

**Study on Health and Lifestyles**  
(For panel subjects)

November 2001  
Nihon University Center for Information Networking  
Chuo Research

Branch Number	Area Number	Subject Number	Panel Number	Name of Interviewer	Name of Inspector

**(Note to Interviewer)** Although, in general, interviews are to be conducted with a sample person, if the subject is incapable of being interviewed due to illness or another cause, the interview may be conducted with a proxy. This proxy must be someone who has been helping the subject in his or her daily existence for some time, and must be either a family member or someone who has been living with the subject.

(1) Date of interview

Mo.  Day

(2) Number of visits

Times`

(3) Time needed to conduct the interview

Min.

{ (Starting from) \_\_\_\_ Hr. \_\_\_\_ Min.  
(Finishing at) \_\_\_\_ Hr. \_\_\_\_ Min.

**(Note to Interviewer)**

Please include time used by the subject to attend to personal affairs or to rest.

**{Person Giving Responses}**

1. The Subject

2. Proxy



(Refer to the "Before Interview" at the top of the next page)

**{Reason the proxy is the respondent rather than the sample person}**

1. The subject has been hospitalized.
2. The subject has been moved to an institution for health (including physical or psychological) reasons.
3. The subject has been moved to an institution for reasons other than health (e.g. subject has been incarcerated for a traffic violation or otherwise).
4. The subject has difficulties hearing (the subject is hearing impaired, etc.).
5. The subject has difficulties speaking (the subject is experiencing verbal difficulties).
6. The subject has experienced memory loss, confusion or loss of consciousness, etc.
7. The subject is experiencing dementia.
8. The subject is experiencing some other form of psychological disorder.
9. The subject has a physical illness or disability.
10. The subject cannot respond for other reasons unrelated to health. Please explain:

S Q. When was the subject hospitalized or moved to the institution?

**(Note to interviewer)**

If the subject has been hospitalized or entered an institution on more than one occasion, please record, the most recent event

Japanese era

1. Showa

yr.  mo.

Not sure

2. Heisei



Q2. (1) [Answer sheet 1] The next questions you will be asked concern your (subject's) family.

First, what is your (subject's) current marital status?

**(Note to interviewer) Include cohabitation into married/remarried.**

**1 (A) Married**  
(includes being separated from the spouse due to one spouse's being hospitalized, living in an institution, or living in another area for business reasons)

**3 (C) Divorced**

**5 (E) Never been married**

→ (go directly to Q3)

**2 (B) Separated from spouse**

**4 (D) Widowed**

**6 (F) Not sure**

Q2. (2) [Answer sheet 2] What have you experienced over past the two years since the previous survey? (M. A.)

<p><b>1</b> (A) Married/Remarried</p> <p>↓</p>	<p><b>2</b> (B) Separated from spouse</p> <p>↓</p> <p>(go directly to Q3)</p>	<p><b>3</b> (C) Divorced</p> <p><b>4</b> (D) Widowed</p> <p>↓</p>	<p><b>5</b> (E) not changed last two years</p> <p><b>6</b> Not sure</p> <p>↓</p> <p>(go directly to Q3)</p>
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Q2. (3) On what date did you (subject) officially marry/remarry? (In reference to the current spouse)

Heisei   yr.   mo.

Q2. (5) (For those divorced) When were you (subject) officially divorced?  
(For those widowed) When did your husband/wife pass away?

Heisei   yr.   mo.

Q2. (4) What is spouse's (or subject's spouse) date of birth?

Japanese era

**1** Meiji  
**2** Tai s ho   yr.

mo.

**3** Showa

Q2. (6) (For those widowed) How old was your husband/wife (subject's husband/wife) when he/she passed away?

yrs.

**(To all respondents)**

Q3. How many are there in your (subject's) household, **including yourself (subject)** (including those who are temporarily hospitalized)?

Q4. (1) Please give the relationship to you (subject), age, and gender of the other members of the household.  
 (2) Who is the head of the household?  
 (3) Is there anyone in your family who started living with you in the past two years? (If yes) Who is it?

**(Note to interviewer)** - Please circle all of the numbers that identify family members (1 through 12).  
 - Please record the age of the subject from Q1 and confirm the subject's date of birth from the family's registrar.

#	Relationship to subject	Relationship	Age	Gender	Head of Household	Entered household in past two years
01	Subject (you)	<input style="width: 40px; height: 20px; text-align: center;" type="text" value="0"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	1	1
02	Subject's	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	2	2
03	Subject's	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	3	3
04	Subject's	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	4	4
05	Subject's	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	5	5
06	Subject's	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	6	6
07	Subject's	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	7	7
08	Subject's	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	8	8
09	Subject's	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	9	9
10	Subject's	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	10	10
11	Subject's	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	11	11
12	Subject's	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; border-bottom: none; border-right: none; border-left: none;" type="text"/> yrs	1.male 2.female	12	12

**(Relationship)**

- |                 |                           |                          |                               |
|-----------------|---------------------------|--------------------------|-------------------------------|
| <b>1 Spouse</b> | <b>2 Child</b>            | <b>3 Spouse of child</b> | <b>4 Grandchild</b>           |
| <b>6 Parent</b> | <b>7 Parent of spouse</b> | <b>8 Sibling</b>         | <b>5 Spouse of Grandchild</b> |
|                 |                           |                          | <b>9 Other</b>                |

Q5. The next are a few more questions about you (subject) [or about you and your (subject's) spouse].

The first questions will be about you (subject).

**(Note to interviewer)** Questions on the subject's spouse should only be asked in the event that the subject responded (A) Married or (B) Separated to Q2 above. For all other respondents, go directly to Q6 after completing items (2) through (12) on the subject.

Relationship with Subject	Subject	Spouse				
(1) Number from the far-left side of the table on Q4 (00 in the event that the couple is separated) <b>(to be filled in by interviewer)</b>	Number from Q4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>	0	1	Number from Q4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
0	1					
(2) How many of your (your spouse's) siblings are still living?	Older brother <input type="checkbox"/> Younger brother <input type="checkbox"/> Older sister <input type="checkbox"/> Younger sister <input type="checkbox"/>	Older brother <input type="checkbox"/> Younger brother <input type="checkbox"/> Older sister <input type="checkbox"/> Younger sister <input type="checkbox"/>				
(3) What type of community do you currently live in?	1. Urban area                      2. Rural area	1. Urban area                      2. Rural area				
(4) In all, how many years did you attend school?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> yrs. 00 No schooling 99 Not sure			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> yrs. 00 No schooling 99 Not sure		
(5) Are you (is your spouse) currently earning an income? (Include pensions)	1. Yes                      2. No	1. Yes                      2. No				
(6) [Answer sheet 3] Are you currently working?	1. (A) Working 2. (B) Retired and unemployed 3. (C) Student 4. (D) Engaged in homemaking 5. (E) No longer doing housework Go to (7)	1. (A) Working 2. (B) Retired and unemployed 3. (C) Student 4. (D) Engaged in homemaking 5. (E) No longer doing housework Go to (7)				
(7) Occupation [Answer sheet 4] What type of work are you currently engaged in?	1. (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2. (B) Employee (office employee, salesperson, store clerk, etc.) 3. (C) Employee (construction worker; craftsperson; taxi, truck or limousine driver; etc.) 4. (D) Self-employed (operated a store, office, plant, etc.) 5. (E) Involved in agriculture, forestry, or fishing 6. (F) Self-employed (attorney, physician, writer) 7. (G) Member of a family business (helped out with the family store, factory, farm, etc.) 8. (H) Part-time employee 9. (I) Other	1. (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2. (B) Employee (office employee, salesperson, store clerk, etc.) 3. (C) Employee (construction worker; craftsperson; taxi, truck or limousine driver; etc.) 4. (D) Self-employed (operated a store, office, plant, etc.) 5. (E) Involved in agriculture, forestry, or fishing 6. (F) Self-employed (attorney, physician, writer) 7. (G) Member of a family business (helped out with the family store, factory, farm, etc.) 8. (H) Part-time employee 9. (I) Other				
(8) Years in current occupation	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Yrs.			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Yrs.		
(9) Are you (is your spouse)	1. Yes                      2. No	1. Yes                      2. No				



Q6. [Answer sheet 8] What type of housing do you currently have?  
 (Note to interviewer) Mark "8(H) Other" if the subject lives in a home on leased land

- |  |   |
|--|---|
| <p>1 (A) In a house (self-owned)<br/>         2 (B) In a condominium or townhouse (self-owned)<br/>         3 (C) In a rented house<br/>         4 (D) In a rented condominium/townhouse/apartment</p> | <p>5(E) In a home for the elderly, etc.<br/>         6(F) In a federally funded or publicly managed home, a Housing Corporation sponsored apartment<br/>         7(G) In company owned housing or civil servant housing<br/>         8(H) Other</p> |
|--|---|

SQ1. (For those that own their own home) Is this home one that you or your spouse inherited from a parent?

- 1 Yes                      2 No                      3 Not sure

SQ2. How large is the property on which your residence is located?

(Note to interviewer) Include yard and garden of house, but do not include agricultural land.

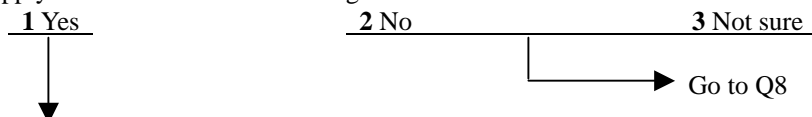
m<sup>2</sup>      or       area in tsubo

**[Insurance for Nursing Care]**

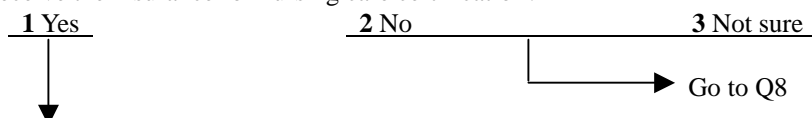
Q7. [Answer sheet 9] How do you feel about the new nursing care insurance system that started on April 1<sup>st</sup>, 2000?

- 1 (A) very good                      2 (B) good                      3 (C) bad                      4 (D) very bad                      5 Not sure

Q 7-1. Did you apply for the insurance for nursing care certification?



Q 7-2. Did you receive the insurance for nursing care certification?



Q 7-3. [Answer sheet 10] Which level of nursing care do you currently have?

- |                        |                    |                    |
|------------------------|--------------------|--------------------|
| 1 (A) support required | 3 (C) care level 2 | 5 (E) care level 4 |
| 2 (B) care level 1     | 4 (D) care level 3 | 6 (F) care level 5 |

Q 7-4. When did you first receive nursing care certification?

Heisei     yr.     mo.

Q 7-5. [Answer sheet 10] Which level of nursing care did you receive when you first received nursing care certification?

- |                        |                    |                    |
|------------------------|--------------------|--------------------|
| 1 (A) support required | 3 (C) care level 2 | 5 (E) care level 4 |
| 2 (B) care level 1     | 4 (D) care level 3 | 6 (F) care level 5 |

Q 7-6. Are you satisfied with your current level of nursing care or support?

1 Yes

2 No

3 Not sure

Q 7-7. Why do you feel that way? Please answer specifically. (Open ended)

Q 7-8. [Answer sheet 11] We want to ask you about the nursing care services currently available to you.

(1) Which of the following nursing care services are you currently using or have you used in the past?

(2) **(Note to interviewer)** Ask about the subject's experiences with each of the services in (A) through (J). (For those services they are using/have used) Are you satisfied with the service that you received? (Note to interviewer) If the subject answers yes to part (1), go on to part (2). (If a proxy is responding, do not ask about satisfaction.)

Home/Facility	Service type	Services	(1) Usage	(2) Satisfaction
Home Nursing Services	Home Services	(A) In-home nursing care (home helper visits )	1 Yes → 2 No	1 Yes 2 No
		(B) Home nurse (A nurse visits the home )	1 Yes → 2 No	1 Yes 2 No
		(C) Home rehabilitation (visits to offer health maintenance and recovery)	1 Yes → 2 No	1 Yes 2 No
		(D) Home bathing services (visits to help with bathing)	1 Yes → 2 No	1 Yes 2 No
	Day Services	(E) Nursing care facility (Day Service), Rehabilitation Facility (Day Care)	1 Yes → 2 No	1 Yes 2 No
	Over-night Services	(F) Short-term institutionalization Nursing Care (short stay at a welfare facility)	1 Yes → 2 No	1 Yes 2 No
	Other services	(G) Welfare equipment rental (bed, bedpan, wheelchair, etc.)	1 Yes → 2 No	1 Yes 2 No
		(H) Welfare equipment purchases (diapers, etc.)	1 Yes → 2 No	1 Yes 2 No
		(I) Home improvement services (toilet and bath adjustments, handrail installations, etc.)	1 Yes → 2 No	1 Yes 2 No
	Facility Services		(J) Elderly Nursing Welfare Facility Elderly Nursing Insurance Facility Medical Treatment Nursing Facility	1 Yes → 2 No

Q 7-9. What is the total amount of money you paid for insurance covered nursing care services last month? If you know, please tell us. You are welcome to give the amount you paid for each individual service.

