

midja

Midlife in Japan

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**Japanese  
“Well-Being and Health” Survey  
Year 2008**



Japan-US Comparison Research Project on  
Health and Stress of Middle- and Old-Age

(Reference number) #8729

1	2	3	4	5	6	7

(Inspector: )

On filling out the questionnaire

Thank you for participating in the survey.

Please read the following directions and respond.

1. At first, please read the points to be checked (enclosed), and sign the consent form.
2. There are no correct answers. Please report candidly what you think.
3. Because this is a long questionnaire, it is all right for you to take a break in the middle. If you do so, please be careful not to skip a page.
4. Your responses will be converted into numerical terms and treated statistically by a computer without your name. Please be assured that individuals will never be identified.
5. Please respond by circling a number, such as 1, 2, or 3.

Example:

(Survey implementation) Central Research Services, Inc.

6-16-12 Ginza, Chuo-ku, Tokyo

(Tel) 03-3549-3123

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This survey is conducted by the following team of universities:

University of Tokyo

Tokyo Women's Christian University

University of Wisconsin, USA

University of Michigan, USA

Stanford University, USA

## [SECTION A: HEALTH]

A1. Using a scale from 0 to 10 where 0 means "the worst possible health" and 10 means "the best possible health," how would you rate your health these days?

Worst		Best
0	1      2      3      4      5      6      7      8      9	10

A2. Looking back ten years ago, how would you rate your health at that time using the same 0 to 10 scale?

Worst		Best
0	1      2      3      4      5      6      7      8      9	10

A3. Looking ahead ten years into the future, what do you expect your health will be like at that time?

Worst		Best
0	1      2      3      4      5      6      7      8      9	10

A4. Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your health these days?

None		Very much
0	1      2      3      4      5      6      7      8      9	10

A5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your health these days?

None		Very much
0	1      2      3      4      5      6      7      8      9	10

A6. Please indicate the degree to which each of the following statements is true of you in general.

	Not at all true	A little true	Moderately true	Extremely true
a. I am often aware of various things happening within my body.	1	2	3	4
b. Sudden loud noises really bother me.	1	2	3	4
c. I hate to be too hot or too cold.	1	2	3	4
d. I am quick to sense hunger contractions in my stomach.	1	2	3	4
e. I have a low tolerance for pain.	1	2	3	4

A7. During the past 30 days, how often have you experienced each of the following?

	Not at all	Once a month	2-3 times a month	Once a week	2-3 times a week	Almost every day
a. Headaches	1	2	3	4	5	6
b. Backaches	1	2	3	4	5	6
c. Sweating a lot	1	2	3	4	5	6
d. Irritability	1	2	3	4	5	6
e. Hot flushes or flashes	1	2	3	4	5	6
f. Aches or stiffness in joints	1	2	3	4	5	6
g. Trouble getting to sleep or staying asleep	1	2	3	4	5	6
h. Leaking urine	1	2	3	4	5	6
i. Pain or aches in extremities (arms/hands/legs/feet)	1	2	3	4	5	6

A8. In the past twelve months, have you experienced or been treated for any of the following?

