



JSTAR

2009 Respondent Self-Completed Questionnaire

1st wave (Tosu and Naha)

Research Institute of Economy, Trade and Industry

Hitotsubashi University

The University of Tokyo

District	Location	Applicable

Survey of Lifestyle and Health
 “In support of better health care and pension policy”

Respondent Self-Completed Questionnaire

Introduction:

In this questionnaire, we ask about topics that we could not cover in the interview, or that are more effectively answered on paper than in an interview. These questions are equally important to the survey research as those asked in the interview. Please answer them to the best of your ability.

When you have completed filling out this form, please seal it in the envelope provided and give it to the interviewer who comes to your home, or mail it to us within ten days (postage is paid).

We have also asked you to fill out a separate questionnaire about your diet. After analyzing your responses to the diet questionnaire, we will send you an analysis of the balance of your diet.

We will strictly respect the confidentiality of your answers. They will not be used for any purpose other than research (including tax inquiries, commercial purposes, etc.). Even for research purposes, no individual identification will be possible.

2009

Organizations conducting this survey:

Hitotsubashi University (National university)

Research Institute of Economy, Trade and Industry (Incorporated administrative agency)

Contact:

Itosawa, Ueno, or Kuramochi

RJC Research, Inc.

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Chiyoda-ku, Tokyo 101-0052

Toll-free phone: 0120-207-180

(Mon-Fri, 10:00~6:00)

Key Points for Filling Out this Form

1. In general, respondent should fill out the form on his or her own. If it is difficult for the respondent to fill out the form, a family member or caregiver may fill out the form based on the respondent's answers. In that case, please make every effort to enter the opinions of the respondent.

2. Most of the questions in the questionnaire beginning on the next page can be answered by circling the number of the best choice to answer the question, or by entering a number. Please mark clearly, using a pencil or ball-point pen.

3. Please answer the questions in order. Unless you are instructed to skip a question, please try to answer every question. Thank you for your cooperation.

Please begin with Question 1 on the next page.

First, we would like to ask you about the condition of your health, your health consciousness, and your lifestyle habits.

1. Please select the item that most accurately describes your overall current health. (Circle only one.)

1. Very good
2. Good
3. Relatively good
4. Poor
5. Very poor
6. Don't know

2. Do you have any difficulty performing the following everyday activities? Please answer "yes" or "no" for each. If you don't perform an activity regularly, please imagine whether it would be difficult for you if you tried to perform it. (Circle only one answer for each item.)

Activity	Yes	No
1. Can you go out by yourself, using buses or trains?	1	2
2. Can you shop for daily needs?	1	2
3. Can you draw your own bath at night?	1	2
4. Can you pay your bills?	1	2
5. Can you make deposits and withdrawals from your bank or postal account?	1	2
6. Can you fill out documentation for your pension, etc.?	1	2
7. Do you read a newspaper?	1	2
8. Do you read books or magazines?	1	2
9. Are you interested in articles or programs about health?	1	2
10. Do you visit the homes of friends?	1	2
11. Do you give advice to family or friends?	1	2
12. Can you visit sick people?	1	2
13. Do you ever talk to young people?	1	2
14. Do you use the telephone by yourself?	1	2
15. Do you take medicine by yourself?	1	2

3. We would now like to ask about how much you walk in the course of your daily activities. Please answer not only about taking walks, but how much time you spend walking, including shopping, going to work or going out. (Circle only one answer.)

1. Hardly walk at all
2. Less than 30 minutes
3. 30-60 minutes
4. 60-90 minutes
5. More than 90 minutes
6. Cannot walk

4. Do you regularly use tobacco, or did you use it in the past? (Circle only one answer.)

1. Yes, I smoke now (Go to question 4-1)
2. I smoked in the past, but I have quit (Go to question 4-1)
3. No, I have never smoked regularly (Go to question 5)

4-1. At about what age did you begin smoking regularly?

About age ____

4-2. About how many cigarettes do you smoke per day (or did you used to smoke per day)? (Answer in number of cigarettes or number of packs.)

1. ____ cigarettes per day
2. ____ packs per day

4-3. At about what age did you quit smoking?