(Note to interviewer) In the event that the subject is receiving nursing care services from several service providers and thus cannot give an immediate total, ask for the prices of the individual services, note each in the margin, and fill in the total after the interview.

--	--	--	--	--	--

Yen

1 The subject did not use nursing services

2 The subject does not know how much it cost



**[Long-Term Care]**

**Q 11.** The following questions are hypothetical and assume that you may need long-term care.

( 1 ) Who would you prefer to care for most of your nursing needs?

(Note to interviewer) If the subject names several people, have them narrow it down to just one.

- |            |                   |                     |             |
|------------|-------------------|---------------------|-------------|
| 1 Spouse   | 4 Daughter-in-law | 7 Hospital          | 10 Not sure |
| 2 Son      | 5 Son-in-law      | 8 Convalescent Home |             |
| 3 Daughter | 6 Personal aid    | 9 Other             |             |
- 

( 2 ) Who do you think will actually look after your nursing needs for you?

(Note to interviewer) If the subject names several people, have them narrow it down to just one.

- |            |                   |                     |             |
|------------|-------------------|---------------------|-------------|
| 1 Spouse   | 4 Daughter-in-law | 7 Hospital          | 10 Not sure |
| 2 Son      | 5 Son-in-law      | 8 Convalescent Home |             |
| 3 Daughter | 6 Personal aid    | 9 Other             |             |
- 

**Q 12.** The next questions will be about your experience providing care for a family member. What is meant by care here is not a short-term stay in a hospital, but comparatively long-term care or care for someone until the time he or she passes away. Are you currently, or over the past two years, have you been the primary care provider for any family members?

- |                                      |  |            |
|--------------------------------------|--|------------|
| <b>1</b>                             | <b>2</b>   | <b>3</b>   |
| <u>I am currently providing care</u> | <u>I am not providing care now, but I have provided care in the past two years</u> | <u>No</u>  |
|                                      | ↓  | ↓          |
|                                      |  | Go to Q 13 |
- 

**SQ 1.** For whom did you act as a primary caregiver? (M.A.)

- |               |                        |
|---------------|------------------------|
| 1 Spouse      | 7 Spouse's father      |
| 2 Father      | 8 Spouse's mother      |
| 3 Mother      | 9 Spouse's grandparent |
| 4 Grandparent | 10 Spouse's sibling    |
| 5 Sibling     | 11 Other               |
| 6 Child       |                        |
- 

**SQ 2.** [Answer sheet 17] What did the person suffer from? (M.A.)

- |                |                 |                           |             |
|----------------|-----------------|---------------------------|-------------|
| 1 (A) Dementia | 2 (B) Bedridden | 3 (C) Physical disability | 4 (D) Other |
|----------------|-----------------|---------------------------|-------------|

**[Health status and physical disabilities/limitations]**

The next questions will be regarding health.

**[Subjective health]**

Q13. **[Answer sheet 18]** In general, how would you describe your (subject's) state of health?

- |                              |                          |
|------------------------------|--------------------------|
| 1 (A) Very healthy           | 4 (D) Somewhat unhealthy |
| 2 (B) Healthier than average | 5 (E) Very unhealthy     |
| 3 (C) Of average health      | 6 Not sure               |
- 

Q14. Do you believe your (subject's) health to be better, relatively the same, or worse than it was one year ago?

- |          |                       |         |            |
|----------|-----------------------|---------|------------|
| 1 Better | 2 Relatively the same | 3 Worse | 4 Not sure |
|----------|-----------------------|---------|------------|
- 

Q15. The next questions are related to vision. How is the current state of your vision? Do you have vision in both eyes?  
**(Note to interviewer)** A loss of vision in a given eye means no vision in that eye.

- |                            |                             |   |
|----------------------------|-----------------------------|---|
| 1 Have vision in both eyes | 2 Loss of vision in one eye | 3 Loss of vision (no vision) in both eyes |
|                            | ↓                           | └─→ Go to Q17                             |
- 

Q16. (1) Are you using any form of corrective lenses, including glasses for farsightedness, or any other form of glasses or contact lenses? (Use of magnifying glasses should be included as a "yes" response.)

- |       |      |
|-------|------|
| 1 Yes | 2 No |
|-------|------|
- 

(2) **[Answer sheet 19]**(For those not using any form of corrective lenses:) How well are you able to see?  
(For those using some form of corrective lenses:) How well are you able to see when you are using your (glasses, contact lenses, etc.) ?

- |                   |                     |
|-------------------|---------------------|
| 1 (A) Very well   | 4 (D) Not very well |
| 2 (B) Well        | 5 Not sure          |
| 3 (C) Well enough |                     |
- 

Q17. (1) Have you ever had a cataract? (M.A.)

- |             |            |      |               |
|-------------|------------|------|---------------|
| 1 Right eye | 2 Left eye | 3 No | 4 Not sure    |
|             | ↓          |      | └─→ go to (2) |
- 

SQ. Have you ever had surgery for a cataract?

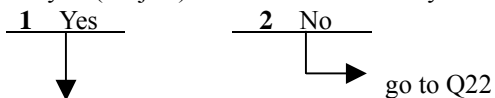
- |                         |      |            |
|-------------------------|------|------------|
| 1) Right eye ···· 1 Yes | 2 No | 3 Not sure |
| 2) Left eye ····· 1 Yes | 2 No | 3 Not sure |
- 

(2) Have you ever had glaucoma? (M.A.)

- |             |            |      |            |
|-------------|------------|------|------------|
| 1 Right eye | 2 Left eye | 3 No | 4 Not sure |
|-------------|------------|------|------------|



Q21. Have you (subject) been bedridden for any reason during the past two weeks?



SQ. How many days were you in bed for more than a half a day?

Days       Not sure

Q22. [Answer sheet 22] Which of the following pertain to you (subject)?

[Ask (1) through (9) one at a time.]

	(A) Yes	(B) Somewhat	(C) No
( 1 ) Have no energy, weary	1	2	3
( 2 ) Feel listless	1	2	3
( 3 ) Feel sleepy during the day	1	2	3
( 4 ) Catch colds easily	1	2	3
( 5 ) Easily startled	1	2	3
( 6 ) Voice seems weak when speaking	1	2	3
( 7 ) Tongue feels thick	1	2	3
( 8 ) Gastric or renal ptosis, prolapse of the uterus or anus	1	2	3
( 9 ) Prone to diarrhea	1	2	3

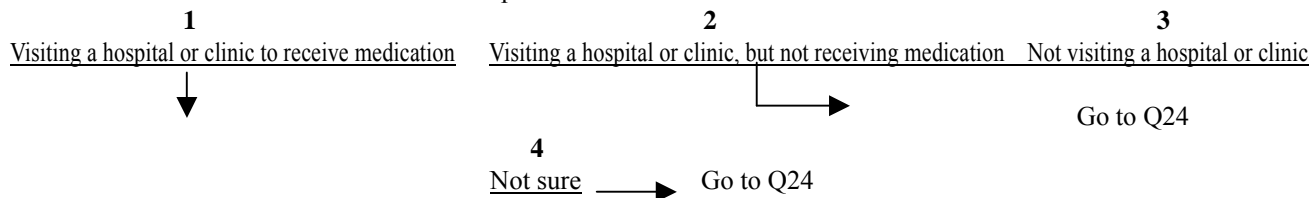
[ Medication ] The following questions concern medication.

Q23. Are you (subject) currently visiting a hospital or clinic to receive medication?

(Note to interviewer)

-dentists' offices are included within "hospital or clinic.

-The subject does not necessarily have to receive the medication directly from the hospital or clinic.



SQ1. How many different hospitals or clinics are you (subject) visiting to receive the medication?

      Not sure

SQ2. For how many different medications do you have a prescription?

( 1 ) Internal medication...        0 None       Not sure  
 ( 2 ) External/topical medication...        0 None       Not sure

(Includes eye drops, lotions and ointments)

SQ3. How many medications did you not take or use among the prescription medications mentioned above?

( 1 ) Internal medication...        0 None       Not sure  
 ( 2 ) External/topical medication...        0 None       Not sure

(Includes eye drops, lotions and ointments)

SQ4. Where is the prescription filled? (M.A.)

- |  |  |
|--|--|
| <b>1</b> At the hospital or clinic   | <b>3</b> Have the medication delivered |
| <b>2</b> Receive a prescription from the hospital or clinic and have it filled at a pharmacy | <b>4</b> Other                         |
|  | <b>5</b> Not sure                      |

**(For those who answered 2. on SQ4 above)**

SQ5. Where is the pharmacy used to fill the prescription located? Near your (subject's) home? Near the hospital or clinic? Is it neither near home nor near the hospital or clinic? Or, do you (subject) not have the prescription filled at the same pharmacy every time? (M.A.)

- |                                   |   |                   |
|-----------------------------------|---|-------------------|
| <b>1</b> Near home                | <b>3</b> Other  | <b>5</b> Not sure |
| <b>2</b> Near the hospital/clinic | <b>4</b> Don't have the prescription filled at the same pharmacy every time |                   |

**[To all respondents]**

Q24. Are you (subject) using medication other than that prescribed by the hospital or clinic?

**(Note to interviewer)** -this includes over-the-counter vitamins, pain relievers, medication for intestinal disorders, and topical ointments and/or lotions.  
-This includes anything the respondent recognizes as medication.

- |              |             |                   |
|--------------|-------------|-------------------|
| <b>1</b> Yes | <b>2</b> No | <b>3</b> Not sure |
| ↓            | ↓           | ↓                 |
|              |             | Go to Q25         |

SQ. How many different types of medication are you (subject) taking?

**X** Not sure

[ Physical Ability/Agility ]

Q25. [Answer sheet 23] The next questions will be on your (subject's) physical ability and agility. Please indicate which of the following actions you (subject) find difficult to perform alone without the assistance of a person or physical prop or aid. [For those that reply "difficult," ask to what extent and from what age the action became difficult. Ask (1) through (10), one at a time.]

(Note to interviewer) Have respondents include actions that the subject can perform, even though he or she may not have done them recently.

	Do you find this difficult?	(if "yes") To what extent?	From what age did this become difficult?
(1) Walk 200 to 300 meters (2 to 3 cho)	1 (A) Yes → 2 (B) No 3 Not sure	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform 4 Not sure	From <input type="text"/> <input type="text"/> Yrs. X. Not sure
(2) Climb 10 stairs without resting	1 (A) Yes → 2 (B) No 3 Not sure	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform 4 Not sure	From <input type="text"/> <input type="text"/> Yrs. X. Not sure
(3) Stand (go without sitting) for 2 hours	1 (A) Yes → 2 (B) No 3 Not sure	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform 4 Not sure	From <input type="text"/> <input type="text"/> Yrs. X. Not sure
(4) Continue to sit for 2 hours	1 (A) Yes → 2 (B) No 3 Not sure	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform 4 Not sure	From <input type="text"/> <input type="text"/> Yrs. X. Not sure
(5) Stoop or bend your knees	1 (A) Yes → 2 (B) No 3 Not sure	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform 4 Not sure	From <input type="text"/> <input type="text"/> Yrs. X. Not sure
(6) Raise your hands above your head	1 (A) Yes → 2 (B) No 3 Not sure	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform 4 Not sure	From <input type="text"/> <input type="text"/> Yrs. X. Not sure
(7) Extend arms out in front of you as if to shake hands	1 (A) Yes → 2 (B) No 3 Not sure	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform 4 Not sure	From <input type="text"/> <input type="text"/> Yrs. X. Not sure
(8) Grasp with your fingers or move your fingers easily	1 (A) Yes → 2 (B) No 3 Not sure	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform 4 Not sure	From <input type="text"/> <input type="text"/> Yrs. X. Not sure
(9) Lift an object weighing approximately 10 kg (approximately a 7sho sack of rice)	1 (A) Yes → 2 (B) No 3 Not sure	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform 4 Not sure	From <input type="text"/> <input type="text"/> Yrs. X. Not sure
<b>(Note to interviewer)</b> Go directly to Q26 if "no" was given as an answer for (9).			
(10) Lift an object weighing approximately 5 kg (approximately a 3sho-5go sack of rice)	1 (A) Yes → 2 (B) No 3 Not sure	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform action 4 Not sure	From <input type="text"/> <input type="text"/> Yrs. X. Not sure

[Ability to perform daily activities]

Q26. [Answer sheet 24] The next questions are concerning your (subject's) ability to perform daily activities. Please respond to what extent you find each of the following activities (subject) difficult to perform alone without the assistance of a person or assistive device. (First ask SQ1 through SQ3. Then ask SQ4 and the remaining questions if applicable.)

