage is not at all based on performance ..... 4	<input type="checkbox"/>	4 <input type="checkbox"/>

**12h.** About how hard do you work each day, and about how hard does your spouse work each day? Please answer based on the amount of work done per hour. **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
Could not work any harder than currently ..... 1	<input type="checkbox"/>	1 <input type="checkbox"/>
Work hard and continuously ..... 2	<input type="checkbox"/>	2 <input type="checkbox"/>
Work continuously but not hard ..... 3	<input type="checkbox"/>	3 <input type="checkbox"/>
Work but have some downtime ..... 4	<input type="checkbox"/>	4 <input type="checkbox"/>
Work but have a lot of downtime ..... 5	<input type="checkbox"/>	5 <input type="checkbox"/>

**12i.** What is the possibility that you or your spouse will be unemployed (or in the case of running your own business, will discontinue the business) within the next two years? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse .....		+ <input type="checkbox"/>
Strong possibility ..... 1	<input type="checkbox"/>	1 <input type="checkbox"/>
Some possibility ..... 2	<input type="checkbox"/>	2 <input type="checkbox"/>
Little possibility ..... 3	<input type="checkbox"/>	3 <input type="checkbox"/>
Don't know ..... 4	<input type="checkbox"/>	4 <input type="checkbox"/>

13. Please tell us about all your children ever born. For columns G through J, please use the number codes associated with each question in the box below.

**G:** 0=Preschool, 1=First grade; 2=Second grade; 3=Third grade; 4=Fourth grade; 5=Fifth grade; 6=Sixth grade; 7=Seventh grade; 8=Eighth grade; 9=Ninth grade; 10=Tenth grade; 11=Eleventh grade; 12=Twelfth grade; 13=Diploma/certificate course; 14=College (undergraduate); 15=Graduate school; 16=others.

**H:** 17= Junior high (intermediate) school; 18=High school; 19=College - Associate's Degree (2 year); 20=College - Bachelor's Degree (4 year); 21=Master's degree - MS, MA, MBA, etc; 22=Doctoral degree - DVM, Ph.D, DDS. etc; 23=no idea.

**I:** 24=not working/no plans to work; 25=Office and administrative support; 26=sales and related occupations; 27=management, business, and financial operations; 28= professional and related occupations; 29=service occupations (healthcare support/protective service, or food preparation and serving-related, security guard, etc.); 30= Construction, extraction, and maintenance; 31= Farming, fishing, and forestry; 32= Housewives / Househusbands

**J:** 33=not attending/no plans to enroll; 34=public school; 35=private school (secular); 36=private school (parochial); 37=other (specify).

ID	A. Birth date		B. Still alive? If Not, fill in the year of death.	C. Sex (1=male, 2=female)	D. Marital Status  (0=never married, 1=married, 2=widow/widower, 3=divorced/separated)	E. Living together in the same household?  (1=yes, 0=no)	F. Currently attending school? (1=yes, 0=no → skip to H)		G. Current class (code)	H. Completed education level  (if have not already completed, enter the code for which grade to which you expect the child to study)		I. Occupation  (if the child is a student, enter the code for the occupation you expect the child to choose)		J. Type of secondary school (Class X to XII)  (If not already attending, enter the code for which type do you expect the child to enter)	
	Birth month	Birth year	Year of death				F	G		1=already completed 2=expect to complete	(code)	1=actual occupation 2=expected occupation	(code)	1=actually attending 2=expect to attend	(code)
1															
2															
3															
4															
5															
6															
7															
8															

**If you do not already have children, please answer Q.14. Otherwise, skip to Q.15.**

14. Do you want to have children in the future?  
 1  Yes                                      2  No

15. How many children do you want (including the children you already have)?

0 <input type="checkbox"/> I don't want any children	1 <input type="checkbox"/> One child
2 <input type="checkbox"/> Two children	3 <input type="checkbox"/> Three children
4 <input type="checkbox"/> Four children	5 <input type="checkbox"/> Five or more children

16. Approximately how much was your salary or hourly wage in 2010 (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 \$ \_\_\_\_\_

