



JSTAR

2011 Respondent Self-Completed Questionnaire

1st wave (Chofu, Tondabayashi, and Hiroshima)

Research Institute of Economy, Trade and Industry

The University of Tokyo

Hitotsubashi University

Ver. June 18, 2013

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 the topics that we were unable to cover in the interview, or that are more effectively answered on paper than in an interview. These questions are equally as 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 hand it to the interviewer when (s)he visits, or mail it to us within 10 days (postage is paid).

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

We 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.

2012

Organizations conducting this survey:

The University of Tokyo (national university)

Hitotsubashi University (national university)

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

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(Mon-Fri, 10:00~18:00)

Key points for filling out this form

1. In general, the 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 do so based on the respondent's answers. In that case, please make sure 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 or by entering a number. Please mark clearly, using a pencil or ballpoint pen.
3. Please answer the questions in order. Unless instructed to skip, 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 about your health condition, health consciousness, and lifestyle habits.

1. Which of the following statements most accurately describes the current status of your overall health condition? (Circle only one.)

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

2. Are you able to perform the following everyday activities without difficulty? Circle 1 to indicate "yes" if you have no difficulty, and 2 to indicate "no" if any difficulty. If an activity is not part of your daily activities, please respond based on whether or not you would be able to perform it regardless.

Activity	Yes	No
1. Going out alone using public transportation such as buses or trains	1	2
2. Shopping for daily necessities	1	2
3. Boiling water in a kettle	1	2
4. Paying bills	1	2
5. Making deposits in and withdrawals from your bank or postal account	1	2
6. Filling out documentation such as pension forms	1	2
7. Reading newspapers	1	2
8. Reading books and magazines	1	2
9. Taking interest in newspaper/magazine articles and TV programs featuring health	1	2
10. Visiting friends' homes	1	2
11. Giving advice to family members, friends, etc.	1	2
12. Visiting sick family members, friends, etc.	1	2
13. Talking to young people	1	2
14. Making phone calls without help	1	2
15. Taking medicine without help	1	2

3. How much do you walk per day? Please include not only the time spent on walking for leisure or exercise but also that spent on walking for shopping, commuting to work, and running errands. (Circle only one.)

1. Hardly walk at all
2. Less than 30 minutes
3. 30 minutes or more but less than 60 minutes
4. 60 minutes or more but less than 90 minutes
5. 90 minutes or more
6. Unable to walk

4. Do you regularly smoke or did you do so in the past? (Circle only one.)

1. I smoke regularly now (Go to question 4-1)
2. I used to smoke regularly in the past, but I have quit (Go to question 4-1)
3. I have never smoked regularly (Go to question 5)

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

At about ___ years old

4-2. How much do you smoke (or did you used to smoke) per day?

(Answer in the number of cigarette(s) or pack(s).)

1. Approximately ___ cigarette(s)
2. Approximately ___ pack(s)

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

At about ___ years old

5. How often did you drink alcoholic beverages (beer, whiskey, shochu, sake, wine, etc.) in the past six months?

1. Everyday
2. 5-6 times a week
3. 3-4 times a week
4. 1-2 times a week
5. A few times a month
6. Hardly or never

5-1. (Please answer this question if your answer in question 5 was any of the first four.)

What did you usually drink and how much per occasion? If you drank more than one kind, please indicate the total quantity per day.

1. Beer: (___) can(s) (350ml/can)
2. Shochu: (___) cup(s) (180ml/cup) with 25% alcohol content
3. Sake: (___) cup(s) (180ml/cup)
4. Whiskey: (___) double(s)
5. Wine: (___) glass(es)
6. Shochu-based 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. This question asks about your physical and emotional conditions. Did you experience the following symptoms in the past week, and if you did, how long did the symptom last? For each symptom, circle the number corresponding to the answer that best applies to you. If a symptom occurred but did not last one day, select 1 (Not at all).