	(1) Taking a bath/shower	(2) Dressing	(3) Eating
<b>SQ1 [Answer sheet 24]</b> Do you find it difficult to _____ due to your health or physical state?	<b>1</b> (A) Difficult→go to SQ3 <b>2</b> (B) Not Difficult →Go to (2) <b>3</b> (C) Do not perform activity due to another reason→Go to SQ2 <b>4</b> Not sure→go to (2)	<b>1</b> (A) Difficult→go to SQ3 <b>2</b> (B)Not difficult →go to (3) <b>3</b> (C) Do not perform activity due to another reason→Go to SQ2 <b>4</b> Not sure→go to (3)	<b>1</b> (A) Difficult→go to SQ3 <b>2</b> (B)Not difficult →go to (4) <b>3</b> (C) Do not perform activity due to another reason→Go to SQ2 <b>4</b> Not sure→go to (4)
<b>SQ2</b> Is the reason that you do not perform the activity related in any way to your health or physical state?	<b>1</b> Yes <b>2</b> No →Go to (2)	<b>1</b> Yes <b>2</b> No →Go to (3)	<b>1</b> Yes <b>2</b> No →Go to (4)
<b>SQ3 [Answer sheet 24]</b> How difficult do you find it to _____ by yourself?	<b>1</b> (A) Somewhat difficult <b>2</b> (B) Very difficult <b>3</b> (C) Unable to perform activity <b>4</b> Not sure → Go to (2) regardless of response	<b>1</b> (A) Somewhat difficult <b>2</b> (B) Very difficult <b>3</b> (C) Unable to perform activity <b>4</b> Not sure → Go to (3) regardless of response	<b>1</b> (A) Somewhat difficult <b>2</b> (B) Very difficult <b>3</b> (C) Unable to perform activity <b>4</b> Not sure → Go to (4) regardless of response
<b>(Note to interviewer)</b> Ask SQ4 for each response of "1. difficult" for an activity in SQ1. Go directly to Q27 for those who do not respond "1. difficult" for any activity.			
<b>SQ4</b> When did you begin to experience this condition? If it has been less than one year, please respond in months. If it has been more than one year, please respond in years.	<b>1</b> _____ mo. <b>2</b> _____ yrs. <b>3</b> Not sure	<b>1</b> _____ mo. <b>2</b> _____ yrs. <b>3</b> Not sure	<b>1</b> _____ mo. <b>2</b> _____ yrs. <b>3</b> Not sure
<b>SQ5</b> Could you perform _____ alone if you had an assistive device or tool?	<b>1</b> Yes <b>2</b> No <b>3</b> Not sure	<b>1</b> Yes <b>2</b> No <b>3</b> Not sure	<b>1</b> Yes <b>2</b> No <b>3</b> Not sure
<b>SQ6</b> Do you need assistance to _____?	<b>1</b> Yes <b>2</b> No→Go to (2) <b>3</b> Not sure	<b>1</b> Yes <b>2</b> No→Go to (3) <b>3</b> Not sure	<b>1</b> Yes <b>2</b> No→Go to (4) <b>3</b> Not sure
<b>SQ7</b> Who primarily helps you perform this activity? (In the event that the caretaker is a family member, record the number from the far left column of the table for Q4 in the space provided.)	<b>1</b> Live-in family member ( ) <b>2</b> Child living separately <b>3</b> Spouse of a child living separately <b>4</b> Nursing service→Go to SQ8 <b>5</b> Other <b>6</b> Not sure →Unless 4 is given as a response, go to (2).	<b>1</b> Live-in family member ( ) <b>2</b> Child living separately <b>3</b> Spouse of a child living separately <b>4</b> Nursing service→Go to SQ8 <b>5</b> Other <b>6</b> Not sure →Unless 4 is given as a response, go to (3).	<b>1</b> Live-in family member ( ) <b>2</b> Child living separately <b>3</b> Spouse of a child living separately <b>4</b> Nursing service→Go to SQ8 <b>5</b> Other <b>6</b> Not sure →Unless 4 is given as a response, go to (4).
<b>SQ8</b> If a nursing care	<b>1</b> Subject	<b>1</b> Subject	<b>1</b> Subject

service is being used, who is responsible for the expenses incurred?	2 Family 3 Other 4 Not sure	2 Family 3 Other 4 Not sure	2 Family 3 Other 4 Not sure
--	-----------------------------------	-----------------------------------	-----------------------------------

(4) Standing up from a bed or chair; sitting down on a chair	(5) Walking (around the house)	(6) Going outside (leaving the house)	(7) Going to the bathroom and taking care of necessary functions (using the toilet)
1 (A) Difficult→go to SQ3 2 (B) Not difficult→go to (5) 3 (C) Do not perform activity due to another reason→Go to SQ2 4 Not sure→go to (5)	1 (A) Difficult→go to SQ3 2 (B) Not difficult→go to (6) 3 (C) Do not perform activity due to another reason→Go to SQ2 4 Not sure→go to (6)	1 (A) Difficult→go to SQ3 2 (B) Not difficult→go to (7) 3 (C) Do not perform activity due to another reason→Go to SQ2 4 Not sure→ go to (7)	1 (A) Difficult→go to SQ3 2 (B) Not difficult→Go to note to interviewer 3 (C) Do not perform activity due to another reason→Go to SQ2 4 Not sure→Go to note to interviewer
1 Yes 2 No → Go to (5)	1 Yes 2 No → Go to (6)	1 Yes 2 No → Go to (7)	1 Yes 2 No → Go to note to interviewer
1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform activity 4 Not sure Go to (5) regardless of response	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform activity 4 Not sure Go to (6) regardless of response	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform activity 4 Not sure Go to (7) regardless of response	1 (A) Somewhat difficult 2 (B) Very difficult 3 (C) Unable to perform activity 4 Not sure Go to note to interviewer regardless of response
<b>(Note to interviewer)</b> Ask SQ4 for each response of “1. difficult” for an activity in SQ1. Go directly to Q27 for those who do not respond “1. difficult” for any activity.			
1 _____ mo. 2 _____ yrs. 3 Not sure	1 _____ mo. 2 _____ yrs. 3 Not sure	1 _____ mo. 2 _____ yrs. 3 Not sure	1 _____ mo. 2 _____ yrs. 3 Not sure
1 Yes 2 No 3 Not sure	1 Yes 2 No 3 Not sure	1 Yes 2 No 3 Not sure	1 Yes 2 No 3 Not sure
1 Yes 2 No→Go to (5) 3 Not sure	1 Yes 2 No→Go to (6) 3 Not sure	1 Yes 2 No→Go to (7) 3 Not sure	1 Yes 2 No→Go to 26-1 3 Not sure
1 Live-in family member ( ) 2 Child living separately 3 Spouse of a child living separately 4 Nursing service→Go to SQ8 5 Other 6 Not sure Unless 4 is given as a response, go to (5).	1 Live-in family member ( ) 2 Child living separately 3 Spouse of a child living separately 4 Nursing service→Go to SQ8 5 Other 6 Not sure Unless 4 is given as a response, go to (6).	1 Live-in family member ( ) 2 Child living separately 3 Spouse of a child living separately 4 Nursing service→Go to SQ8 5 Other 6 Not sure Unless 4 is given as a response, go to (7).	1 Live-in family member ( ) 2 Child living separately 3 Spouse of a child living separately 4 Nursing service→Go to SQ8 5 Other 6 Not sure

			Unless 4 is given as a response, go to Q26-1
1 Subject	1 Subject	1 Subject	1 Subject
2 Family	2 Family	2 Family	2 Family
3 Other	3 Other	3 Other	3 Other
4 Not sure	4 Not sure	4 Not sure	4 Not sure

**[Note to interviewer]** Ask Q26-1 if a response of “1. difficult” is given for any of items (1) through (7) above.  
 Q26-1 **[Answer sheet 24-1]** What is the cause of your response of “1. difficult”? Please pick the first and second most important causes of your response from the following.

- |  |   |
|--|---|
| 1 (A) Heart attack due to angina, myocardial infarction, etc.                  | 11(K) Ailments of the liver or gallbladder                            |
| 2 (B) Other forms of heart disease   | 12(L) Arthritis, neuralgia or rheumatism                              |
| 3 (C) Cancer (excluding melanoma)  | 13(M) Chronic back pain   |
| 4 (D) Cerebrovascular disease (cerebral hemorrhage, cerebral infarction, etc.) | 14(N) Osteoporosis  |
| 5 (E) Dementia   | 15(O) Fractures (femur, hip, thigh etc.)                              |
| 6 (F) High blood pressure  | 16(P) Other fractures   |
| 7 (G) Diabetes   | 17(Q) Old age (frailty caused by aging)                               |
| 8 (H) Respiratory disease (chronic illnesses, such as asthma)                  | 18(R) Accident First <input type="text"/> Second <input type="text"/> |
| 9 (I) Digestive illness (stomach or intestinal)                                | 19(S) Other   |
| 10(J) Renal or urinary tract ailments  | 20 Not sure   |

**[Ability to perform daily tasks systematically]**

Q27. **[Answer sheet 25]** The next question concern slightly more complicated tasks. Please respond to what extent you find each of the following activities you (subject) difficult to perform alone without the assistance of a person or assistive device. For those that reply “difficult,” ask to what extent and from what age the action became difficult. (Ask SQ1 through SQ3. Then ask SQ4 and the remaining questions if applicable.)

	(1) Preparing own meals	(2) Leaving the home to purchase necessary items or medication	(3) Taking care of financial matters such as paying bills for the utilities or the newspaper
<b>SQ1 [Answer sheet 25]</b> Do you find it difficult to _____ due to your health or physical state?	1 (A) Difficult→go to SQ3 2 (B) Not difficult→go to (2) 3 (C) Do not perform activity due to another reason→Go to SQ2 4 Not sure→Go to (2)	1 (A) Difficult→go to SQ3 2 (B) Not difficult→go to (3) 3 (C) Do not perform activity due to another reason→Go to SQ2 4 Not sure→Go to (3)	1 (A) Difficult→go to SQ3 2 (B) Not difficult→go to (3) 3 (C) Do not perform activity due to another reason→Go to SQ2 4 Not sure→Go to (4)
<b>SQ2</b> Is the reason that you do not perform the activity related in any way to your health or physical state?	1 Yes 2 No → Go to (2)	1 Yes 2 No → Go to (3)	1 Yes 2 No → Go to (4)
<b>SQ3 [Answer sheet 25]</b> How difficult do you	1 (A) Somewhat difficult 2 (B) Very difficult	1 (A) Somewhat difficult 2 (B) Very difficult	1 (A) Somewhat difficult 2 (B) Very difficult

find it to _____ by yourself?	<b>3</b> (C) Unable to perform <b>4</b> Not sure Go to (2) regardless of response	<b>3</b> (C) Unable to perform <b>4</b> Not sure Go to (3) regardless of response	<b>3</b> (C) Unable to perform <b>4</b> Not sure Go to (4) regardless of response
<b>(Note to interviewer)</b> Ask SQ4 for each response of “1. difficult” for an activity in SQ1. Go directly to Q28 for those who do not respond “1. difficult” for any activity.			
<b>SQ4</b> When did you begin to experience this condition? If it has been less than one year, please respond in months. If it has been more than one year, please respond in years.	<b>1</b> _____ mo. <b>2</b> _____ yrs. <b>3</b> Not sure	<b>1</b> _____ mo. <b>2</b> _____ yrs. <b>3</b> Not sure	<b>1</b> _____ mo. <b>2</b> _____ yrs. <b>3</b> Not sure
<b>SQ5</b> Do you need assistance to _____?	<b>1</b> Yes <b>2</b> No—Go to (2) <b>3</b> Not sure	<b>1</b> Yes <b>2</b> No—Go to (3) <b>3</b> Not sure	<b>1</b> Yes <b>2</b> No—Go to (4) <b>3</b> Not sure
<b>SQ6</b> Who primarily helps you perform this activity? (In the event that the caretaker is a family member, record the number from the far left column of the table for Q4 in the space provided.)	<b>1</b> Live-in family member ( ) <b>2</b> Child living separately <b>3</b> Spouse of a child living separately <b>4</b> Nursing service—Go to SQ7 <b>5</b> Other <b>6</b> Not sure Unless 4 is given as a response, go to (2).	<b>1</b> Live-in family member ( ) <b>2</b> Child living separately <b>3</b> Spouse of a child living separately <b>4</b> Nursing service—Go to SQ7 <b>5</b> Other <b>6</b> Not sure Unless 4 is given as a response, go to (3).	<b>1</b> Live-in family member ( ) <b>2</b> Child living separately <b>3</b> Spouse of a child living separately <b>4</b> Nursing service—Go to SQ7 <b>5</b> Other <b>6</b> Not sure Unless 4 is given as a response, go to (4).
<b>SQ7</b> If a nursing care service is being used, who is responsible for the expenses incurred?	<b>1</b> Subject <b>2</b> Family <b>3</b> Other <b>4</b> Not sure	<b>1</b> Subject <b>2</b> Family <b>3</b> Other <b>4</b> Not sure	<b>1</b> Subject <b>2</b> Family <b>3</b> Other <b>4</b> Not sure