17. Approximately how much was the annual earned income of you and your spouse before taxes, including bonuses and business income in 2010? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
No spouse.....	+ <input type="checkbox"/>	<input type="checkbox"/>
None.....01	<input type="checkbox"/>	01 <input type="checkbox"/>
Less than \$10,000.....02	<input type="checkbox"/>	02 <input type="checkbox"/>
\$10,000 to less than \$20,000.....03	<input type="checkbox"/>	03 <input type="checkbox"/>
\$20,000 to less than \$40,000.....04	<input type="checkbox"/>	04 <input type="checkbox"/>
\$40,000 to less than \$60,000.....05	<input type="checkbox"/>	05 <input type="checkbox"/>
\$60,000 to less than \$80,000.....06	<input type="checkbox"/>	06 <input type="checkbox"/>
\$80,000 to less than \$100,000.....07	<input type="checkbox"/>	07 <input type="checkbox"/>
\$100,000 to less than \$120,000.....08	<input type="checkbox"/>	08 <input type="checkbox"/>
\$120,000 to less than \$140,000.....09	<input type="checkbox"/>	09 <input type="checkbox"/>
\$140,000 or more.....10	<input type="checkbox"/>	10 <input type="checkbox"/>

17a. Of your annual income above, what is the percentage of non-labor income (income other than earned income or business earnings)? This consists of income from assets, payments from the government, age-related benefits such as Medicare, disability insurance payments, and pensions, money provided from your relatives, and extra income from lotteries or gambling. Also, do you think your non-labor income will increase in the future?

<p><b>You</b></p> <p><b>(Write In)</b></p> <p>_____ % of your total income is non-labor income</p> <hr/> <p><b>(X ONE Box)</b></p> <p>1 <input type="checkbox"/> It will increase in the future</p> <p>2 <input type="checkbox"/> It will decrease in the future</p> <p>3 <input type="checkbox"/> It will remain the same</p>	<p><b>Your Spouse</b></p> <p><b>(Write In)</b></p> <p>_____ % of your spouse's total income is non-labor income</p> <hr/> <p><b>(X ONE Box)</b></p> <p>1 <input type="checkbox"/> It will increase in the future</p> <p>2 <input type="checkbox"/> It will decrease in the future</p> <p>3 <input type="checkbox"/> It will remain the same</p>
--	---

18. Are you or your spouse currently seeking jobs? *(Please answer regardless of whether you presently have a job.)* **(X ONE Box For EACH Row)**

<p><b>You</b>                    →                    1 <input type="checkbox"/> Seeking a job      2 <input type="checkbox"/> Not seeking a job</p>	
<p><b>Your spouse</b>        →                    <input type="checkbox"/> No spouse            1 <input type="checkbox"/> Seeking a job      2 <input type="checkbox"/> Not seeking a job</p>	

19. 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

20. How long does it take for you, and for your spouse, to commute? **(Write In)**

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

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

21. 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)
- Others (Specify): \_\_\_\_\_

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

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

23. How much were the average food expenses of your entire family per month in 2010? **(Write In For EACH Row)**

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

Approximate expenses of eating out..... \$ \_\_\_\_\_ per month

24. How much did you spend on durable consumer goods such as housing, cars, and expensive electronic products for your entire family in 2010? **(Write In)**

Approximate expense in 2010 for entire family    \$ \_\_\_\_\_

25. How much were the average expenditures of your entire family per month in 2010? 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 expense in 2010 for entire family    \$ \_\_\_\_\_ per month

25a. Please answer this question if there are members in your household besides yourself. Of all the money spent by your household per month, what percentage do you spend? What percentages do the other members of your household spend? Please write in the average percentage of money spent by you, by your spouse and by other members, and the average percentage allocated to common use, so that the percentages add up to be 100% for your entire household. **(Write In)**

1. You	_____ %
2. Your spouse	_____ %
3. Other members	_____ %
4. Common use	_____ %
Total	100 %

25b. Please answer this question if you have a spouse. Who mainly decides on expenditures, savings and investments for your household? (X ONE Box For EACH Row)

	You decide	Your Spouse decides	Discuss together but you mainly decide	Discuss together but your spouse mainly decides
1. Decision on expenditures	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Decision on savings and investments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

25c. If you and your spouse both decide on expenditures, savings and investments, do the following statements hold true for you and for your spouse? (X ONE Box For EACH Row)

	Hold true for you but not for your spouse	Hold true for your spouse but not for you	Hold true for both of you	Doesn't hold true for either of you
1. Careful when making decisions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Gather information before deciding	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

26. In 2010 what was the approximate percentage change in your family's total annual expenditures compared with 2009? 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"/>

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

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"/>

28. By what percentage do you expect consumer prices will change in 2011, 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"/>

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

	Your Father	Your Mother	Your Spouse's Father	Your Spouse's Mother
No spouse.....			+ <input type="checkbox"/>	+ <input type="checkbox"/>
Grade School .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some High School .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Graduated from High School.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Some College - no degree .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Graduated from College - Associate's Degree (2 year) .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Graduated from College - Bachelor's Degree (4 year) .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Some post graduate studies - no degree.....	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Masters Degree - MS, MA, MBA, etc. ....	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Doctoral Degree - DVM, Ph.D, DDS, etc. ....	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>

