



JSTAR

2009 Respondent Self-Completed Questionnaire

2nd wave (Adachi, Kanazawa, Shirakawa, Sendai, and Takikawa)

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. Please let me know your exercise habits.

2-1. 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. 50-90 minutes
5. More than 90 minutes
6. Cannot walk

2-2. How often do you have a good workout? (Example. ground golf, gateball [like croquet], jogging and radio calisthenics)

1. Every day
2. 2-3 days a week
3. Once a week
4. Once or twice a month
5. A few times a year
6. Not at all

2-3. How often do you do gardening, growing vegetables, and caring for animals?

1. Every day
2. 2-3 days a week
3. Once a week
4. Once or twice a month
5. A few times a year
6. Not at all

2-4. How often do you do strenuous activity (ex: tennis, soccer or swimming)?

1. Every day
2. 2-3 days a week
3. Once a week
4. Once or twice a month
5. A few times a year
6. Not at all

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

3-1. 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

3-2. Have you ever tried to stop smoking? How many times have you try to stop smoking?

1. Never stopped smoking
2. ___ times tried to stop smoking

4. Please check the items below that you do on a daily basis (exercise, smoking, alcohol consumption, and eating). Next, please check what you would like to start doing within 3 months. Then, please check those items that you do not plan to start doing at this time.

	Doing now	Plan to start within 3 months	Not doing or planning at this time
a. Exercise for over half an hour twice or more per week	1	2	3
b. Stop smoking	1	2	3
c. Stop drinking alcohol (Less than 1 drink of sake or 500ml can of beer)	1	2	3
d. Refrain from eating foods high in salt or fat	1	2	3

4-1 (For respondents who selected answers 2-3 in at least one sub-section of question 4)
Is it difficult to change your daily habits? What is the reason? Please check all that apply.

1. No time to change my daily habits
2. Cost and effort
3. Don't know how to do it
4. No benefit to changing my daily habits
5. Poorly equipped environment in terms of facilities or equipment
6. Non-cooperation for my family, friends, or peers
7. Do not feel the need
8. Other (specify)

5 Over the last year, what knowledge or information about health or illness for you or your family did you try to learn? Please check all that apply.

1. How to interpret the details and results of a health check up
2. Nourishment and alimentary therapy
3. How to increase strength and exercise
4. How to handle stress
5. Method of therapy and knowledge of illness
6. Specialist's therapy and where specialist is located.
7. Other (specify)
8. Nothing

5-1. (For respondents who selected answers 1-7 in question 5)
How do you acquire knowledge?

1. From friends or family
2. From TV or radio shows
3. From the Internet
4. From newspaper articles

5. From books or specialized books
6. From primary care doctor
7. From consultation services in the public office
8. Other (specify)
9. Could not get any information

5-2. (For respondents who selected answers 1-7 in question 5)

Are you satisfied or unsatisfied with the information and knowledge that you acquire? (Select only one)

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

6. If you need information about health or treatments, how confident are you in your knowledge?

	Confident	Relatively confident	Not sure	Not at all sure
a Select the information that fits myself from available information	1	2	3	4
b Assess the information credibility	1	2	3	4
c Ask advice from someone who may know	1	2	3	4

7A. In the past two years, if you or your family needed to receive medical treatment, could they get treatment or did they fail to get it?

1. Yes, could get treatment
2. No, could not get treatment

7A-1 (For respondents who selected answer 1 in question 6)

What service did they stop getting (or what medical treatment couldn't they receive)?

1. Out-patient examination
2. Out-patient service
3. Medicine
4. Dental care
5. Hospitalization for tests
6. Hospital treatment
7. Other (specify)

7A-2 (For respondents who selected answer 1 in question 7A-1)

For what reason did you stop getting treatment?

1. Facility was too far or took too much time to reach
2. Inconvenient service time
3. Too costly
4. Busy doing work or housekeeping
5. No healthcare center nearby
6. Other (specify)

7B. In the past two years, if you or your family needed care, could they receive it or did they fail to receive it? 1. Yes, could get care 2. No, could not get care

7B-1. What service or care did they stop receiving or could not receive?

1. Housekeeping services
2. Attendant services
3. Delivery meal services
4. Home nursing visits or home rehabilitative visits
5. Day care services
6. Short stay services
7. Facility care services

7B-2. (For respondents who selected answer 1 in question 7B-1)

What was the reason for stopping the care?

1. Could not get good services in my area
2. Inconvenient service time
3. Too costly
4. Fully booked up
5. Disagreement with family or peer

8. Do you have any difficulty performing any of 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

9. We asked your body weight when we last interviewed you. For this question, please remember the past and answer the question below.