About age ____

5. We would now like to ask about your alcohol consumption. In the past six months, about how frequently did you drink alcohol (including beer, mixed drinks, whiskey, shochu, sake, or wine)?

1. Daily
2. 5-6 days per week
3. 3-4 days per week
4. 1-2 days per week
5. Several times per month
6. Hardly ever or never drink

5-1. (For respondents who selected answers 1-4 in question 5)

On days when you drank, what and how much did you drink? If you drank more than one kind of drink, please count the total of each you drank per day.

1. Beer: ____ cans of beer (350ml)
2. Shochu: ____ drinks (25% alcohol)
3. Sake: ____ drinks
4. Whiskey: ____ doubles
5. Wine: ____ glasses
6. Cocktails: ____ ml
7. Other: (specify) ____ ml

6. Are you currently concerned about your health?

1. Yes
2. No
3. Not sure

7. Are you confident that you will be healthy three years from now?

1. Yes
2. No
3. Not sure

8. We would now like to ask about your physical and emotional condition in the last week. Please indicate whether any of the following has occurred in the last week. If something occurred, but did not continue for at least one day, answer "Not at all." If it continued for one day or more, please indicate the number of days. (Circle only one answer.)

	Not at all	1-2 days	3-4 days	5 days or more
1. Felt unusual in some way	1	2	3	4
2. Had no appetite	1	2	3	4
3. Felt depressed and could not be consoled by family or friends	1	2	3	4
4. Felt I could do anything a normal person could do	1	2	3	4
5. Could not concentrate on what I was doing	1	2	3	4
6. Felt depressed	1	2	3	4
7. Something that is normally effortless was difficult to do	1	2	3	4
8. Felt the future was bright	1	2	3	4
9. Felt that my life so far has been a failure	1	2	3	4
10. Felt frightened	1	2	3	4
11. Could not sleep well	1	2	3	4
12. Felt happy	1	2	3	4
13. Felt more taciturn than usual	1	2	3	4
14. Felt lonely	1	2	3	4
15. People around me seemed cold to me	1	2	3	4

16. Felt happy	1	2	3	4
17. Cried or felt like crying	1	2	3	4
18. Felt sad	1	2	3	4
19. Felt that people around me disliked me	1	2	3	4
20. Didn't feel like doing anything	1	2	3	4

9. Are you satisfied or unsatisfied with your current life? (Circle only one answer.)

1. Satisfied
2. Relatively satisfied
3. Somewhat unsatisfied
4. Unsatisfied

We would now like to ask about your relationships with family and the people around you.

10. Do you feel that the following people would be concerned if you had a problem or were worried about something? (Circle only one answer for each person.)

	Very concerned	Somewhat	Not so much	Not at all	Nobody in that category
1. Spouse (or common-law spouse)					
2. Relatives living in your house other than spouse	1	2	3	4	5
3. Children or other close relatives not living with you	1	2	3	4	5
3. Friends, acquaintances, neighbors, etc.	1	2	3	4	5

11. If you were bedridden with an illness, do you think the following people would take care of you or do things for you? (Circle only one answer for each person.)

	Yes, certainly	Somewhat	Not so much	Not at all	Nobody in that category
1. Spouse (or common-law spouse)					
2. Relatives living in your house other than spouse	1	2	3	4	5
3. Children or other close relatives not living with you	1	2	3	4	5
3. Friends, acquaintances, neighbors, etc.	1	2	3	4	5

12. Would you be concerned if the following people had a problem or were worried about something? (Circle only one answer for each person.)

	Very concerned	Somewhat	Not so much	Not at all	Nobody in that category
1. Spouse (or common-law spouse)					
2. Relatives living in your house other than spouse	1	2	3	4	5
3. Children or other close relatives not living with you	1	2	3	4	5
3. Friends, acquaintances, neighbors, etc.	1	2	3	4	5

13. If the following people were bedridden with an illness, would you care for them or do things for them? (Circle only one answer for each person.)