30. Was your mother working when you were 15 years old? Was your spouse's mother working when your spouse was 15 years old? (X ONE Box for Yourself and ONE Box for Your Spouse)

	Yourself	Your Spouse
Mother had passed away already or lived separately from respondent.	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Full-time worker	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Part-time worker	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Mother was not working then.	4 <input type="checkbox"/>	4 <input type="checkbox"/>

31. When are your (and your spouse's) parents' birth years? (Write In Number For EACH)

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

**31a.** Are your parents alive? **(X ONE Box)** If they are deceased, indicate their age at death. **(Write In For EACH)**

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

**31b.** In which state do your parents live? If they are living in a foreign country, indicate the name of the country. If your parents are deceased, indicate the place where they lived the longest. **(Write In)**

**Your Parents:** Name of a State in the United States: \_\_\_\_\_  
 Name of a Country: \_\_\_\_\_

**Your Spouse's Parents:** Name of a State in the United States: \_\_\_\_\_  
 Name of a Country: \_\_\_\_\_

**32.** Please reply concerning your own parents and your spouse's parents.

**(A)** 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)**

1=Currently necessary 2=Alive but not currently necessary 3=Already passed away but necessary while alive 4=Already passed away and not necessary while alive	<b>Your own father</b>	<b>Your own mother</b>	<b>Your spouse's father</b>	<b>Your spouse's mother</b>
	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

**If you answered 1, 2 or 3 for Q.32 (A), please continue. Otherwise, skip to Q.33.**

**(B)** Who is, or was, the primary caregiver for that parent? Please pick one choice from among choices 1 through 8 for each parent. If you picked choice 2 in part (A), please indicate whom you expect to be the primary caregiver when that parent requires care. If are still single, please answer on the assumption that you will have a spouse.

**(X ONE Box For EACH)**

1=You 2=Your spouse 3=Your brother/sister or your spouse's brother / sister 4=The spouse of the parent requiring care 5=Other family member 6=Nursing home or assisted living home 7=Home helper 8=Other	<b>Your own father</b>	<b>Your own mother</b>	<b>Your spouse's father</b>	<b>Your spouse's mother</b>
	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>

**If you answered 1, 2 or 3 for Q.32 (A), please continue. Otherwise, skip to Q.33.**

**(C)** For all of the six items shown below, please indicate which role(s), if any, that you and your spouse are playing with respect to each parent. Please circle 1 if "yes" and 2 if "no." **If you picked choice 2 in part (A), please indicate what role(s), if any, that you and your spouse expect to play when that parent requires care. If you are still single, please answer on the assumption that you will have a spouse. (X ONE Box For EACH)**

1=Yes 2=No	<b>Your own father</b>	<b>Your own mother</b>	<b>Your spouse's father</b>	<b>Your spouse's mother</b>
i) Live(lived) together	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
ii) Live (lived) nearby	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
iii) Help (helped) with housework	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
iv) Provide (provided) care	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
v) Provide (provided) financial assistance	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
vi) None of the above	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>

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

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

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

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

35. Approximately how much was the annual earned income before taxes and with bonuses included of your entire household for 2010? (If you are a student, please indicate the income of your parents' entire household.) (X ONE Box)

- 01  Less than \$10,000
- 02  \$10,000 to less than \$20,000
- 03  \$20,000 to less than \$40,000
- 04  \$40,000 to less than \$60,000
- 05  \$60,000 to less than \$80,000
- 06  \$80,000 to less than \$100,000
- 07  \$100,000 to less than \$120,000
- 08  \$120,000 to less than \$140,000
- 09  \$140,000 to less than \$160,000
- 10  \$160,000 to less than \$180,000
- 11  \$180,000 to less than \$200,000
- 12  \$200,000 or more

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

- 01  Less than \$10,000
- 02  \$10,000 to less than \$20,000
- 03  \$20,000 to less than \$40,000
- 04  \$40,000 to less than \$60,000
- 05  \$60,000 to less than \$80,000
- 06  \$80,000 to less than \$100,000
- 07  \$100,000 to less than \$120,000
- 08  \$120,000 to less than \$140,000
- 09  \$140,000 to less than \$160,000
- 10  \$160,000 to less than \$180,000
- 11  \$180,000 to less than \$200,000
- 12  \$200,000 or more