*(Check all that apply.)*

<input type="checkbox"/> 1. Asthma, bronchitis, or emphysema	<input type="checkbox"/> 16. Lupus or other autoimmune disorders
<input type="checkbox"/> 2. Tuberculosis	<input type="checkbox"/> 17. Persistent trouble with your gums or mouth
<input type="checkbox"/> 3. Other lung problems	<input type="checkbox"/> 18. Persistent trouble with your teeth
<input type="checkbox"/> 4. Arthritis, rheumatism, or other bone or joint diseases	<input type="checkbox"/> 19. High blood pressure or hypertension
<input type="checkbox"/> 5. Sciatica, lumbago, or recurring backache	<input type="checkbox"/> 20. Anxiety, depression, or some other emotional disorder
<input type="checkbox"/> 6. Persistent skin trouble (e.g. eczema)	<input type="checkbox"/> 21. Alcohol or drug problems
<input type="checkbox"/> 7. Thyroid disease	<input type="checkbox"/> 22. Migraine headaches
<input type="checkbox"/> 8. Hay fever	<input type="checkbox"/> 23. Chronic sleeping problems
<input type="checkbox"/> 9. Recurring stomach trouble, indigestion, or diarrhea	<input type="checkbox"/> 24. Diabetes or high blood sugar
<input type="checkbox"/> 10. Urinary or bladder problems	<input type="checkbox"/> 25. Multiple sclerosis, epilepsy, or other neurological disorders
<input type="checkbox"/> 11. Being constipated all or most of the time	<input type="checkbox"/> 26. Stroke
<input type="checkbox"/> 12. Gall bladder trouble	<input type="checkbox"/> 27. Ulcer
<input type="checkbox"/> 13. Persistent foot trouble (e.g. bunions, ingrown toenails)	<input type="checkbox"/> 28. Hernia or rupture
<input type="checkbox"/> 14. Trouble with varicose veins requiring medical treatment	<input type="checkbox"/> 29. Piles or hemorrhoids
<input type="checkbox"/> 15. AIDS or HIV infection	<input type="checkbox"/> 30. Swallowing Problems
	<input type="checkbox"/> 31. None of the above

A9. During the past 30 days have you taken prescription medicine for any of the following conditions?

*Check “Yes” or “No” for each of the items below. If you check “Yes” please indicate how often by circling the appropriate number.*

			Once a month	2-3 times a month	Once a week	2-3 times a week	Daily
a.	Hypertension	1 Yes → 2 No	1	2	3	4	5
b.	Diabetes	1 Yes → 2 No	1	2	3	4	5
c.	High cholesterol	1 Yes → 2 No	1	2	3	4	5
d.	A heart condition	1 Yes → 2 No	1	2	3	4	5
e.	Lung problems	1 Yes → 2 No	1	2	3	4	5
f.	Ulcers	1 Yes → 2 No	1	2	3	4	5
g.	Arthritis	1 Yes → 2 No	1	2	3	4	5
h.	Hormone replacement, such as estrogen	1 Yes → 2 No	1	2	3	4	5
i.	Birth control	1 Yes → 2 No	1	2	3	4	5
j.	Headaches	1 Yes → 2 No	1	2	3	4	5
k.	Nerves, anxiety, or depression	1 Yes → 2 No	1	2	3	4	5
l.	Pain	1 Yes → 2 No	1	2	3	4	5

A10. How much does your health limit you in doing each of the following?

	Not at all	A little	Some	A lot
a. Lifting or carrying groceries	1	2	3	4
b. Bathing or dressing yourself	1	2	3	4
c. Climbing 2-3 flights of stairs	1	2	3	4
d. Climbing one flight of stairs	1	2	3	4
e. Bending, kneeling, or stooping	1	2	3	4
f. Walking 2000 meters or more	1	2	3	4
g. Walking 200 – 300 meters	1	2	3	4
h. Walking 50 meters	1	2	3	4
i. Vigorous activity (e.g., running, lifting heavy objects)	1	2	3	4
j. Moderate activity (e.g., bowling, vacuuming)	1	2	3	4

A11. Do you get short of breath in the following situations?

	No	Yes
a. When hurrying on ground level or walking up a slight hill.	1	2
b. When walking with other people your age on level ground.	1	2
c. When walking at your own pace on level ground.	1	2
d. When washing or dressing.	1	2

A12. Have you ever in your life had an operation or major procedure that required any type of anesthesia (including local anesthesia, general anesthesia, dental anesthesia, etc.)?

1. Yes                      2. No    **[GO TO A14]**

A13. In what year did this happen (most recently)

1       Heisei

2       Showa                      \_\_\_\_\_ Year                      \_\_\_\_\_ Month

In western calendar (Common Era): \_\_\_\_\_ Year                      \_\_\_\_\_ Month

A14. Have you been hospitalized overnight in the past 12 months?