	Not at all	1-2 days	3-4 days	5 days or more
1. Feeling uneasy about things you would usually not be concerned about	1	2	3	4
2. Poor appetite	1	2	3	4
3. Feeling depressed and unable to dispel the gloom despite encouragement from family and friends	1	2	3	4
4. Feeling capable of doing what an average person can do	1	2	3	4
5. Unable to concentrate on what you are doing	1	2	3	4
6. Feeling depressed	1	2	3	4
7. Feeling troublesome to do something you would usually do effortlessly	1	2	3	4
8. Feeling optimistic about the future	1	2	3	4
9. Feeling that your life has been a failure	1	2	3	4
10. Feeling fearful	1	2	3	4
11. Poor sleep	1	2	3	4
12. Feeling happy	1	2	3	4
13. Talking less than usual	1	2	3	4

14. Feeling lonely	1	2	3	4
15. Feeling that people are unfriendly	1	2	3	4
16. Feeling fun	1	2	3	4
17. Crying or feeling like crying	1	2	3	4
18. Feeling sad	1	2	3	4
19. Feeling that people dislike you	1	2	3	4
20. Feeling low on energy and finding everything takes effort	1	2	3	4

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

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

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

10. Do you think your family, relatives, friends, etc. would sympathize and care for you if you have concerns or worries? For each category, circle the number corresponding to the answer that best describes your thoughts.

	Yes, certainly	Yes, probably	No, probably not	No, certainly not	No family, relatives, etc.
1. Spouse (or common-law spouse)	1	2	3	4	5
2. Family member(s) living together (except for spouse)	1	2	3	4	5
3. Son(s)/daughter(s) living separately or relatives	1	2	3	4	5
3. Friends, acquaintances, neighbors, etc.	1	2	3	4	5

11. Do you think your family, relatives, friends, etc. would take care of you and run errands for you if you get sick and become bedridden? For each category, circle the number corresponding to the answer that best describes your thoughts.

	Yes, certainly	Yes, probably	No, probably not	No, certainly not	No family, relatives, etc.
1. Spouse (or common-law spouse)	1	2	3	4	5
2. Family member(s) living together (except for spouse)	1	2	3	4	5
3. Son(s)/daughter(s) living separately or relatives	1	2	3	4	5
3. Friends, acquaintances, neighbors, etc.	1	2	3	4	5

12. Would you sympathize and care for your family, relatives, friends, etc. if they have concerns or worries? For each category, circle the number corresponding to the answer that best describes your thoughts.

	Yes, certainly	Yes, probably	No, probably not	No, certainly not	No family, relatives, etc.
1. Spouse (or common-law spouse)	1	2	3	4	5
2. Family member(s) living together (except for spouse)	1	2	3	4	5
3. Son(s)/daughter(s) living separately or relatives	1	2	3	4	5
3. Friends, acquaintances, neighbors, etc.	1	2	3	4	5

13. Would you take care of your family, relatives, friends, etc. or be asked to run errands for them if they get sick and become bedridden? For each category, circle the number corresponding to the answer that best describes your thoughts.

	Yes, certainly	Yes, probably	No, probably not	No, certainly not	No family, relatives, etc.
1. Spouse (or common-law spouse)	1	2	3	4	5

2. Family member(s) living together (except for spouse)	1	2	3	4	5
3. Son(s)/daughter(s) living separately or relatives	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? Circle the number corresponding to the most appropriate answer for each item. If the item is not applicable to you, select "Not applicable."

	Only you	Primarily you	You and your spouse	Primarily your spouse	Only your spouse	Not applicable
1. Taking care of children	1	2	3	4	5	6
2. Earning income	1	2	3	4	5	6
3. Preparing meals, cleaning house, and doing laundry	1	2	3	4	5	6
4. Providing care for elderly family member(s)	1	2	3	4	5	6
5. Managing household budgets	1	2	3	4	5	6
6. Making decisions on major purchases	1	2	3	4	5	6

15. (Please answer this question if you are married or have a common-law spouse.)

How satisfied are you overall with your relationship with your spouse (or common law spouse)? Select only one answer.

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

16. To what extent do you agree or disagree with the following statements about gender roles? (Circle only one for each.)