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

- 01  Less than \$10,000
- 02  \$10,000 to less than \$20,000
- 03  \$20,000 to less than \$40,000
- 04  \$40,000 to less than \$60,000
- 05  \$60,000 to less than \$80,000
- 06  \$80,000 to less than \$100,000
- 07  \$100,000 to less than \$120,000
- 08  \$120,000 to less than \$140,000
- 09  \$140,000 to less than \$160,000
- 10  \$160,000 to less than \$180,000
- 11  \$180,000 to less than \$200,000
- 12  \$200,000 or more

38. In 2010 what was the approximate percentage change in your family's total annual income compared with 2009? 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"/>

39. In 2011 what will be the approximate percentage change in your family's total annual income compared with 2010? 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"/>

40. What do you estimate will be the change in total annual income of your household in 2015 compared to 2010? Please circle ONE applicable number for your entire household, ONE for you, and ONE for your spouse. (If you are a student, please answer for the income of your parents' entire household.) (X ONE Box for EACH Row)

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

41. 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  Do not possess housing or properties
- 02  Less than \$50,000
- 03  \$50,000 to less than \$100,000
- 04  \$100,000 to less than \$150,000
- 05  \$150,000 to less than \$200,000
- 06  \$200,000 to less than \$300,000
- 07  \$300,000 to less than \$400,000
- 08  \$400,000 to less than \$500,000
- 09  \$500,000 to less than \$1,000,000
- 10  \$1,000,000 or more

42. 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 \$25,000               | 06 <input type="checkbox"/> \$150,000 to less than \$200,000   |
| 02 <input type="checkbox"/> \$25,000 to less than \$50,000   | 07 <input type="checkbox"/> \$200,000 to less than \$300,000   |
| 03 <input type="checkbox"/> \$50,000 to less than \$75,000   | 08 <input type="checkbox"/> \$300,000 to less than \$500,000   |
| 04 <input type="checkbox"/> \$75,000 to less than \$100,000  | 09 <input type="checkbox"/> \$500,000 to less than \$1,000,000 |
| 05 <input type="checkbox"/> \$100,000 to less than \$150,000 | 10 <input type="checkbox"/> \$1,000,000 or more                |

43. 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"/> U.S. Government bonds  |              |
| 09 <input type="checkbox"/> Government bonds of foreign countries  |              |
| 10 <input type="checkbox"/> Private individual pensions (from life insurance companies, etc.)                |              |
| 11 <input type="checkbox"/> Company pensions   |              |
| 12 <input type="checkbox"/> Cash   |              |
| 13 <input type="checkbox"/> None → (Skip To Q.44)  |              |

43a. What percentage of the financial assets of your entire household are in the following ... (Write In % For EACH)

Bank savings, cash, U.S. government bonds..... \_\_\_\_\_ %  
 Investment trusts, stocks, futures/options, corporate bonds, foreign currency deposits, government bonds of foreign countries ..... \_\_\_\_\_ %

43b. What would you say is the average annual rate of return on financial assets available on the market? (Write In)

\_\_\_\_\_ % (e.g. 3.5%) +  Cannot say

44. 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. Please circle only ONE. (X ONE Box)

- 1  No debts  
 2  Yes, have debts

**If you answered 2 for Q.44, please continue. Otherwise, skip to Q.45.**

44a. If you are paying off housing loan(s), what is the current balance of your housing loan(s)? (X ONE Box)

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Less than \$25,000               | 6 <input type="checkbox"/> \$150,000 to less than \$200,000 |
| 2 <input type="checkbox"/> \$25,000 to less than \$50,000   | 7 <input type="checkbox"/> \$200,000 to less than \$300,000 |
| 3 <input type="checkbox"/> \$50,000 to less than \$75,000   | 8 <input type="checkbox"/> \$300,000 or more                |
| 4 <input type="checkbox"/> \$75,000 to less than \$100,000  | 9 <input type="checkbox"/> No housing loans                 |
| 5 <input type="checkbox"/> \$100,000 to less than \$150,000 |   |

44b. Do you have any debts other than housing loan(s), including car loans and any other installment payments on which you have to pay interest charges (X ONE Box)

- |  |  |
|--|--|
| 1 <input type="checkbox"/> No loans other than housing loans | 6 <input type="checkbox"/> \$30,000 to less than \$50,000  |
| 2 <input type="checkbox"/> Less than \$5,000                 | 7 <input type="checkbox"/> \$50,000 to less than \$75,000  |
| 3 <input type="checkbox"/> \$5,000 to less than \$10,000     | 8 <input type="checkbox"/> \$75,000 to less than \$100,000 |
| 4 <input type="checkbox"/> \$10,000 to less than \$20,000    | 9 <input type="checkbox"/> \$100,00 or more                |
| 5 <input type="checkbox"/> \$20,000 to less than \$30,000    |  |

**If you answered 2 to 9 for Q.44b, please continue. Otherwise, skip to Q.45.**

44c. 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.                                |

45. 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.