1. Yes

2. No **[GO TO A17]**

A15. How many separate times in the past 12 months have you been hospitalized overnight?

\_\_\_\_\_ # Time

A16. How many nights did you stay in a hospital altogether in the past 12 months

\_\_\_\_\_ # Nights

A17. In the past 12 months, did you see each of the following doctors for your own physical health. If yes, please indicate how many times did you see each of them.

		# Times
a. A doctor, hospital or clinic for a routine physical check-up or gynecological exam.	1 Yes→ 2 No	_____
b. A dentist for a routine check-up or exam.	1 Yes→ 2 No	_____
c. An optician for a routine check-up or exam.	1 Yes→ 2 No	_____
d. A doctor, emergency room, or clinic for urgent care treatment (for example, because of new symptoms, an accident, or something else unexpected).	1 Yes→ 2 No	_____
e. A doctor, hospital, clinic, dentist or ophthalmologist for scheduled treatment or surgery.	1 Yes→ 2 No	_____

A18. Please indicate how often you used each of the following therapies in the past 12 months, either to treat a physical health problem, to treat an emotional or personal problem, to maintain or enhance your wellness, or to prevent the onset of illness?

	Never	A little	Some	Often	A lot
a. Acupuncture	1	2	3	4	5
b. Chiropractic	1	2	3	4	5
c. Exercise or movement therapy (yoga, pilates, tai chi, feldenkrais, etc.)	1	2	3	4	5
d. Herbal therapy	1	2	3	4	5
e. High dose mega-vitamins	1	2	3	4	5
f. Any other non-traditional remedy or therapy Please specify: _____	1	2	3	4	5

- A19. Are you currently covered by any of the following health insurance plans?
1. My own health insurance, through my employer or previous employer
  2. Family health insurance, through spouse's employer or mutual aid association
  3. National Health Insurance
  4. None of the above
- A20. Among the following, is there any private medical insurance (hospitalization insurance) in which you are enrolled in your name? (Please circle as many as applicable)
1. Medical insurance with a supplementary contract for hospitalization
  2. Cancer insurance
  3. Medical insurance with a supplementary contract for home care
  4. Medical insurance with a supplementary contract for adult diseases
  5. Other private medical insurance
  6. Enrolled but don't know the details
  7. Not enrolled

## **[SECTION B: CIGARETTES]**

- B1. At what age did you have your very FIRST cigarette, if EVER
- Age \_\_\_\_\_ Never Smoke [GOTO C1]
- B2. Have you ever smoked cigarettes regularly -- that is, at least a few cigarettes every day?
1. Yes 2. No [GO TO C1]
- B3. At what age did you begin to smoke REGULARLY?
- \_\_\_\_\_ Years old
- B4. Do you smoke cigarettes regularly NOW?
1. Yes 2. No [GO TO C1]
- B5. On average, about how many cigarettes did you smoke per day in the one year in your life when you smoked most heavily?
- # of cigarettes \_\_\_\_\_



## [SECTION C: ALCOHOL]

C1. During the past month, how often did you drink any alcoholic beverages, on the average?

1. Every day
2. 5 or 6 days a week
3. 3 or 4 days a week
4. 1 or 2 days a week
5. Less than one day a week
6. None [GOTO C6]

**Please answer the following questions with this definition in mind: “By one 'drink', we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.”**

C2. With these definitions in mind, on the days when you drank, about how many drinks did you drink on the average?

\_\_\_ # of drinks

C3. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on the same occasion?

\_\_\_ # of times                      None

C4. During the past 12 months, how many times did you use much larger amounts of alcohol than you intended to when you began, or used them for a longer period of time than you intended to?