9-1. Please remember when you were in 20s. Was your body weight at that time more or less than your current body weight?

1. 10kg or more over my current weight
2. 5-9kg over my current weight
3. Between 0-4kg of my current weight
4. 5-9kg less than my current weight
5. 10kg or more less than my current weight

9-2. Please remember when you were in 40s. Was your body weight at that time more or less than your current body weight?

1. 10kg or more over my current weight
2. 5-9kg over my current weight

3. Between 0-4kg of my current weight
4. 5-9kg less than my current weight
5. 10kg or more less than my current weight

10. 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

10B. Are you satisfied or unsatisfied with your current life? (Circle only one answer.)

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

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

11-1. Do you feel that your family, friends or neighborhoods would be concerned if you had a problem or were worried about something?

1. Yes () persons
2. No
3. Would not like to consult

11-2. If you were bedridden with an illness, do you think your family, friends or neighbors would take care of you or do things for you?

1. Yes () persons
2. No
3. Would not like to consult

11-3. Would you be concerned if your family, friends or neighbors had a problem or were worried about something?

1. Very concerned
2. Somewhat
3. Not so much
4. Not at all

11-4. If your family, friends or neighbors were bedridden with an illness, would you care for them or do things for them?

1. Yes, certainly
2. Somewhat
3. Not so much
4. Not at all

12. We would now like to ask about your local area. Is it easy or difficult to get to the places listed below using usual means of transportation (on foot, by bus, or by car)?

	Very easy	Relatively easy	Relatively difficult	Very difficult
1. Bank or ATM (automated teller machine)	1	2	3	4
2. Primary care doctor	1	2	3	4
3. General hospital	1	2	3	4
4. Dental clinic	1	2	3	4
5. Post office	1	2	3	4
6. Grocery store / Convenience store	1	2	3	4
7. Supermarket	1	2	3	4
8. Shopping center	1	2	3	4

13. When you go to buy commodities or food, where do you usually go to buy them?

1. Shopping street, a retail store or variety shop in the immediate neighborhood
2. Downtown or shopping center in the same city or town
3. Downtown or shopping center in the next city or town
4. Downtown or shopping center in the city or town of the same prefecture
5. Other (specify)
6. Don't know

14. When you go to buy special clothes or shoes, where do you usually go to buy them?

1. Shopping street, a retail store or variety shop in the immediate neighborhood
2. Downtown or shopping center in the same city or town
3. Downtown or shopping center in the next city or town
4. Downtown or shopping center in the city or town of the same prefecture
5. Other (specify)
6. Don't know

15. How long have you lived in your current area?

1. Less than 3 years
2. 3-5 years
3. 5-9 years
4. 10-19 years
5. 20-29 years

6. More than 30 years

16. Do you like your area?

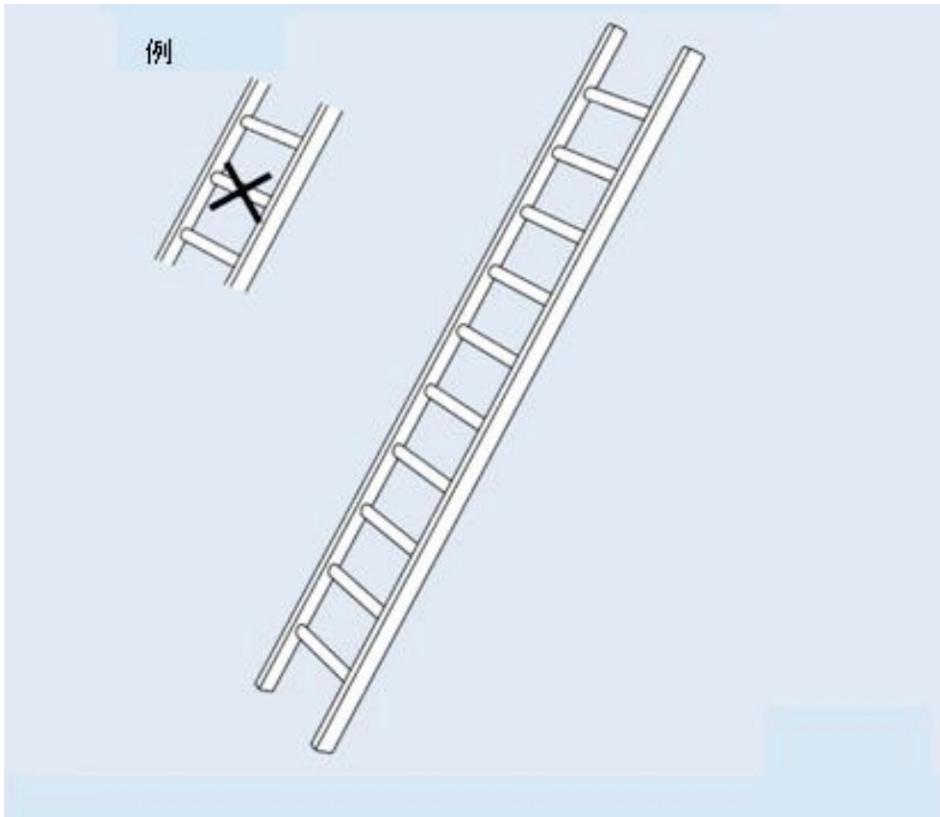
1. Very much
2. Somewhat
3. Yes and no
3. Not so much
4. Not at all