(4) Using the telephone	(5) Dusting, cleaning up and other light housework	(6) Taking the bus or the train to leave home	(7) Taking medication as prescribed
<b>1</b> (A) Difficult—go to SQ3 <b>2</b> (B) Not difficult—go to (5) <b>3</b> (C) Do not perform activity due to another reason—Go to SQ2 <b>4</b> Not sure—Go to (5)	<b>1</b> (A) Difficult—go to SQ3 <b>2</b> (B) Not difficult—go to (6) <b>3</b> (C) Do not perform activity due to another reason—Go to SQ2 <b>4</b> Not sure—Go to (6)	<b>1</b> (A) Difficult—go to SQ3 <b>2</b> (B) Not difficult—go to (7) <b>3</b> (C) Do not perform activity due to another reason—Go to SQ2 <b>4</b> Not sure—Go to (7)	<b>1</b> (A) Difficult—go to SQ3 <b>2</b> (B) Not difficult—go to note to interviewer <b>3</b> (C) Do not perform activity due to another reason—Go to SQ2 <b>4</b> Not sure—Go to note to interviewer
<b>1</b> Yes <b>2</b> No Neither—Go to (5)	<b>1</b> Yes <b>2</b> No Neither—Go to (6)	<b>1</b> Yes <b>2</b> No Neither—Go to (7)	<b>1</b> Yes <b>2</b> No Neither—Go to note to interviewer
<b>1</b> (A) Somewhat difficult <b>2</b> (B) Very difficult <b>3</b> (C) Unable to perform <b>4</b> Not sure Go to (5) regardless of response	<b>1</b> (A) Somewhat difficult <b>2</b> (B) Very difficult <b>3</b> (C) Unable to perform <b>4</b> Not sure Go to (6) regardless of response	<b>1</b> (A) Somewhat difficult <b>2</b> (B) Very difficult <b>3</b> (C) Unable to perform <b>4</b> Not sure Go to (7) regardless of response	<b>1</b> (A) Somewhat difficult <b>2</b> (B) Very difficult <b>3</b> (C) Unable to perform <b>4</b> Not sure Go to note to interviewer regardless of response
<b>(Note to interviewer)</b> Ask SQ4 for each response of “1. difficult” for an activity in SQ1. Go directly to Q28 for			

those who do not respond "1. difficult" for any activity.			
1 _____ mo. 2 _____ yrs. 3 Not sure	1 _____ mo. 2 _____ yrs. 3 Not sure	1 _____ mo. 2 _____ yrs. 3 Not sure	1 _____ mo. 2 _____ yrs. 3 Not sure
1 Yes 2 No—Go to (5) 3 Not sure	1 Yes 2 No—Go to (6) 3 Not sure	1 Yes 2 No—Go to (7) 3 Not sure	1 Yes 2 No—Go to Q27-1 3 Not sure
1 Live-in family member ( ) 2 Child living separately 3 Spouse of a child living separately 4 Nursing service—Go to SQ7 5 Other 6 Not sure Unless 4 is given as a response, go to (5).	1 Live-in family member ( ) 2 Child living separately 3 Spouse of a child living separately 4 Nursing service—Go to SQ7 5 Other 6 Not sure Unless 4 is given as a response, go to (6).	1 Live-in family member ( ) 2 Child living separately 3 Spouse of a child living separately 4 Nursing service—Go to SQ7 5 Other 6 Not sure Unless 4 is given as a response, go to (7).	1 Live-in family member ( ) 2 Child living separately 3 Spouse of a child living separately 4 Nursing service—Go to SQ7 5 Other 6 Not sure Unless 4 is given as a response, go to Q27-1.
1 Subject 2 Family 3 Other 4 Not sure	1 Subject 2 Family 3 Other 4 Not sure	1 Subject 2 Family 3 Other 4 Not sure	1 Subject 2 Family 3 Other 4 Not sure

**{Note to interviewer}** Ask Q27-1 if a response of "1. difficult" is given for any of items (1) through (7) above.  
**Q27-1 {Answer sheet 25-1}** What is the cause of your response of "1. difficult"? Please pick the first and second most important causes of your response from the following.

- |  |  |
|--|--|
| 1 (A) Heart attack due to angina, myocardial infarction, etc.                  | 11(K) Ailments of the liver or gallbladder                               |
| 2 (B) Other forms of heart disease   | 12(L) Arthritis, neuralgia or rheumatism                                 |
| 3 (C) Cancer (excluding melanoma)  | 13(M) Chronic back pain  |
| 4 (D) Cerebrovascular disease (cerebral hemorrhage, cerebral infarction, etc.) | 14(N) Osteoporosis   |
| 5 (E) Dementia   | 15(O) Fractures (femur, hip, thigh etc.)                                 |
| 6 (F) High blood pressure  | 16(P) Other fractures  |
| 7 (G) Diabetes   | 17(Q) Old age (frailty caused by aging)                                  |
| 8 (H) Respiratory disease (chronic illnesses, such as asthma)                  | 18(R) Accident    First <input type="text"/> Second <input type="text"/> |
| 9 (I) Digestive illness (stomach or intestinal)                                | 19(S) Other  |
| 10(J) Renal or urinary tract ailments  | 20    Not sure   |

**{To all respondents}**

The next questions will be about your (subject's) height and weight.

Q28. How tall are you (subject) in centimeters?

Note: 1shaku=3.3cm, 1shaku=10sun

cm or ( shaku sun) **X** Not sure

Q29. How many kilograms do you (subject) weigh? (Note: 1 kan = 3.75 kg)

kg or ( kan) **X** Not sure

**[Measuring physical activity] The next questions are to calculate the extent you (subject) exercise.**

Q30. How many days a week do you normally walk?

(Use last week as an example.)

Days

**0** Rarely go for walks

→ Go to Q31

SQ1. Approximately how much time do you spend walking in one day?

Min. **X** Not sure

SQ2. Do you (subject) walk slowly, at a normal pace, or quickly?

- 1 Slowly
- 2 At a normal pace
- 3 Quickly
- 4 Not sure

SQ3. Over the past month, have you walked one hour or more at a time?

1 Yes  
↓

2 No  
→ Go to Q31

SQ3-a) How many days during the past month did you walk for one hour or more?

Days

**(To all respondents)**

Q31. Do you (subject) ride a bicycle?

1 Yes  
↓

2 No  
→ Go to Q32 on the next page

SQ1. Approximately how many days a week do you ride?

days

SQ2. How long do you (subject) usually ride a bicycle at one time?

Min. **X** Not sure

SQ3. How fast do you (subject) ride a bicycle? Slowly, at a normal pace or quickly?

- 1 Slowly
- 2 At a normal speed
- 3 Quickly
- 4 Not sure



Q38. [Answer sheet 26] Compared to someone your (subject's) age, do you feel that you (subject) are quite physically active?

- |                       |                         |
|-----------------------|-------------------------|
| 1 (A) Quite active    | 4 (D) Not very active   |
| 2 (B) Somewhat active | 5 (E) Not active at all |
| 3 (C) About the same  | 6 Not sure              |

Q39. [Answer sheet 27] Compared to someone of your (subject's) age, do you feel that you (subject) walk fast?

- |                      |                   |
|----------------------|-------------------|
| 1 (A) Very fast      | 4 (D) Slowly      |
| 2 (B) Fast           | 5 (E) Very slowly |
| 3 (C) About the same | 6 Not sure        |

Q40. On average, approximately how much do you sleep per day?

sure    hrs.  min.  Not

Q41. Do you take naps? How long do you nap?

sure   hrs.  min.  Don't nap  Not

**[Personal habits]**

Q42. ( 1 ) Do you (subject) currently smoke? (M.A.) [Note] Include cigarettes, western-style pipe, traditional pipe, and cigars.

- |              |             |                   |
|--------------|-------------|-------------------|
| <u>1 Yes</u> | <u>2 No</u> | <u>3 Not sure</u> |
| ↓            | ↓           | ↓                 |
|              |             | go to Q43         |

(2) How much do you smoke a day on average?  
(In the event that the subject smokes a pipe, record the number of times the subject smokes a day.)

cigarettes/cigars a day (approximately)

(3) Did you smoke two years ago (at time of previous survey)?

- |              |             |                   |
|--------------|-------------|-------------------|
| <u>1 Yes</u> | <u>2 No</u> | <u>3 Not sure</u> |
| ↓            | ↓           | ↓                 |
|              |             | go to Q43         |

(4) Why was it that you quit smoking? (M.A.)

- |                                 |
|---------------------------------|
| 1 Due to illness                |
| 2 Family wanted me to quit      |
| 3 Other (Please explain: _____) |

**[To all respondents]**

Q43. ( 1 ) Do you (subject) drink? This includes the occasional drink.

- |              |             |                   |
|--------------|-------------|-------------------|
| <u>1 Yes</u> | <u>2 No</u> | <u>3 Not sure</u> |
| ↓            | ↓           | ↓                 |
|              |             | go to Q44         |

(2) How many days a week/a month do you drink normally?

Days a week  
  Days a month

(4) Did you drink two years ago (at time of previous survey)?

- |              |             |                   |
|--------------|-------------|-------------------|
| <u>1 Yes</u> | <u>2 No</u> | <u>3 Not sure</u> |
| ↓            | ↓           | ↓                 |
|              |             | go to Q44         |

(5) Why was it that you quit drinking? (M.A.)

- |                                 |
|---------------------------------|
| 1 Due to illness                |
| 2 Family wanted me to quit      |
| 3 Other (Please explain: _____) |
- go to Q44

(3) On the days that you drink, what and how much do you normally consume? (Record the amount consumed in one day.) (M.A.)

	Sake	Beer	Wine	Shochu (distilled spirit)	Whisky	Other
(5 - 2) Primary	<b>1</b> ↓	<b>2</b> ↓	<b>3</b> ↓	<b>4</b> ↓	<b>5</b> ↓	<b>6</b> ↓
(5 - 3) Amount consumed	<input type="text"/> <input type="text"/>	Average can =350 ml <input type="text"/> <input type="text"/> cans	<input type="text"/> glasses	<input type="text"/> glasses	<input type="text"/> glasses	

**[To all respondents]**

Q44. The next questions are concerning your (subject's) eating habits.

- ( 1 ) On average, how many meals do you (subject) eat a day? .....  meals **X** Not sure
- ( 2 ) Do you (subject) eat approximately at the same time every day? .... **1** Yes **2** No **3** Not sure
- ( 3 ) Do you (subject) eat breakfast everyday? ..... **1** Yes **2** No **3** Not sure
- ( 4 ) Do you often snack? ..... **1** Yes **2** No **3** Not sure
- ( 5 ) On how many days does your (subject's) family eat a week  days **X** Not sure **Y** Live alone
- together? ..... Not sure
- ( 6 ) How often do you (subject) eat out during one month? .....  times **X** Not sure

**[ Ability to chew ]**

Q45. **[Answer sheet 28]** The following foods are ordered from hardest to softest to chew. What is the hardest group you are able to bite and chew? If you are using dentures, please respond as if you were eating with your dentures.

- 1 (A) Saki ika or takuan (Hard dried squid or pickled radish)
- 2 (B) Boiled pork meat (from the rump), raw carrots, or celery
- 3 (C) Deep-fried tofu, pickled octopus, tsukemono made from Chinese cabbage, or raisins
- 4 (D) Rice, apples, fish cake, or boiled asparagus
- 5 (E) Bananas, boiled beans, canned corned beef, or wafers
- 6 (F) Unable to chew the foods listed in (E)
- 7 Not sure

**[ Teeth ]**

Q46. How many original teeth do you (subject) have? Adults have 28 natural adult teeth (32 including wisdom teeth) and 0 for full dentures. Prosthetic teeth with roots should be included in the number. For bridges, the artificial tooth should not be counted; however, natural teeth acting as supports should be.

**[Note to interviewer]** Encourage the respondent to give a rough estimate if he or she first gives "not sure" as a response. Do the same for Q47.

natural teeth in total **X** Not sure

Q47. Do you have any missing teeth besides wisdom teeth that haven't been replaced by a prosthetic tooth? (To those with one or more missing teeth:)

sure  teeth missing **0** None **X** Not

↓

└─→ Go to Q48

SQ. **[Answer sheet 29]** Why has the tooth not been replaced? (M.A.)

- 1 (A) Presently having the tooth made (fixed)
- 2 (B) The dentist said a prosthetic tooth wasn't necessary
- 3 (C) The denture that was made doesn't fit well
- 4 (D) Feel comfortable without the tooth
- 5 (E) Other (Please explain: \_\_\_\_\_ )
- 6 Not sure



[Note to interviewer] If the respondent is a proxy, go to Q55 on page 27.