	Yes, certainly	Somewhat	Not so much	Not at all	Nobody in that category
1. Spouse (or common-law spouse)					
2. Relatives living in your house	1	2	3	4	5

other than spouse					
3. Children or other close relatives not living with you	1	2	3	4	5
3. Friends, acquaintances, neighbors, etc.	1	2	3	4	5

14. Who is or was primarily responsible for the following tasks? Select the most appropriate answer for each item. If the item is not applicable to you, select "Not applicable."

	Self only	Primarily self	Equally with spouse	Primarily spouse	Spouse only	Not applicable
1. Care of children	1	2	3	4	5	6
2. Earn income	1	2	3	4	5	6
3. Prepare meals, clean house, do laundry	1	2	3	4	5	6
4. Care of older relatives	1	2	3	4	5	6
5. Keep household accounts	1	2	3	4	5	6
6. Decide on major purchases	1	2	3	4	5	6

15. This question is for respondents who are married or have a common-law spouse. How satisfied are you overall with your relationship with your spouse? Select only one answer.

1. Very satisfied
2. Generally satisfied
3. Somewhat dissatisfied
4. Quite dissatisfied
5. Don't know

16. Do you agree or disagree with the following opinions about typical gender roles? (Circle only one answer for each item.)

	Agree	Generally agree	Generally disagree	Disagree	Don't know
1. Men should work outside the home and women inside the home	1	2	3	4	5
2. Boys and girls should be raised differently	1	2	3	4	5
3. Women are more suited than men for housework and childcare	1	2	3	4	5

17. Some people feel that individuals and families should take responsibility for the social needs and medical care of the elderly, while others feel it should be the national or local government's responsibility. Which opinion do you agree with?

	Individual/family	Probably individual/family	Probably national/ local government	National/ local government	Don't know
1. Responsibility for social needs of elderly	1	2	3	4	5
2. Responsibility for medical care of elderly	1	2	3	4	5

18. Please describe your local area in regard to the following points.

	Yes	No	Don't know
1. Pharmacy and medical care facilities nearby	1	2	3

2. Stores selling groceries and daily needs nearby	1	2	3
3. Park where you can walk and exercise safely nearby	1	2	3
4. Train station or bus stop nearby	1	2	3
5. There are pollution or noise problems	1	2	3
6. There are concerns about public order such as vandalism or crime	1	2	3
7. There is a location nearby to meet with friends	1	2	3

19. We would now like to ask about the people who live near you.

	Yes	No	Don't know
1. Do you think you can trust most of them?	1	2	3
2. Do you think that others would take advantage of you given the opportunity?	1	2	3
3. Do you think most of them try to help others?	1	2	3

20. When you thought of the area "near you" in the previous question, which of the following came to your mind? (Circle only one answer.)

1. Neighboring homes
2. Same ward/school district/ health district, etc.
3. Same city or town
4. Same prefecture
5. Other (specify)
6. Nothing special came to mind

21. We would now like to ask about how you spend your time. Please think about the past month. About how much time per day did you spend on the following activities? Please think separately about weekdays (working days) and weekend days, and answer in ten-minute units. If you do not work, answer for non-working days only. If your primary occupation is keeping house, please answer in terms of weekdays and weekend days for a member of your family who works. If you do more than one thing at a time, please answer concerning the primary activity.

	Time spend on weekdays (work days)	Time spent on weekend days (non-work days)
Commuting	hours minutes	--
Work	hours minutes	--
Housework, shopping for daily needs	hours minutes	hours minutes
Caring for children or grandchildren	hours minutes	hours minutes
Caring for parent, spouse, or family member	___ hours ___ minutes	___ hours ___ minutes
Exercise, sports, walking	hours minutes	hours minutes
Studying/learning	hours minutes	hours minutes
Community meetings, religious activities, political activities	___ hours ___ minutes	___ hours ___ minutes
Hobbies, amusement, socializing	hours minutes	hours minutes
Resting, relaxing (except sleeping)	hours minutes	hours minutes
Sleeping	hours minutes	hours minutes

22. We would now like to ask about your friendships. Please state how many friends you have from each context described below. "Friends" means friends you meet individually. Please do not include people that you do an activity with (such as community meetings, regional activities, or hobbies) but do not meet with, talk to, or socialize with on a personal basis. If you know them in more than one context, please answer for the primary context.