	Strongly agree	Moderately agree	Moderately disagree	Strongly disagree	Don't know
1. Men should work outside and women should run the household	1	2	3	4	5
2. Boys and girls should be raised differently	1	2	3	4	5
3. Women are more suited for housework and childcare than men	1	2	3	4	5

17. Who do you think should be responsible for assuring the livelihood of or providing medical and nursing care for the elderly? Should such responsibility be borne by individuals and families or rest with the national and/or relevant local government(s)? Circle the number corresponding to the answer that best describes your thoughts.

	Definitely, individuals and families	Probably, individuals and families	Probably, the national/local government(s)	Definitely, the national/ local government(s)	Don't know
1. Livelihood	1	2	3	4	5
2. Medical and nursing care	1	2	3	4	5

17-2. (ONLY FOR HIRISHIMA STUDY) Do you have an Atomic Bomb Survivor’s Certificate?

1. Yes
2. No
3. Not sure

18. Are the following statements true about your neighborhood? Select one answer for each.

	Yes	No	Don't know
1. Both the pharmacy store(s) and clinic(s)/hospital(s) are located nearby	1	2	3
2. Stores selling groceries and daily necessities are located nearby	1	2	3
3. A park where you feel safe walking and exercising is located nearby	1	2	3
4. No train stations or bus stops are located nearby	1	2	3
5. Having pollution, noise, or other environmental problems	1	2	3
6. Having neighborhood safety concerns such as a rise in crime and violence	1	2	3
7. An appropriate place for gathering and meeting with friends is available nearby	1	2	3

19. What do you think of the people living in your area? Please indicate whether you agree or disagree with each of the following statements.

	Yes	No	Don't know
1. Most people can be trusted	1	2	3
2. Other people (except your family) would take advantage of you if given the opportunity	1	2	3
3. Most people try to be helpful to others	1	2	3

20. When you read the term “your area” in the previous question, which of the following came to mind? (Circle only one.)

1. Immediate neighborhood
2. Areas having the same district code, within the same school district, or served by the same public health center, etc.
3. Your city or town
4. Your prefecture
5. Other (specify)
6. No specific area

21. This question asks about how you spent your time on your average work days and non-work days during the past month. Approximately how much time did you spend on each of the following activities per day? Please answer in ten-minute units. If you are not working and if you are not a fulltime homemaker, fill in only for non-work days. If you are a fulltime homemaker, fill in for both work days and non-work days based on those of the primary working family member. In the case where you perform multiple tasks at the same time, please answer about the primary task.

	Work days	Non-work days
Commuting	__ hour(s) __ minutes	--
Working	__ hour(s) __ minutes	--
Housework, shopping for daily necessities	__ hour(s) __ minutes	__ hour(s) __ minutes
Taking caring of son(s)/daughter(s) or grandchildren	__ hour(s) __ minutes	__ hour(s) __ minutes
Providing care for parent(s), spouse, or other family member(s) in need	__ hour(s) __ minutes	__ hour(s) __ minutes
Sports, walking, or other exercise activities	__ hour(s) __ minutes	__ hour(s) __ minutes
Studying, learning, etc.	__ hour(s) __ minutes	__ hour(s) __ minutes
Community, religious, or political activities	__ hour(s) __ minutes	__ hour(s) __ minutes
Hobbies, leisure activities, socializing	__ hour(s) __ minutes	__ hour(s) __ minutes
Resting or relaxing (except for sleeping)	__ hour(s) __ minutes	__ hour(s) __ minutes

Sleeping	__ hour(s) __ minutes	__ hour(s) __ minutes
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22. We would now like to ask about your friendships. How many friends do you have today and how closely are you connected with them? Please indicate the number of friends and its breakdown by the type of context in which you met them.

“Friends” referred to here are those with whom you personally associate. Although you might meet and do something together with many people at community meetings and other local activities or through hobbies, do not include them unless you meet with, talk to, or socialize with them on a personal basis.

If the context in which you met a friend fits into more than one type listed below, include him/her in the number for the primary context.