The next questions are on your psychological state and ways that you cope emotionally on a daily basis. These are questions commonly used in surveys, and it is important that we receive your answers on all of the questions for comparative purposes. We ask that you bear with us and thank you for your cooperation.

- Q 51.** To what extent do the following statements apply to you? Please respond with either a “yes” or “no.”  
 [Ask all of questions (1) through (6).]  
 [Note to interviewer] In the event that the subject does not understand what “don’t get upset easily” means, ask instead if he/she considers himself/herself of strong character.

	Yes	No	Difficult to respond
(1) I tend to be strong-willed	1	2	3
(2) I am decisive	1	2	3
(3) I don’t get upset easily	1	2	3
(4) I don’t get concerned if people talk about me	1	2	3
(5) I feel confident that I can make it on my own	1	2	3
(6) I tend to get flustered when I reach an impasse	1	2	3

**[CES-D Scale]**

- Q 52.** [Answer sheet 31] During the past week, to what extent has the following been true for you? There may be some questions for which you have no answer or which seem the same as another question, but the same questions are used internationally in studies and tests. We ask for your full cooperation. [Ask all of questions (1) through (12).]

	(A) Rarely	(B) Sometimes	(C) Often	Not sure
(1) My appetite was poor	1	2	3	4
(2) I felt depressed	1	2	3	4
(3) I felt that everything I did was an effort	1	2	3	4
(4) My sleep was restless	1	2	3	4
(5) I felt happy	1	2	3	4
(6) I felt lonely	1	2	3	4
(7) I felt people were unfriendly	1	2	3	4
(8) I enjoyed life	1	2	3	4
(9) I felt sad	1	2	3	4
(10) I felt that people disabled me	1	2	3	4
(11) I could not get “going”	1	2	3	4
(12) I felt hopeful about the future	1	2	3	4

[ Subjective Sense of Happiness PGC Moral Scale ]

Q 53. The next questions are about your present state of mind. It may be difficult to answer some of the questions, but we ask you to try to respond with either a “yes” or a “no.” Even if “not sure” seems like the most appropriate response, try to think of whether you lean more to “yes” or “no,” and give that as an answer. [Ask all of questions (1) through (11). ]

	Yes	No	Not sure
(1) Are you satisfied with your present life?	1	2	3
(2) Do you have as much pep as you had last year? (Record “yes” as a response if the subject feels more energetic than last year.)	1	2	3
(3) Do little things bother you more over the last year?	1	2	3
(4) Do you feel that as you get older you are less useful?	1	2	3
(5) Are there times when you have trouble sleeping because you are worried or troubled?	1	2	3
(6) Do you sometimes feel that life isn’t worth living?	1	2	3
(7) Do you feel you are happier now than when you were young? (Record “yes” as a response if the subject feels as happy now as when he or she was young.)	1	2	3
(8) Do you have a lot to be sad about?	1	2	3
(9) Do you feel that your life are (has been) getting worse as you are getting older?	1	2	3
(10) Do you take things seriously?	1	2	3
(11) Do you get upset easily?	1	2	3

[ Sense of Value ]

Q 54. [Answer sheet 32-1, 32-2] The following are opinions about the Japanese family, household, women and marriage. What do you think about these opinions? [Ask (1) through (8).]

	(A) Agree	(B) Somewhat agree	(C) Somewhat disagree	(D) Disagree	Not sure
<b>(Answer sheet 32-1)</b>					
(1) A child should be expected to support and take care of his or her aged parents, as the child should feel a sense of gratitude to the parents for raising him/her.	1	2	3	4	5
(2) There is nothing odd about someone in their 60s or 70s falling in love and remarrying if they find a suitable partner.	1	2	3	4	5
(3) It is acceptable for children who looked after their parents to inherit larger positions of their estate when they pass away.	1	2	3	4	5
(4) Men should work to support the family, and women should stay home and take care of the household.	1	2	3	4	5

<b>(Answer sheet 32-2)</b>	(A) Agree	(B) Disagree	Not sure
(5) The eldest son is responsible for supporting his elderly parents.	1	2	3
(6) The family name should not be allowed to die out, even if it means adopting a child.	1	2	3
(7) Gravesites of family members, ancestors should be cared for by their descendents.	1	2	3
(8) If one’s child has never married, then it is good for the parents and child to live together.	1	2	3

The next questions will be very different from the ones that you have been asked up to now. The questions will delve into your (subject's) family. Family make-up and cohabitant bear a close relationship with care. Some of the questions may seem personal or meddling, but we ask for your understanding and cooperation.

Q55. These questions are about your (subject's) parents.

Relationship with subject	Own Father	Own Mother
Use the number on the far left column of the table for Q4 (In the event that the subject lives separately record 00.)	Number from Q4: <input type="text"/> (To be filled in by interviewer)	Number from Q4: <input type="text"/> (To be filled in by interviewer)
(1) Is your....in good health?	1. Alive ( _____yrs old) → Go to own mother 2. Deceased (age at death: _____)→ Go to (2)	1. Alive ( _____yrs old) → Go to Q56 2. Deceased (age at death: _____)→ Go to (2)
(2) What was the cause of ...passing away? (Only for natural parents)	1. Cancer (Please explain: _____ ) 2. Heart disease (heart attack, etc.) 3. Cerebrovascular ailments (stroke, cerebral thrombosis) 4. Old age (frailty caused by aging) 5. Other 6. Not sure	1. Cancer (Please explain: _____ ) 2. Heart disease (heart attack, etc.) 3. Cerebrovascular ailments (stroke, cerebral thrombosis) 4. Old age (frailty caused by aging) 5. Other 6. Not sure

The next questions are about your child.

Q56. How many surviving children do you have? Answer separately for biological children and adoptive or stepchildren. [Note to interviewer] If the subject has neither a natural child nor an adoptive or stepchild, then record 00 as the response.



Number of natural children:  Number of adoptive or step children:  0 No children

Go to Q58 (2) on page 40

Q57. Questions about your children will be asked in order of oldest to youngest.



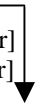

Relationship to subject	Own Child #1	Spouse of Child #1
Use the number on the far left column of the table for Q4 (In the event that the subject lives separately record 00.)	Number from Q4: <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px 0;"></div> (To be filled in by interviewer)	Number from Q4: <div style="border: 1px solid black; width: 60px; height: 20px; margin: 5px 0;"></div> (To be filled in by interviewer)
(1) Date of birth  Japanese era <input style="width: 40px; height: 20px;" type="text"/> 1. Meiji 2. Taisho 3. Showa	_____ Yr. _____ Mon. <u>1</u>	
(2) Age	_____ yrs.	_____ yrs.
(3) Gender	1. Male 2. Female	1. Male 2. Female
(4) What type of community does your... currently live in?	1. Urban area 2. Rural area	
(5) What is ...'s marital status? [Answer sheet 33]	1. (A) Married → Go to (6) 2. (B) Divorced → Go to (6)	3. (C) Widowed → Go to (6) 4. (D) Never married → Go to (7)
(6) Please indicate as to how many of ...'s children, in other words, your grandchildren, fall into the following 3 groups. (Note: If no grandchildren fall into a given group, record 0.)	<ul style="list-style-type: none"> <li>• Grandchildren of preschool age: _____ <u>1</u></li> <li>• Grandchildren in elementary school: _____ 1</li> <li>• Grandchildren in junior high school or older: _____ 1</li> <li>• <input type="radio"/> No grandchildren</li> <li>• <input checked="" type="radio"/> Not sure</li> </ul>	
(7) Occupation [Answer sheet 34] What type of work is ...currently engaged in?	1 (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2 (B) Employee (office employee, salesperson, store clerk, etc.) 3 (C) Employee (construction worker; craftsperson; taxi, truck or limousine driver; etc.) 4 (D) Part-time employee 5 (E) Self-employed (operates a store, office, plant, etc.) 6 (F) Self-employed (attorney, physician, writer) 7 (G) Involved in agriculture, forestry, or fishing 8 (H) Member of a family business (helped out with the family store, factory, farm, etc.) 9 (I) Student 10 (J) Engaged in homemaking 11 (K) Unemployed 12 (L) Other 13 (M) Never worked	1 (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2 (B) Employee (office employee, salesperson, store clerk, etc.) 3 (C) Employee (construction worker; craftsperson; taxi, truck or limousine driver; etc.) 4 (D) Part-time employee 5 (E) Self-employed (operates a store, office, plant, etc.) 6 (F) Self-employed (attorney, physician, writer) 7 (G) Involved in agriculture, forestry, or fishing 8 (H) Member of a family business (helped out with the family store, factory, farm, etc.) 9 (I) Student 10 (J) Engaged in homemaking 11 (K) Unemployed 12 (L) Other 13 (M) Never worked
(8) Does health allow him/her to care for another person?	1. Yes 2. No	1. Yes 2. No
(9) Are you (and your husband/wife) receiving any form of support from...? (This is not limited to financial support.)	1. Yes → Go to (10) 2. No → Go to (11) 3. Not sure → Go to (11)	1. Yes → Go to (10) 2. No → Go to (11) 3. Not sure → Go to (11)
(10) [Answer sheet 35] Please explain the sort of support that you are receiving. (M.A.)	1 (A) Financial 2 (B) Help with food/meals 3 (C) Help with housework, such as the	1 (A) Financial 2 (B) Help with food/meals 3 (C) Help with housework, such as the

	laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Other (Please explain: )	laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Other (Please explain: )
(11) Are you (and your husband/wife) providing any form of support to ...? (This is not limited to financial support.)	1. Yes → Go to (12) 2. No → [Note to interviewer] 3. Not sure → [Note to interviewer]	1. Yes → Go to (12) 2. No → [Note to interviewer] 3. Not sure → [Note to interviewer]
(12) [Answer sheet 36] Please explain the sort of support that you are providing. (M.A.)	1 (A) Financial 2 (B) Food/meals 3 (C) Housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Care of grandchildren 9 (I) Other (Please explain: )	1 (A) Financial 2 (B) Food/meals 3 (C) Housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Care of grandchildren 9 (I) Other (Please explain: )
	[Note to interviewer] Determine from Q4 whether the child and subject are living together or separately. If they are living together, proceed to the child's spouse or the next child.	[Note to interviewer] Determine from Q4 whether the child and subject are living together or separately. If they are living together, proceed to the next child.
(13) [Answer sheet 37] Where do you live in relation to ...?	1 (A) Next door, the same neighborhood, adjacent townhouse/row house/segmented home, etc. 2 (B) In the same community such as village, town or city 3 (C) In a region far away	
(14) [Answer sheet 38] How often do you get together with ...?	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't get together	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't get together
(15) [Answer sheet 38] How often do you speak on the phone with ...?	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't speak on the phone	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't speak on the phone
(16) Are you satisfied with your level of contact with ...?	1. Yes 2. No 3. Not sure	1. Yes 2. No 3. Not sure
(If ..... is married) (17) Is ..... living with his/her spouse's parents?	1. Yes 2. No	

Relationship to subject	Own Child #2	Spouse of Child #2
Use the number on the far left column of the table for Q4 (In the event that the subject lives separately record 00.)	Number from Q4: <input type="text"/> (To be filled in by interviewer)	Number from Q4: <input type="text"/> (To be filled in by interviewer)
(1) Date of birth  Japanese era <input type="text"/> 4. Meiji 5. Taisho 6. Showa	_____ Yr. _____ Mon. <u>1</u>	
(2) Age	_____ yrs.	_____ yrs.
(3) Gender	1. Male 2. Female	1. Male 2. Female
(4) What type of community does your... currently live in?	1. Urban area 2. Rural area	
(5) What is ...'s marital status? [Answer sheet 33]	1. (A) Married → Go to (6) 2. (B) Divorced → Go to (6)	3. (C) Widowed → Go to (6) 4. (D) Never married → Go to (7)
(6) Please indicate as to how many of ...'s children, in other words, your grandchildren, fall into the following 3 groups. (Note: If no grandchildren fall into a given group, record 0.)	<ul style="list-style-type: none"> <li>• Grandchildren of preschool age: _____ <u>1</u></li> <li>• Grandchildren in elementary school: _____ 1</li> <li>• Grandchildren in junior high school or older: _____ 1</li> <li>• <b>0</b> No grandchildren</li> <li>• <b>X</b> Not sure</li> </ul>	
(7) Occupation [Answer sheet 34] What type of work is ...currently engaged in?	1 (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2 (B) Employee (office employee, salesperson, store clerk, etc.) 3 (C) Employee (construction worker; craftsperson; taxi, truck or limousine driver; etc.) 4 (D) Part-time employee 5 (E) Self-employed (operates a store, office, plant, etc.) 6 (F) Self-employed (attorney, physician, writer) 7 (G) Involved in agriculture, forestry, or fishing 8 (H) Member of a family business (helped out with the family store, factory, farm, etc.) 9 (I) Student 10 (J) Engaged in homemaking 11 (K) Unemployed 12 (L) Other 13 (M) Never worked	1 (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2 (B) Employee (office employee, salesperson, store clerk, etc.) 3 (C) Employee (construction worker; craftsperson; taxi, truck or limousine driver; etc.) 4 (D) Part-time employee 5 (E) Self-employed (operates a store, office, plant, etc.) 6 (F) Self-employed (attorney, physician, writer) 7 (G) Involved in agriculture, forestry, or fishing 8 (H) Member of a family business (helped out with the family store, factory, farm, etc.) 9 (I) Student 10 (J) Engaged in homemaking 11 (K) Unemployed 12 (L) Other 13 (M) Never worked
(8) Does health allow him/her to care for another person?	1. Yes 2. No	1. Yes 2. No
(9) Are you (and your husband/wife) receiving any form of support from...? (This is not limited to financial support.)	1. Yes → Go to (10)  2. No → Go to (11) 3. Not sure → Go to (11)	1. Yes → Go to (10)  2. No → Go to (11) 3. Not sure → Go to (11)
(10) [Answer sheet 35] Please explain the sort of support that you are receiving. (M.A.)	1 (A) Financial 2 (B) Help with food/meals 3 (C) Help with housework, such as the laundry and cleaning	1 (A) Financial 2 (B) Help with food/meals 3 (C) Help with housework, such as the laundry and cleaning