17. 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

We would now like to ask about your position in society.

18. Let this ladder be social hierarchy. A man who is the best off and has a high education stands at the top of this. However, a man who is the poorest and has a low education stands on the bottom. You know the more you climb up (down), the more you reach the high (low) position in society. Please indicate the position that you think you occupy.



19. Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you think this applies to you.

	Often	Sometimes	Seldom	Never
1. My age prevents me from doing the things I would like to	1	2	3	4
2. I feel that what happens to me is out of my control	1	2	3	4
3. I feel free to plan for the future	1	2	3	4
4. I feel left out of things	1	2	3	4
5. I can do the things that I want to do	1	2	3	4
6. Family responsibilities prevent me from doing what I want to do	1	2	3	4
7. I feel that I can do what I please	1	2	3	4
8. My health stops me from doing things I want to do	1	2	3	4
9. Shortage of money stops me from doing things I want to do	1	2	3	4
10. I look forward to each day	1	2	3	4
11. I feel that my life has meaning	1	2	3	4
12. I enjoy the things that I do	1	2	3	4
13. I enjoy being in the company of others	1	2	3	4
14. On balance, I look back on my life with a sense of happiness	1	2	3	4
15. I feel full of energy these days	1	2	3	4
16. I choose to do things that I have never done before	1	2	3	4
17. I feel satisfied with the way my life has turned out	1	2	3	4
18. I feel that life	1	2	3	4

is full of opportunities				
19. I feel that the future looks good for me	1	2	3	4

CASP -19 Questionnaire

20. 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	--
Sleeping	___ hours ___ minutes	___ 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

21. 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 21-1~21-3)
2. No (Go to question 22)
3. Don't know (Go to question 22)

21-1. 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)

21-2. Enter the number of the activity above you engaged in most frequently: ____

21-3. 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

22. 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

Next, we would now like to ask your thinking about economy and asset maintenance

23. Have you ever studied accounting or economics in school?

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

24. Do you have a degree (BA, MA, or PhD) in accounting or economics?

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

25. Do you have any stocks, bonds or mutual funds in an account abroad?

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

26. Next year, will you invest in the stock market?

1. Yes (Go to question 26-1)
2. No (Go to question 26-2)
3. Don't know (Go to question 27)

26-1 (For respondents who selected answer 1 in question 26)

Please tell me the reason. Please check all that apply.

1. Trust in stock market
2. Lack of knowledge about stock market
3. Experience of failure in stock market
4. Other (specify)

26-2 (For respondents who selected answer 2 on question 26)

Please tell me the reason. Please check all that apply.

1. Low stock price leads to risk
2. No investments
3. Good investments in the long term
4. Other (specify)

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.

27. 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.

28. 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

29. 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

29-1. Only for respondents who answered "Yes" to question 29.

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 27 that they manage their household finances together with their spouse. If this does not apply to you, please proceed to question 32.

30. 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

31. 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

31-1. 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.

32. 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.

33. 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

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 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

34-1. This question is only for respondents who answered "Yes" to question 34. About how much do you have in those accounts?

1. About ___ yen
2. Don't know

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

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

35-1. This question is only for respondents who answered “Yes” to question 35. 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 32 that they manage their assets together with their spouse. If this does not apply to you, please proceed to question 39.

36. 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

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 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

37-1. This question is only for respondents who answered “Yes” to question 37. About how much does your spouse have in those accounts?

1. About ___ yen
2. Don’t know

38. 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

38-1. This question is only for respondents who answered “Yes” to question 38. 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

39. 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.)