	Male friends		
Context in which you met	How many friends in all?	Number of those with whom you would share concerns, etc.	Number of those you could ask for help if you were sick, injured or had some other problem
Know from childhood or school days			

Know from work			
Know from hobby or volunteer activity			
Know through spouse or children			
Met through friend after graduating from school			
Live nearby			
Other (specify)			

	Female friends		
Context in which you met	How many friends in all?	Number of those with whom you would share concerns, etc.	Number of those you could ask for help if you were sick, injured or had some other problem
Know from childhood or school days			
Know from work			
Know from hobby or volunteer activity			
Know through spouse or children			
Met through friend after graduating from school			
Live nearby			
Other (specify)			

23. Overall, are you satisfied with your current friendships? (Circle only one answer.)

1. Very satisfied
2. Relatively satisfied
3. Somewhat dissatisfied
4. Very dissatisfied
5. Not applicable (no friends)

24. In the past month, have you done non-work activities with anyone other than family or friends? (Circle only one answer.)

1. Yes (Go to supplementary questions 24-1~24-3)
2. No (Go to question 25)
3. Don't know (Go to question 25)

24-1. What kind of activity was it? Please select all applicable answers.

1. Local activity (including seniors' clubs and festivals)
2. Helped a neighbor (in a personal capacity)
3. Volunteer/charitable activity
4. Religious activity
5. Political activity
6. Hobby/travel/leisure activity
7. Study/learning
8. Exercise/sports activity (including gateball [like croquet], jogging, etc.)
9. Other (specify)

24-2. Enter the number of the activity above you engaged in most frequently: ____

24-3. About how often did you engage in the activity you named in question 24-2? (Circle only one answer.)

1. Almost every day
2. Almost every week
3. Several times a month
4. Don't know
5. Refused to answer

25. We would now like to ask about your contributions to and support of charitable enterprises. In the past year, have you contributed to a charity? If so, about how much did you donate? A rough estimate is fine.

1. I donated
2. I did not donate
3. Don't know
4. Refused to answer

Amount of donation:

1. About ___ yen
2. Don't know
3. Refused to answer

The following questions are related to income and assets.

We understand that these questions are very personal, but the relationship between your household's economic situation and your health is necessary information for statistical analysis. The interviewer will not see the information you enter here, and the information will be statistically processed without any individual identification.

We will strictly preserve the confidentiality of your answers, and they will not be used for any purpose other than research (such as for tax or commercial purposes). We appreciate your cooperation.

Also, if you have your tax withholding certificate or tax return available, please consult as you answer these questions to ensure more accurate information. Thank you.

26. Do you manage your household finances together with your spouse (or common-law spouse), or separately?

1. Together
2. Separately
3. No spouse
4. Don't know
5. Refused to answer

First, we would like to ask about your own individual income.

27. About how much income did you have in the last year after taxes and social insurance deductions?

Please include not only wages, but any income from pensions or financial assets (fixed-term savings, government bonds, etc.) or real estate in your name. If you received any money for living expenses from anyone other than your spouse (child, parent, etc.), please include that amount also. If you received meals or other non-cash income, please include a rough estimate of that amount also. If you had no individual income, please enter 0.

1. About ___ yen
2. Don't know

28. We would now like to ask about any taxes or social insurance premiums paid in your own name. In the past year, did you pay any income tax, resident tax, business tax, fixed-asset tax, automobile tax, inheritance tax, or social insurance premiums (public insurance fees such as pensions, national health insurance, or nursing care insurance)?

1. Yes
2. No
3. Don't know

28-1. Only for respondents who answered "Yes" to question 28.

In the past year, about how much did you pay all together? If you can, circle any items you paid and state the amount. If you can distinguish between taxes and social insurance deductions, please do so.

1. I paid something, but don't know how much
2. I know the total amount, but not the breakdown; total amount ___ yen
3. Breakdown:
Taxes (income, resident, business, fixed-asset, automobile, inheritance): ___ yen
Social insurance (medical, nursing, pension, or other public insurance): ___ yen

The next questions are only for respondents who said in question 26 that they manage their household finances together with their spouse. If this does not apply to you, please proceed to question 31.