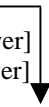
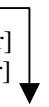
	4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Other (Please explain: )	4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Other (Please explain: )
(11) Are you (and your husband/wife) providing any form of support to ...? (This is not limited to financial support.)	1. Yes → Go to (12) 2. No → [Note to interviewer] 3. Not sure → [Note to interviewer]	1. Yes → Go to (12) 2. No → [Note to interviewer] 3. Not sure → [Note to interviewer]
(12) [Answer sheet 36] Please explain the sort of support that you are providing. (M.A.)	1 (A) Financial 2 (B) Food/meals 3 (C) Housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Care of grandchildren 9 (I) Other (Please explain: )	1 (A) Financial 2 (B) Food/meals 3 (C) Housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Care of grandchildren 9 (I) Other (Please explain: )
	[Note to interviewer] Determine from Q4 whether the child and subject are living together or separately. If they are living together, proceed to the child's spouse or the next child.	[Note to interviewer] Determine from Q4 whether the child and subject are living together or separately. If they are living together, proceed to the next child.
(13) [Answer sheet 37] Where do you live in relation to ...?	1 (A) Next door, the same neighborhood, adjacent townhouse/row house/segmented home, etc. 2 (B) In the same community such as village, town or city 3 (C) In a region far away	
(14) [Answer sheet 38] How often do you get together with ...?	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't get together	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't get together
(15) [Answer sheet 38] How often do you speak on the phone with ...?	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't speak on the phone	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't speak on the phone
(16) Are you satisfied with your level of contact with ...?	1. Yes 2. No 3. Not sure	1. Yes 2. No 3. Not sure
(If ..... is married) (17) Is ..... living with his/her spouse's parents?	1. Yes 2. No	

Relationship to subject	Own Child #3	Spouse of Child #3
Use the number on the far left column of the table for Q4 (In the event that the subject lives separately record 00.)	Number from Q4: <input type="text"/> (To be filled in by interviewer)	Number from Q4: <input type="text"/> (To be filled in by interviewer)
(1) Date of birth		

Japanese era 3. Meiji <input type="checkbox"/> 4. Taisho 5. Showa	_____ Yr. _____ Mon. <u>1</u>	
(2) Age	_____ yrs.	_____ yrs.
(3) Gender	1. Male 2. Female	1. Male 2. Female
(4) What type of community does your... currently live in?	1. Urban area 2. Rural area	
(5) What is ...'s marital status? [Answer sheet 33]	1. (A) Married → Go to (6) 2. (B) Divorced → Go to (6)	3. (C) Widowed → Go to (6) 4. (D) Never married → Go to (7)
(6) Please indicate as to how many of ...'s children, in other words, your grandchildren, fall into the following 3 groups. (Note: If no grandchildren fall into a given group, record 0.)	<ul style="list-style-type: none"> <li>• Grandchildren of preschool age: _____ 1</li> <li>• Grandchildren in elementary school: _____ 1</li> <li>• Grandchildren in junior high school or older: _____ 1</li> <li>• 0 No grandchildren</li> <li>• X Not sure</li> </ul>	
(7) Occupation [Answer sheet 34] What type of work is ...currently engaged in?	1 (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2 (B) Employee (office employee, salesperson, store clerk, etc.) 3 (C) Employee (construction worker; craftsman; taxi, truck or limousine driver; etc.) 4 (D) Part-time employee 5 (E) Self-employed (operates a store, office, plant, etc.) 6 (F) Self-employed (attorney, physician, writer) 7 (G) Involved in agriculture, forestry, or fishing 8 (H) Member of a family business (helped out with the family store, factory, farm, etc.) 9 (I) Student 10 (J) Engaged in homemaking 11 (K) Unemployed 12 (L) Other 13 (M) Never worked	1 (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2 (B) Employee (office employee, salesperson, store clerk, etc.) 3 (C) Employee (construction worker; craftsman; taxi, truck or limousine driver; etc.) 4 (D) Part-time employee 5 (E) Self-employed (operates a store, office, plant, etc.) 6 (F) Self-employed (attorney, physician, writer) 7 (G) Involved in agriculture, forestry, or fishing 8 (H) Member of a family business (helped out with the family store, factory, farm, etc.) 9 (I) Student 10 (J) Engaged in homemaking 11 (K) Unemployed 12 (L) Other 13 (M) Never worked
(8) Does health allow him/her to care for another person?	1. Yes 2. No	1. Yes 2. No
(9) Are you (and your husband/wife) receiving any form of support from...? (This is not limited to financial support.)	1. Yes → Go to (10)  2. No → Go to (11) 3. Not sure → Go to (11)	1. Yes → Go to (10)  2. No → Go to (11) 3. Not sure → Go to (11)
(10) [Answer sheet 35] Please explain the sort of support that you are receiving. (M.A.)	1 (A) Financial 2 (B) Help with food/meals 3 (C) Help with housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Other (Please explain: )	1 (A) Financial 2 (B) Help with food/meals 3 (C) Help with housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Other (Please explain: )
(11) Are you (and your husband/wife) providing any form of support to ...? (This is not limited to financial	1. Yes → Go to (12)  2. No → [Note to interviewer] 3. Not sure → [Note to interviewer]	1. Yes → Go to (12)  2. No → [Note to interviewer] 3. Not sure → [Note to interviewer]

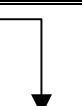

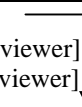
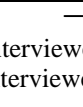
support.)		
(12) [Answer sheet 36] Please explain the sort of support that you are providing. (M.A.)	1 (A) Financial 2 (B) Food/meals 3 (C) Housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Care of grandchildren 9 (I) Other (Please explain: )	1 (A) Financial 2 (B) Food/meals 3 (C) Housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Care of grandchildren 9 (I) Other (Please explain: )
	[Note to interviewer] Determine from Q4 whether the child and subject are living together or separately. If they are living together, proceed to the child's spouse or the next child.	[Note to interviewer] Determine from Q4 whether the child and subject are living together or separately. If they are living together, proceed to the next child.
(13) [Answer sheet 37] Where do you live in relation to ...?	1 (A) Next door, the same neighborhood, adjacent townhouse/row house/segmented home, etc. 2 (B) In the same community such as village, town or city 3 (C) In a region far away	
(14) [Answer sheet 38] How often do you get together with ...?	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't get together	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't get together
(15) [Answer sheet 38] How often do you speak on the phone with ...?	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't speak on the phone	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't speak on the phone
(16) Are you satisfied with your level of contact with ...?	1. Yes 2. No 3. Not sure	1. Yes 2. No 3. Not sure
(If ..... is married) (17) Is ..... living with his/her spouse's parents?	1. Yes 2. No	

Relationship to subject	Own Child #4	Spouse of Child #4
Use the number on the far left column of the table for Q4 (In the event that the subject lives separately record 00.)	Number from Q4: <input type="text"/> (To be filled in by interviewer)	Number from Q4: <input type="text"/> (To be filled in by interviewer)
(1) Date of birth Japanese era <input type="text"/> 3. Meiji 4. Taisho 5. Showa	_____Yr. _____Mon. <u>1</u>	
(2) Age	_____yrs.	_____yrs.
(3) Gender	1. Male 2. Female	1. Male 2. Female
(4) What type of community does your... currently live in?	1. Urban area 2. Rural area	

does your... currently live in?		
(5) What is ...'s marital status? [Answer sheet 33]	1. (A) Married → Go to (6) 2. (B) Divorced → Go to (6)	3. (C) Widowed → Go to (6) 4. (D) Never married → Go to (7)
(6) Please indicate as to how many of ...'s children, in other words, your grandchildren, fall into the following 3 groups. (Note: If no grandchildren fall into a given group, record 0.)	<ul style="list-style-type: none"> <li>• Grandchildren of preschool age: _____ 1</li> <li>• Grandchildren in elementary school: _____ 1</li> <li>• Grandchildren in junior high school or older: _____ 1</li> <li>• <input type="radio"/> No grandchildren</li> <li>• <input checked="" type="radio"/> Not sure</li> </ul>	
(7) Occupation [Answer sheet 34] What type of work is ...currently engaged in?	1 (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2 (B) Employee (office employee, salesperson, store clerk, etc.) 3 (C) Employee (construction worker; craftsperson; taxi, truck or limousine driver; etc.) 4 (D) Part-time employee 5 (E) Self-employed (operates a store, office, plant, etc.) 6 (F) Self-employed (attorney, physician, writer) 7 (G) Involved in agriculture, forestry, or fishing 8 (G) Member of a family business (helped out with the family store, factory, farm, etc.) 9 (H) Student 10 (I) Engaged in homemaking 11 Unemployed 12 Other 13 Never worked	1 (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2 (B) Employee (office employee, salesperson, store clerk, etc.) 3 (C) Employee (construction worker; craftsperson; taxi, truck or limousine driver; etc.) 4 (D) Part-time employee 5 (E) Self-employed (operates a store, office, plant, etc.) 6 (F) Self-employed (attorney, physician, writer) 7 (G) Involved in agriculture, forestry, or fishing 8 (G) Member of a family business (helped out with the family store, factory, farm, etc.) 9 (H) Student 10 (I) Engaged in homemaking 11 Unemployed 12 Other 13 Never worked
(8) Does health allow him/her to care for another person?	1. Yes 2. No	1. Yes 2. No
(9) Are you (and your husband/wife) receiving any form of support from...? (This is not limited to financial support.)	1. Yes → Go to (10)  2. No → Go to (11) 3. Not sure → Go to (11)	1. Yes → Go to (10)  2. No → Go to (11) 3. Not sure → Go to (11)
(10) [Answer sheet 35] Please explain the sort of support that you are receiving. (M.A.)	1 (A) Financial 2 (B) Help with food/meals 3 (C) Help with housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Other (Please explain: _____)	1 (A) Financial 2 (B) Help with food/meals 3 (C) Help with housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Other (Please explain: _____)
(11) Are you (and your husband/wife) providing any form of support to ...? (This is not limited to financial support.)	1. Yes → Go to (12)  2. No → [Note to interviewer] 3. Not sure → [Note to interviewer]	1. Yes → Go to (12)  2. No → [Note to interviewer] 3. Not sure → [Note to interviewer]
(12) [Answer sheet 36] Please explain the sort of support that you are providing. (M.A.)	1 (A) Financial 2 (B) Food/meals 3 (C) Housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship	1 (A) Financial 2 (B) Food/meals 3 (C) Housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship

	6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Care of grandchildren 9 (I) Other (Please explain: )	6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Care of grandchildren 9 (I) Other (Please explain: )
	[Note to interviewer] Determine from Q4 whether the child and subject are living together or separately. If they are living together, proceed to the child's spouse or the next child.	[Note to interviewer] Determine from Q4 whether the child and subject are living together or separately. If they are living together, proceed to the next child.
(13) [Answer sheet 37] Where do you live in relation to ...?	1 (A) Next door, the same neighborhood, adjacent townhouse/row house/segmented home, etc. 2 (B) In the same community such as village, town or city 3 (C) In a region far away	
(14) [Answer sheet 38] How often do you get together with ...?	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't get together	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't get together
(15) [Answer sheet 38] How often do you speak on the phone with ...?	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't speak on the phone	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't speak on the phone
(16) Are you satisfied with your level of contact with ...?	1. Yes 2. No 3. Not sure	1. Yes 2. No 3. Not sure
(If ..... is married) (17) Is ..... living with his/her spouse's parents?	1. Yes 2. No	