Male friends			
Context in which you met	How many in total?	How many of them would you share your concerns and worries with?	How many of them would help you in trouble (e.g., if you become sick or injured)?
From childhood or school days together			
Worked together			
Participated in the same hobbies, volunteer activities, etc.			
Through spouse, son(s)/daughter(s), etc.			
Through friend(s) after graduating from school			
Living in the same neighborhood			
Other (specify)			

Female friends			
Context in which you met	How many in total?	How many of them would you share concerns and worries with?	How many of them would help you in trouble (e.g., if you become sick or injured)?
From childhood or school days together			
Worked together			
Participated in the same hobbies, volunteer activities, etc.			
Through spouse, son(s)/daughter(s), etc.			
Through friend(s) after graduating from school			
Living in the same neighborhood			
Other (specify)			

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

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

24. In the past month, did you engage in any non-work activities with someone other than your family and friends? (Circle only one.)

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. (Please answer this and subsequent supplementary questions if you selected answer 1 in question 24. Otherwise please proceed to question 25.)

What kinds of activities did you engage in? Please select all that apply.

1. Community activity (including senior club events and festivals)
2. Helping neighbors (in a personal capacity)
3. Volunteer or charitable activity
4. Religious activity
5. Political activity
6. Hobbies, travel, leisure activities, etc.
7. Study, learning, etc.
8. Sports or other exercise activities (including gateball [like croquet], jogging, etc.)
9. Other (specify)

24-2. Which of the activities selected above did you engage in most frequently? Enter the number corresponding to the activity.

(____)

24-3. How often did you engage in the activity selected in question 24-2? (Circle only one.)

1. Almost every day
2. Almost every week
3. A few times
4. Don't know
5. Refused to answer

25. Did you give any donations to charities during the past year? If so, how much did you donate? A rough estimate is fine.

1. Yes
2. No
3. Don't know
4. Refused to answer

Amount of donation:

1. Approximately (_____) yen
2. Don't know
3. Refused to answer

In the subsequent sections, we would like to ask about your household income and assets.

We understand that these questions are very personal. However, the information obtained from these questions is indispensable to statistically analyze how your household's economic situation relates to your health condition. Your response will not be disclosed to the interviewers and will be statistically processed so that individuals cannot be identified. 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.

If you have your tax withholding certificate or tax return available, please consult such documents as you answer these questions to ensure the accuracy of the information. Thank you.

26. Do you and your spouse (or common-law spouse) manage household finances together 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 income.

27. What was your approximate income last year after taxes and social insurance deductions? Please include all income you received, i.e., income from work, pension benefits, as well as interest and returns on financial assets (time deposits, government bonds, etc.) and investments in real estate held in your name. If you are receiving any financial support for living expenses from anyone other than your spouse (son(s), daughter(s), parents, etc.), please include the amount you received last year as well. In the case you received such support in non-cash form such as meals, include its estimated value. If you had no individual income, please enter 0.

1. Approximately _____ yen
2. Don't know

28. We would now like to ask about any taxes or social insurance premiums paid in your name. Did you pay any tax (national/local income taxes, local business tax, real estate tax, automobile tax, inheritance tax, etc.) or social insurance premiums (public pension, health, and long-term care insurance premiums) out of your income last year?

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

28-1. (Please answer this question only if you answered "Yes" to question 28.)

In the past year, approximately how much did you pay altogether in taxes and social insurance premiums? If possible, please provide breakdown figures for taxes and social insurance premiums. Circle the applicable number and indicate the amount(s) as appropriate.

1. I paid something but don't know how much
2. I paid approximately (_____) yen in total but do not know the breakdown
3. I paid the following amounts in taxes and social insurance premiums:
Taxes (national/local income taxes, local business tax, real estate tax, automobile tax, inheritance tax, etc.): (_____) yen
Social insurance premiums (public pension, health, and long-term care insurance premiums); (_____) yen

Please answer the following questions only if you have a spouse (or common-law spouse) and you selected answer 1 in question 26 (i.e., you and your spouse manage household finances together). If not, please proceed to question 31.

29. We would now like to ask about your spouse's (or common-law spouse's) income. What was his/her approximate income last year after taxes and social insurance deductions? Please include all income he/she received (i.e., income from work, pension benefits, as well as interest and returns on financial assets (time deposits, government bonds, etc.) and investments in real estate held in his/her name. If he/she had no individual income, please enter 0.