46. 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.

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

Highest ← \_\_\_\_\_ → Lowest

10  09  08  07  06  05  04  03  02  01  00

- 48.** How would you describe your current health status: Is it excellent, very good, good, fair, or poor? . **(X ONE Box)**
- 1  Excellent                      3  Good                      5  Poor  
 2  Very good                      4  Fair
- 49.** Do you visit a doctor on a regular basis either in a hospital or clinic (including dental clinics) because of a chronic disease or injury? This also includes a home visit by a doctor. **(X ONE Box)**
- 1  Yes → *Continue*  
 2  No → *Skip to Q.50*
- 49a.** 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
- 49b.** About how much did you pay for out-of-pocket medical expenses per outpatient visit for doctor or clinic visits, including medicine? **(Write in)**
- \$\_\_\_\_\_
- 50.** 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
- 51.** Do you fasten your seatbelt when you sit in the back seat of a car? **(X ONE Box)**
- 1  Always                      4  Hardly  
 2  Usually                      5  I never fasten my seat belt when I sit in the back seat of a car  
 3  Only on a highway                      6  I do not sit in the back seat of a car
- 52.** Do you smoke? **(X ONE Box)**
- 01  Never smoked → *Skip to Q.53*                      06  I smoke about 11 to 20 cigarettes a day  
 02  Hardly smoke                      07  I smoke about 21 to 30 cigarettes a day  
 03  Occasionally smoke                      08  I smoke about 31 to 40 cigarettes a day  
 04  I smoke about 1 to 5 cigarettes a day                      09  I smoke 41 cigarettes or more a day  
 05  I smoke about 6 to 10 cigarettes a day                      10  I used to smoke, but I quit

**If you answered 2 to 10 for Q.52, please continue. Otherwise, skip to Q.53.**

- 52a.** How old were you when you started smoking? **(Write in)**
- Around \_\_\_\_\_ years old
- 52b.** How long does it take to get to a smoking area in your work place? If you are not working, please answer about smoking at the place you spend most of the day. **(X ONE Box)**
- 1  0 minutes (I can smoke right at my seat)                      4  6-10 minutes  
 2  1-2 minutes                      5  11 minutes or more  
 3  3-5 minutes                      6  Smoking is not allowed at all at my workplace

**If you answered 10 for Q.52, please continue. Otherwise, skip to Q.53.**

- 52c.** When is the last time you smoked? (approximately) **(Write in)**
- MM                      YY  
 around (\_\_\_\_) / (\_\_\_\_)
- 52d.** How long did it take for you to quit smoking once you decided to quit? **(Write in number)**
- about \_\_\_\_\_ days    about \_\_\_\_\_ months    about \_\_\_\_\_ years
- 53.** Do you exercise? **(X ONE Box)**
- 1  Almost everyday                      4  About once a month  
 2  A few times a week                      5  Don't exercise at all  
 3  About once a week
- 54.** Do you drink alcoholic beverages? **(X ONE Box)**
- 1  Don't drink at all  
 2  Hardly drink (a few times a month or less)  
 3  Drink sometimes (a few times a week)  
 4  A can of beer (12 oz.) or its equivalent a day, almost everyday  
 5  3 cans of beer (12 oz. x 3) or its equivalent a day, almost everyday  
 6  5 cans of beer (12 oz. x 5) or its equivalent a day, almost everyday
- 55.** Do you gamble in lotteries or at casinos or bet on sporting events or horse races? **(X ONE Box)**
- 1  Don't gamble at all                      3  Several times a year or so                      5  Once a week or so  
 2  Hardly gamble                      4  Once a month or so                      6  Almost everyday
- 56.** Please indicate if you are affiliated with any of the following religions. **(X ONE Box)**
- 01  Baptist                      07  Other Protestant                      13  Islam  
 02  Episcopalian                      08  Roman Catholic                      14  Judaism  
 03  Evangelical                      09  Orthodox Christian                      15  Scientology  
 04  Lutheran                      10  Other Christian                      16  Some other affiliation not listed above  
 05  Presbyterian                      11  Buddhism                      17  None  
 06  United Methodist                      12  Hinduism                      18  Prefer not to answer

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