Relationship to subject	Own Child #5	Spouse of Child #5
Use the number on the far left column of the table for Q4 (In the event that the subject lives separately record 00.)	Number from Q4: <input type="text"/> (To be filled in by interviewer)	Number from Q4: <input type="text"/> (To be filled in by interviewer)
(1) Date of birth  Japanese era <input type="text"/> 3. Meiji 4. Taisho 5. Showa	_____ Yr. _____ Mon. <u>1</u>	
(2) Age	_____ yrs.	_____ yrs.
(3) Gender	1. Male 2. Female	1. Male 2. Female
(4) What type of community does your... currently live in?	1. Urban area 2. Rural area	
(5) What is ...'s marital status? [Answer sheet 33]	1. (A) Married → Go to (6) 2. (B) Divorced → Go to (6)	3. (C) Widowed → Go to (6) 4. (D) Never married → Go to (7)

<p>(6) Please indicate as to how many of ...'s <u>children</u>, in other words, your grandchildren, fall into the following 3 groups. (Note: If no grandchildren fall into a given group, record 0.)</p>	<ul style="list-style-type: none"> <li>• Grandchildren of preschool age: _____ 1</li> <li>• Grandchildren in elementary school: _____ 1</li> <li>• Grandchildren in junior high school or older: _____ 1</li> <li>• <b>0</b> No grandchildren</li> <li>• <b>X</b> Not sure</li> </ul>	
<p>(7) Occupation [Answer sheet 34] What type of work is ...currently engaged in?</p>	<p>1 (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2 (B) Employee (office employee, salesperson, store clerk, etc.) 3 (C) Employee (construction worker; craftsperson; taxi, truck or limousine driver; etc.) 4 (D) Part-time employee 5 (E) Self-employed (operates a store, office, plant, etc.) 6 (F) Self-employed (attorney, physician, writer) 7 (G) Involved in agriculture, forestry, or fishing 8 (G) Member of a family business (helped out with the family store, factory, farm, etc.) 9 (H) Student 10 (I) Engaged in homemaking 11 Unemployed 12 Other 13 Never worked</p>	<p>1 (A) Employee (administrative position of general manager or higher, educator, researcher, engineer, etc.) 2 (B) Employee (office employee, salesperson, store clerk, etc.) 3 (C) Employee (construction worker; craftsperson; taxi, truck or limousine driver; etc.) 4 (D) Part-time employee 5 (E) Self-employed (operates a store, office, plant, etc.) 6 (F) Self-employed (attorney, physician, writer) 7 (G) Involved in agriculture, forestry, or fishing 8 (G) Member of a family business (helped out with the family store, factory, farm, etc.) 9 (H) Student 10 (I) Engaged in homemaking 11 Unemployed 12 Other 13 Never worked</p>
<p>(8) Does health allow him/her to care for another person?</p>	<p>1. Yes 2. No</p>	<p>1. Yes 2. No</p>
<p>(9) Are you (and your husband/wife) receiving any form of support from...? (This is not limited to financial support.)</p>	<p>1. Yes → Go to (10)  2. No → Go to (11) 3. Not sure → Go to (11)</p>	<p>1. Yes → Go to (10)  2. No → Go to (11) 3. Not sure → Go to (11)</p>
<p>(10) [Answer sheet 35] Please explain the sort of support that you are receiving. (M.A.)</p>	<p>1 (A) Financial 2 (B) Help with food/meals 3 (C) Help with housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Other (Please explain: _____)</p>	<p>1 (A) Financial 2 (B) Help with food/meals 3 (C) Help with housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Other (Please explain: _____)</p>
<p>(11) Are you (and your husband/wife) providing any form of support to ...? (This is not limited to financial support.)</p>	<p>1. Yes → Go to (12)  2. No → [Note to interviewer] 3. Not sure → [Note to interviewer]</p>	<p>1. Yes → Go to (12)  2. No → [Note to interviewer] 3. Not sure → [Note to interviewer]</p>
<p>(12) [Answer sheet 36] Please explain the sort of support that you are providing. (M.A.)</p>	<p>1 (A) Financial 2 (B) Food/meals 3 (C) Housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Care of grandchildren</p>	<p>1 (A) Financial 2 (B) Food/meals 3 (C) Housework, such as the laundry and cleaning 4 (D) Transportation/getting around 5 (E) Companionship 6 (F) Shopping and errands 7 (G) Consultation/advice for troubles 8 (H) Care of grandchildren</p>

	9 (I) Other (Please explain: )	9 (I) Other (Please explain: )
	[Note to interviewer] Determine from Q4 whether the child and subject are living together or separately. If they are living together, proceed to the child's spouse or the next child.	[Note to interviewer] Determine from Q4 whether the child and subject are living together or separately. If they are living together, proceed to the next child.
(13) [Answer sheet 37] Where do you live in relation to ...?	1 (A) Next door, the same neighborhood, adjacent townhouse/row house/segmented home, etc. 2 (B) In the same community such as village, town or city 3 (C) In a region far away	
(14) [Answer sheet 38] How often do you get together with ...?	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't get together	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't get together
(15) [Answer sheet 38] How often do you speak on the phone with ...?	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't speak on the phone	1 (A) Almost everyday 2 (B) More than once a week 3 (C) Once a week 4 (D) Once every two weeks 5 (E) Once a month 6 (F) Several times a year 7 (G) Once a year 8 Don't speak on the phone
(16) Are you satisfied with your level of contact with ...?	1. Yes 2. No 3. Not sure	1. Yes 2. No 3. Not sure
(If ..... is married) (17) Is ..... living with his/her spouse's parents?	1. Yes 2. No	

Q58. (1) [ **Note to interviewer** ] From Q56 on page 27, ask the next question only to those with surviving children. For those with no children, proceed directly to (2).

Do you plan to rely on your children (including adoptive or stepchildren) for support in your later years? Do you not plan on relying on your children for support? Or, have you not thought about this issue yet?

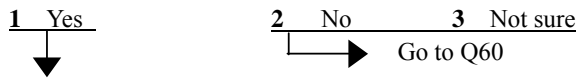
- 1 Plan to rely on children    2 Do not plan on relying on children    3 Haven't thought of issue yet

(2) [ **Answer sheet 39** ] How do you feel about the custom of children looking after their elderly parents? Please select **only one** of the following.

- 1 (A) It's a good custom (tradition)
- 2 (B) It's the child's duty
- 3 (C) It's necessary, because facilities for caring for the elderly (convalescence homes) and the system (the pension system) aren't properly prepared for handling society's aged
- 4 (D) It is not a good custom
- 5 (E) Other (Please explain: \_\_\_\_\_ )
- 6 Not sure

**{The Estate/Property}**

Q59. Have you (subject) or one of your (subject's) siblings ever received any form of inheritance (or gift while alive) from your parent(s)?



SQ. [ **Answer sheet 40** ] Among which siblings was the property divided? Please do not include your mother nor any other relatives in the response.

- 1 (A) Eldest brother (or eldest sister, in the event that there is no eldest brother) was the only beneficiary
- 2 (B) All siblings were beneficiaries
- 3 (C) Only the individuals that provided care for the parents while living were the beneficiary
- 4 (D) Other (Please explain: \_\_\_\_\_ )
- 5 Not sure

Q 60. [ **Answer sheet 41** ] How would you like to use your assets, such as savings or real-estate? Please select **only one** of the following.

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1 (A) Use them to support me (and my wife/husband).</li> <li>2 (B) Leave them to my eldest son (or eldest daughter in the event that there is no eldest son)</li> <li>3 (C) Leave them to all of my children</li> <li>4 (D) Leave them to the individual who looked after me (and my wife/husband or parents)</li> </ol> | <ol style="list-style-type: none"> <li>5 (E) Leave them to the volunteer or medical facility who looked after or cared for me</li> <li>6 (F) Other (Please explain: _____ )</li> <li>7 (G) I have no possessions to leave</li> <li>8 Not sure</li> </ol> |
|---|--|

**[Note to interviewer] Confirm the subject's type of housing in Q6 on page 7.**

**X**
**Y**  
(A) (B) A house, a condominium or townhouse (self-owned)
(C)~(H) Other than a self-owned house



└─→ go to Q62

Q61. (1) [Answer sheet 42] Under whose name has your house been registered officially? In the event of more than one owner, please select all. (M.A.)

- 1 (A) My name
- 2 (B) Spouse's name
- 3 (C) The child or child's spouse who is living with me
- 4 (D) The child or child's spouse who is not living with me
- 5 (E) Other family member
- 6 (F) Other (Please explain: \_\_\_\_\_ )
- 7 Not sure

(2) Do you and your spouse (if subject is a widow(er) or divorcee, only ask "do you") or just your spouse currently own property, a house, a condominium, etc. besides your current residence?

- 1** Yes
**2** No
**3** Not sure

**[ To all respondents ]**

Q62. (1) [Answer sheet 43] Do you and your spouse (if subject is a widow(er) or divorcee, only ask "do you") currently have any of the following assets or sources of income? Mark all that apply.

(2) [Answer sheet 43] From which of the following do you and your spouse (if subject is a widow(er) or divorcee, only ask "do you") receive most of your financial support? List the top three sources in order. If you have only one, just list the one.

**[Note to interviewer]** From the answers given in part (1) record the top three sources of income in order starting with the largest

	(1) assets, source of income	(2) The top 3 sources of income
(A) Income from work	<b>1</b>	(A)
(B) Financial support from children	<b>2</b>	(B)
(C) Publicly funded pension (national pension, welfare pension, mutual aid pension, etc.)	<b>3</b>	(C)
(D) Company pension	<b>4</b>	(D)
(E) Savings (from bank, credit union, post office)	<b>5</b>	(E)
(F) Pension or benefits from life insurance	<b>6</b>	(F)
(G) Marketable securities (stocks, bonds, loan trusts, etc.)	<b>7</b>	(G)
(H) Income in the form of rent from self-owned condominiums or real-estate	<b>8</b>	(H)
(I) Other (Please explain: _____ )	<b>9</b>	(I)
Not sure	<b>10</b>	<b>10</b> Not sure

You will be asked a number of questions related to your income. You do not have to respond to any questions that you feel uncomfortable answering. Also, please rest assured that all of your responses will be kept strictly confidential and will not be shown to anyone not connected with this survey.

Q63. **[Answer sheet 44]** The next question concerns your (subject's) income. Approximately how much do you (subject) and your husband/wife (or in the event that the subject is widowed or divorced, then refer to the subject only) receive as income annually including tax and bonuses?

- |                              |                                 |
|------------------------------|---------------------------------|
| 1 (A) Less than ¥500,000     | 8 (H) ¥5,000,000- ¥5,999,999    |
| 2 (B) ¥500,000- ¥999,999     | 9 (I) ¥6,000,000- ¥7,999,999    |
| 3 (C) ¥1,000,000- ¥1,499,999 | 10 (J) ¥8,000,000- ¥9,999,999   |
| 4 (D) ¥1,500,000- ¥1,999,999 | 11 (K) ¥10,000,000- ¥11,999,999 |
| 5 (E) ¥2,000,000- ¥2,999,999 | 12 (L) ¥12,000,000- ¥14,999,999 |
| 6 (F) ¥3,000,000- ¥3,999,999 | 13 (M) More than ¥15,000,000    |
| 7 (G) ¥4,000,000- ¥4,999,999 | 14 Not sure                     |

[Note to interviewer] Confirm the work situation of the subject and subject's spouse in Q5(6) on page 5, and ask the following question only to those who answered 「(A) working」.

We asked previously about your and your spouse's (if subject is a widow(er) or divorcee, only say "your") annual income. Now we would like to ask about the income of your current job.

[Ask the following question if Q5(6) was answered, subject is 「(A) working」]

Q64. **[Answer sheet 44-1]** Approximately how much did you (subject) receive as income from your work including tax and bonuses last year?

- |                              |                                 |
|------------------------------|---------------------------------|
| 1 (A) None (0¥)              | 9 (I) ¥5,000,000- ¥5,999,999    |
| 2 (B) ¥1- ¥499,999           | 10 (J) ¥6,000,000- ¥7,999,999   |
| 3 (C) ¥500,000- ¥999,999     | 11 (K) ¥8,000,000- ¥9,999,999   |
| 4 (D) ¥1,000,000- ¥1,499,999 | 12 (L) ¥10,000,000- ¥11,999,999 |
| 5 (E) ¥1,500,000- ¥1,999,999 | 13 (M) ¥12,000,000- ¥14,999,999 |
| 6 (F) ¥2,000,000- ¥2,999,999 | 14 More than ¥15,000,000        |
| 7 (G) ¥3,000,000- ¥3,999,999 | 15 Not sure                     |
| 8 (H) ¥4,000,000- ¥4,999,999 |                                 |

[Ask the following question if Q5(6) was answered, subject's spouse is 「(A) working」]

Q65. **[Answer sheet 44-1]** Approximately how much did your husband/wife receive as income from his/her work including tax and bonuses last year?