1. Approximately _____ yen
2. Don't know

30. We would now like to ask about any taxes or social insurance premiums paid in your spouse's (or common-law spouse's) name. Did he/she pay any tax (national/local income taxes, local business tax, real estate tax, automobile tax, inheritance tax, etc.) or social insurance premiums (public pensions, health, and long-term care insurance premiums) out of your income last year?

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

30-1. (Please answer this question only if you answered "Yes" to question 30.)

In the past year, approximately how much did your spouse (or common-law spouse) pay altogether in taxes and social insurance premiums? If possible, please provide breakdown figures for taxes and social insurance premiums. Circle the appropriate number and indicate the amount(s) as appropriate.

1. He/she paid something but I don't know how much
2. He/she paid approximately (_____) yen in total but I do not know the breakdown
3. He/she paid the following amounts in taxes and social insurance premiums:
Taxes (national/local income taxes, local business tax, real estate tax, automobile tax, inheritance tax, etc.): _____ yen
Social insurance premiums (public pension, health, and long-term care insurance premiums):
_____ yen

Next, we would like to ask about your assets.

31. Do you and your spouse (or common-law spouse) manage assets together 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 any deposits held in your name with any bank or similar financial institution (including the Japan Post Bank, credit banks and unions, agricultural cooperatives, and trust banks) whether in the form of savings or time deposits?

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

32-1. (Please answer this question only if you answered "Yes" to question 32.)

How much do you have in total in those accounts?

1. Approximately _____ yen
2. Don't know

33. Do you held any fixed income securities in your name? Fixed securities include: investment trusts (money market funds, medium-term government bond funds, foreign investment trusts, etc.), discount bank debentures, coupon bank debentures, government bonds, corporate bonds, etc.

1. Yes
2. No

3. Don't know

33-1. (Please answer this question only if you answered "Yes" to question 33.)

How much do you have in your account?

1. Approximately _____ yen
2. Don't know

34. Do you hold any equity securities that can be sold through brokers in your name?

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

34-1. (Please answer this question only if you answered "Yes" to question 34.)

If you are to sell all of those securities today, how much would you expect to receive?

1. Approximately _____ yen
2. Don't know

Please answer the following questions only if you have a spouse (or common-law spouse) and you selected answer 1 in question 31 (i.e., you and your spouse manage assets together). If not, please proceed to question 38.

35. Does your spouse (or common-law spouse) have any deposits in his/her name with any bank or similar financial institution (including the Japan Post Bank, credit banks and unions, agricultural cooperatives, and trust banks) whether in the form of savings or time deposits?

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

35-1. (Please answer this question only if you answered "Yes" to question 35.)

How much does your spouse have in his/her account?

1. Approximately _____ yen
2. Don't know

36. Does your spouse (or common-law spouse) hold any fixed income securities in his/her name? Fixed income securities include: investment trusts (money market funds, medium-term government bond funds, foreign investment trusts, etc.), discount bank debentures, coupon bank debentures, government bonds, corporate bonds, etc.

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

36-1. (Please answer this question only if you answered "Yes" to question 36.)

How much does your spouse have in his/her account?

1. Approximately _____ yen
2. Don't know

37. Does your spouse (or common-law spouse) hold any equity securities that can be sold through brokers in his/her name?

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

37-1. (Please answer this question only if you answered "Yes" to question 37.)

If your spouse (or common-law spouse) is to sell all of those securities today, how much do you expect he/she would receive?

1. Approximately _____ yen

2. Don't know

38. This concludes the questionnaire. Did you answer this questionnaire by yourself or did anyone (family member, caregiver, etc.) help you? (Circle only one.)

1. By myself
2. With the help of a family member, caregiver, etc.

From whom did you have help?

1. Spouse
2. Son/daughter
3. Other family member
4. Other (specify)

Thank you very much for your cooperation with this survey. Please seal this form in the envelope provided and hand it to the interviewer when (s)he visits or mail it, together with the completed Diet Questionnaire, to us within 10 days. Please take care not to fold or bend the Diet Questionnaire. Thank you.