29. We would now like to ask about your spouse's income. About how much income did your spouse have in the last year after taxes and social insurance deductions? Please include not only wages, but any income from pensions or financial assets (fixed-term savings, government bonds, etc.) or real estate in your spouse's name. If your spouse had no individual income, please enter 0.

1. About ___ yen
2. Don't know

30. We would now like to ask about any taxes or social insurance premiums paid in your spouse's name. In the past year, did your spouse pay any income tax, resident tax, business tax, fixed-asset tax, automobile tax, inheritance tax, or social insurance premiums (public insurance fees such as pensions, national health insurance, or nursing care insurance)?

1. Yes
2. No
3. Don't know

30-1. Only for respondents who answered "Yes" to question 30.

In the past year, about how much did your spouse pay all together? If you can, circle any items your spouse paid and state the amount. If you can distinguish between taxes and social insurance deductions, please do so.

1. Spouse paid something, but don't know how much
2. I know the total amount, but not the breakdown; total amount ___ yen
3. Breakdown:
Taxes (income, resident, business, fixed-asset, automobile, inheritance): ___ yen
Social insurance (medical, nursing, pension, or other public insurance): ___ yen

Next, we would like to ask about your assets.

31. Do you manage your assets together with your spouse (or common-law spouse) or separately?

1. Together
2. Separately
3. No spouse
4. Don't know
5. Refused to answer

First, we would like to ask about your individual assets.

32. Do you have savings in your own name? Please include regular bank or postal savings accounts, and fixed-term and fixed-amount accounts (including credit unions, credit societies, agricultural cooperatives, credit banks, etc.).

1. Yes
2. No
3. Don't know

32-1. This question is only for respondents who answered "Yes" to question 32. About how much do you have in those accounts?

1. About ___ yen
2. Don't know

33. Do you own securities in your own name in an investment trust (MMF, medium-term government bond fund, foreign investment trust, etc.), discount bank debentures, wide funds, government bonds, corporate securities, etc.?

1. Yes
2. No
3. Don't know

33-1. This question is only for respondents who answered "Yes" to question 33. About how much do you have in those accounts?

1. About ___ yen
2. Don't know

34. Do you own in your own name securities that can be traded through an investment company?

1. Yes
2. No
3. Don't know

34-1. This question is only for respondents who answered "Yes" to question 34. If you sold all those securities today, about how much could you get for them?

1. About ___ yen
2. Don't know

The next questions are only for respondents who said in question 31 that they manage their assets together with their spouse. If this does not apply to you, please proceed to question 38.

35. Does your spouse have savings in his or her own name? Please include regular bank or postal savings accounts, and fixed-term and fixed-amount accounts (including credit unions, credit societies, agricultural cooperatives, credit banks, etc.).

1. Yes
2. No
3. Don't know

35-1. This question is only for respondents who answered "Yes" to question 35. About how much does your spouse have in those accounts?

1. About ___ yen
2. Don't know

36. Does your spouse own securities in his or her own name in an investment trust (MMF, medium-term government bond fund, foreign investment trust, etc.), discount bank debentures, wide funds, government bonds, corporate securities, etc.?

1. Yes
2. No
3. Don't know

36-1. This question is only for respondents who answered "Yes" to question 36. About how much does your spouse have in those accounts?

1. About ___ yen
2. Don't know

37. Does your spouse own in his or her own name securities that can be traded through an investment company?

1. Yes
2. No

3. Don't know

37-1. This question is only for respondents who answered "Yes" to question 37. If your spouse sold all those securities today, about how much could he or she get for them?

1. About ___ yen
2. Don't know

38. This concludes the questionnaire. Did you answer this questionnaire on your own, or with the assistance of a family member or caregiver? (Circle only one answer.)

1. Answered by myself
2. Had help from a family member or caregiver

From whom did you have help?

1. Spouse
2. Child
3. Other relative
4. Other (specify)

Thank you very much for your cooperation with this study. Please seal this form in the envelope you received from the interviewer and give it to the interviewer when he or she comes to your home, or send it, together with the "Diet Questionnaire" to us within ten days.

Thank you also for your cooperation with the Diet Questionnaire. (Please take care not to fold or bend that form.)