- |                              |                                 |
|------------------------------|---------------------------------|
| 1 (A) None (0¥)              | 9 (I) ¥5,000,000- ¥5,999,999    |
| 2 (B) ¥1- ¥499,999           | 10 (J) ¥6,000,000- ¥7,999,999   |
| 3 (C) ¥500,000- ¥999,999     | 11 (K) ¥8,000,000- ¥9,999,999   |
| 4 (D) ¥1,000,000- ¥1,499,999 | 12 (L) ¥10,000,000- ¥11,999,999 |
| 5 (E) ¥1,500,000- ¥1,999,999 | 13 (M) ¥12,000,000- ¥14,999,999 |
| 6 (F) ¥2,000,000- ¥2,999,999 | 14 More than ¥15,000,000        |
| 7 (G) ¥3,000,000- ¥3,999,999 | 15 Not sure                     |
| 8 (H) ¥4,000,000- ¥4,999,999 |                                 |

[Note to interviewer] If the respondent is a proxy, proceed to Q79 on page 44.

We would like to ask you about your feelings over the past year.

**Q66** During the past 12 months, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

[Note to interviewer] Circle number 3 "If volunteered: I was on medication/antidepressants" only if the subject voluntarily answers so

1 Yes      2 No      3 If volunteered: I was on medication/anti-depressants



└─▶ go to Q72 on next page

**SQ1.** For the next few questions, please think of "the two-week period" during the past 12 months when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last "all day long", "most" of the day, "about half" the day, or "less than half" the day?

1 All day long      2 Most      3 About half      4 Less than half



└─▶ go to Q72 on next page

**SQ2.** During those two weeks, did you feel this way "every day", "almost every day", or "less often"?

1 Every day      2 Almost every day      3 Less often



└─▶ go to Q72 on next page

**SQ3.** During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

1 Yes      2 No

**SQ4.** Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

1 Yes      2 No

**Q67.** Did you gain or lose weight without trying, or did you stay about the same?

[Note to interviewer] If the subject asks "Are you still talking about the same two weeks?" Answer "Yes."

1 Gain      2 Lose      3 If volunteered both gained and lost weight      4 Stay about the same      5 If volunteered the subject was on diet



└─▶ go to Q68

**SQ.** About how much did you gain/you lose/your weight change?

[Note to interviewer] Accept a range response.

Kg gain/loss or From    to    Kg

Q68. Did you have more trouble falling asleep than you usually do during those two weeks?

1 Yes

2 No



└─→ Go to Q69

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SQ. Did that happen “every night”, “nearly every night”, or “less often” during those two weeks?

1 Every night

2 Nearly every night

3 Less often

---

Q69. During those two weeks, did you have a lot more trouble concentrating than usual?

[Note to interviewer] If the subject asks “Are we still talking about the same two weeks?” Answer “Yes.”

1 Yes

2 No

---

Q70. People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

[Note to interviewer] If the subject asks “Are we still talking about the same two weeks?” Answer “Yes.”

1 Yes

2 No

---

Q71. Did you think a lot about death -- either your own, someone else’s, or death in general during those two weeks?

[Note to interviewer] If the subject asks “Are we still talking about the same two weeks?” Answer “Yes.”

1 Yes

2 No

└─→ Go to Q78 on next page

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Q72. “During the past 12 months”, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

1 Yes

2 No

3 If volunteered: I was on medication/anti-depressants



└─→ go to Q78 on next page

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SQ1. For the next few questions, please think of “the two-week period” during the past 12 month when you had the “most complete” loss of interest in things. During that two-week period, did the loss of interest usually last “all day long”, “most” of the day, “about half” the day, or “less than half” the day?

1 All day long

2 Most

3 About half

4 Less than half



└─→ go to Q78 on next page

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SQ2. Did you feel this way “every day”, “almost every day”, or “less often” during the two weeks?

1 Every day

2 Almost every day

3 Less often



go to Q78 on next page

**SQ3.**

During those two weeks, did you feel tired out or low on energy than is more usual for you?

- 1 Yes
- 2 No

**Q73.**

Did you gain or lose weight without trying, or did you stay about the same?

[Note to interviewer] If the subject asks “Are we still talking about the same two weeks?” Answer “Yes.”

- 1 Gain
- 2 Lose
- 3 If volunteered both gained and lost weight
- 4 Stay about the same
- 5 If volunteered the subject was on diet



go to Q78

**SQ.**

About how much did you gain/you lose/your weight change?

[Note to interviewer] Accept a range response.

Kg gain/loss or From    to    Kg

**Q74.**

Did you have more trouble falling asleep than you usually do during those two weeks?

- 1 Yes
- 2 No



Go to Q75

**SQ.**

Did that happen “every night”, “nearly every night”, or “less often” during those two weeks?

- 1 Every night
- 2 Nearly every night
- 3 Less often

**Q75.**

During those two weeks, did you have a lot more trouble concentrating than usual?

[Note to interviewer] If the subject asks “Are we still talking about the same two weeks?” Answer “Yes.”

- 1 Yes
- 2 No

**Q76.**

People sometimes feel down on themselves, no good, or worthless. Did you feel this way during that two week period?

[Note to interviewer] If the subject asks “Are we still talking about the same two weeks?” Answer “Yes.”

- 1 Yes
- 2 No

**Q77.**

Did you think a lot about death -- either your own, someone else’s, or death in general during those two weeks?

[Note to interviewer] If the subject asks “Are we still talking about the same two weeks?” Answer “Yes.”

- 1 Yes
- 2 No

**Q 78.**

**[Answer sheet 45]** The next questions will be about various aspects of your daily life. Please select the response closest to how you actually feel. [Ask questions (1) through (5) one at a time.]

	(A) Very much	(B) Somewhat	(C) Not really	(D) Not at all
(1) Escalators are hard to use	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
(2) Elevators are hard to use	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

(3) I find it difficult to determine how quickly bicycles are approaching or moving	1	2	3	4
(4) I find it difficult to get on and off a bus	1	2	3	4
(5) When I plan on doing one thing, I realize later that I have done something else.	1	2	3	4

Q79. **[Answer sheet 46]** Are you (subject) currently participating in any of the following social groups or activities? (M.A.)

- |   |  |
|---|--|
| 1. (A) Respect-for-the aged association           | 8. (H) Sports club   |
| 2. (B) Women's group                              | 9. (I) Religious organization                                |
| 3. (C) Senior citizen's club                      | 10. (J) Center for finding employment for senior citizens    |
| 4. (D) Educational or study group                 | 11. (K) Other  |
| 5. (E) Neighborhood association                   | 12. (L) Not participating in any social groups or activities |
| 6. (F) Volunteer work (Public service activities) | 13. Not sure   |
| 7. (G) Hobbyist club                              |  |

Q80. On average, how many hours of television do you (subject) watch in one day? This includes watching TV while engaged in another activity, such as eating.

**[Note to interviewer]** In the event that the respondent gives a time-range, take the average time for the range as the answer. For example, a response of 1-2 hours becomes 1 hours 30 minutes.

Approx  hrs.  min.  Not sure

Q81. Do you (subject) currently drive?

- |                                   |                        |
|-----------------------------------|------------------------|
| 1 Yes                             | 3 Don't have a license |
| 2 Have a license, but don't drive | 4 Not sure             |

**[Information Technology and Aging]**

Q82. The next questions are about information technologies and information/telecommunication services.

- |   |       |      |            |
|---|-------|------|------------|
| (1) Do you (subject) know how to use a personal computer? ..... | 1 Yes | 2 No | 3 Not sure |
| (2) Do you know how to use a cellular phone (PHS)? .....        | 1 Yes | 2 No | 3 Not sure |
| (3) Do you know how to use electronic mail, e-mail? .....       | 1 Yes | 2 No | 3 Not sure |
| (4) Do you know how to use the internet? .....                  | 1 Yes | 2 No | 3 Not sure |

**Q 83.** As society changes, aspects resulting from these changes have been becoming issues of debate. Do you know anyone who has received elderly abuse over the past two years? This does not include people you have seen or heard about on TV, in movies or magazines, etc.

- |       |      |            |
|-------|------|------------|
| 1 Yes | 2 No | 3 Not sure |
|-------|------|------------|

**[ Telephone Number ]**

This is the end of the survey. Thank you very much for your cooperation. If you don't mind, we would like to take down your telephone number. There didn't seem to be any problems during this interview, but you may receive a phone call to confirm that you were not troubled in any way during this interview. I assure you this phone call will not be troublesome in any way.

**1** Gives telephone number → (                      ) — **2** Does not give telephone number

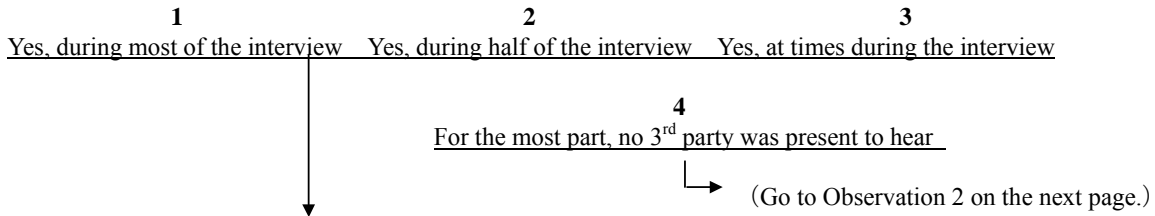
**[ Post interview: Observations of the interviewer ]**

Observation 1. Select one from below that best describes the interview.

- 1** Responses given by subject → (proceed to SQ1 to SQ3)
- 2** Responses given by subject who required the assistance of a third party → (proceed to SQ4 to SQ5)
- 3** Responses given by a proxy → (proceed to observation 2)

( Those responding “1.” for Observation 1. )

SQ1. During the survey, was there someone either present in the room or in a room nearby who could hear the contents of the interview?



SQ2. If there was someone present, what was his or her relationship to the subject? (M.A.)

- |                   |                          |   |
|-------------------|--------------------------|---|
| <b>1</b> Spouse   | <b>4</b> Daughter-in-law | <b>7</b> Other relative (Please explain:                      ) |
| <b>2</b> Son      | <b>5</b> Son-in-law      | <b>8</b> Neighbor   |
| <b>3</b> Daughter | <b>6</b> Grandchild      | <b>9</b> Other (Please explain:                      )          |

SQ3. To what extent did this third party influenced the subject’s responses?

- 1** Would correct the subject’s responses or prevent the subject from giving his or her own responses
- 2** Listened to the interview, but did not interrupt verbally
- 3** Hardly paid any attention to the interview
- 4** Didn’t seem to have any effect on the subject’s responses  
(Proceed to Observation 2)

( Those responding “2.” for Observation 1. )

SQ4. If there was someone assisting the subject, what was his or her relationship to the subject? (M.A.)

- |                   |                          |   |
|-------------------|--------------------------|---|
| <b>1</b> Spouse   | <b>4</b> Daughter-in-law | <b>7</b> Other relative (Please explain:                      ) |
| <b>2</b> Son      | <b>5</b> Son-in-law      | <b>8</b> Neighbor   |
| <b>3</b> Daughter | <b>6</b> Grandchild      | <b>9</b> Other (Please explain:                      )          |

( Those responding “2.” for Observation 1. )

SQ5. Why was someone needed to assist the subject? (M.A.)

- 1** The subject has been hospitalized.
- 2** The subject has been moved to an institution for health (including physical or psychological) reasons.
- 3** The subject has been moved to an institution for reasons other than health (e.g. subject has been incarcerated for a

- traffic violation or otherwise).
- 4** The subject has difficulties hearing (the subject is hearing impaired, etc.).
  - 5** The subject has difficulties speaking (the subject is experiencing verbal difficulties).
  - 6** The subject has experienced memory loss, confusion or loss of consciousness, etc.
  - 7** The subject is experiencing dementia.
  - 8** The subject is experiencing some other form of psychological disorder.
  - 9** The subject has a physical illness or disability.
  - 10** The subject cannot respond for other reasons unrelated to health. (Please explain: \_\_\_\_\_ )

**(To all respondents)**

Observation 2. The following concerns your impression of the subject. (This includes subjects responding for themselves, with the assistance of a third party or by proxy.)

	Yes	Somewhat	Not really	No	Not sure
1) Did you feel that the subject was mentally competent enough to provide adequate responses?	1	2	3	4	5
2) Did you feel that the subject's responses were largely accurate?	1	2	3	4	5
3) Did you feel that the subject understood the questions?	1	2	3	4	5
4) Did you feel that the subject was responsive to and enjoyed the interview?	1	2	3	4	5

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Observation 3. How tired did the subject appear after the interview?

- 1 Very
- 2 Somewhat
- 3 Not at all

---

Observation 4. Did you experience trouble interviewing the subject due to hearing difficulties on the part of the subject?

- 1 Yes
  - 2 No
  - 3 Not sure
- ▼

SQ. Do you feel the subject's hearing difficulties adversely affected the survey?

- 1 Yes
- 2 No