1	2	3	4	5	6
Never	1 ~ 2 times	3 ~ 5 times	6 ~ 10times	11 ~ 20 times	21 times or more

C5. In the past 12 months, how many times have you been under the effects of alcohol or suffering its after effects while at work or school, or while taking care of children?

1	2	3	4	5	6
Never	1 ~ 2 times	3 ~ 5 times	6 ~ 10times	11 ~ 20 times	21 times or more

C6. When you were growing up, that is during your first 16 years, did you live with anyone who was a problem drinker or alcoholic?

1. Yes
2. No

C7. Have you ever been married to, or lived with a partner who was a problem drinker or alcoholic?

1. Yes
2. No

## [SECTION D: EMOTION OR FEELINGS]

D1. During the past 30 days, how much of the time did you feel

	None of the time	A little of the time	Some of the time	Most of the time	All the time
a. so sad nothing could cheer you up?	1	2	3	4	5
b. nervous?	1	2	3	4	5
c. restless or fidgety?	1	2	3	4	5
d. hopeless?	1	2	3	4	5
e. that everything was an effort?	1	2	3	4	5
f. worthless?	1	2	3	4	5
g. lonely?	1	2	3	4	5
h. afraid?	1	2	3	4	5
i. jittery?	1	2	3	4	5
j. irritable?	1	2	3	4	5
k. ashamed?	1	2	3	4	5
l. upset?	1	2	3	4	5
m. angry?	1	2	3	4	5
n. frustrated?	1	2	3	4	5

D2. During the past 30 days, how much of the time did you feel

	None of the time	A little of the time	Some of the time	Most of the time	All the time
a. cheerful?	1	2	3	4	5
b. in good spirits?	1	2	3	4	5
c. extremely happy?	1	2	3	4	5
d. calm and peaceful?	1	2	3	4	5
e. satisfied?	1	2	3	4	5
f. full of life?	1	2	3	4	5
g. close to others?	1	2	3	4	5
h. like you belong?	1	2	3	4	5
i. enthusiastic?	1	2	3	4	5
j. attentive?	1	2	3	4	5
k. proud?	1	2	3	4	5
l. active?	1	2	3	4	5
m. confident?	1	2	3	4	5

- D3. The following questions ask about your feelings and thoughts during the last month. For each question, answer by circling how often you felt or thought a certain way. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the answer that seems like a reasonable estimate.

In the last month, how often have you...	Never	Almost Never	Sometimes	Fairly Often	Very Often
a. been upset because of something that happened unexpectedly?	1	2	3	4	5
b. felt that you were unable to control the important things in your life?	1	2	3	4	5
c. felt nervous and "stressed"?	1	2	3	4	5
d. felt confident about your ability to handle your personal problems?	1	2	3	4	5
e. felt that things were going your way?	1	2	3	4	5
f. found that you could not cope with all the things that you had to do?	1	2	3	4	5
g. been able to control irritations in your life?	1	2	3	4	5
h. felt that you were on top of things?	1	2	3	4	5
i. been angered because of things that were outside of your control?	1	2	3	4	5
j. felt difficulties were piling up so high that you couldn't overcome them?	1	2	3	4	5

- D4. Please circle the number that best describes how much fear or anxiety you generally feel in the following situations.

	None	Mild	Moderate	Severe
a. Talking to people in authority.	1	2	3	4
b. Going to a party.	1	2	3	4
c. Working while being observed.	1	2	3	4
d. Calling someone you don't know very well.	1	2	3	4
e. Talking with people you don't know very well.	1	2	3	4
f. Being the center of attention.	1	2	3	4
g. Expressing a disagreement or disapproval to people you don't know very well.	1	2	3	4
h. Returning goods to a store.	1	2	3	4
i. Resisting a high-pressure salesperson.	1	2	3	4

D5. Circle the number that best describes how often you generally react or behave in the manner described when you feel angry or furious.

<b><u>In general when I feel angry or furious ....</u></b>	<b>Almost Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost Always</b>
a. I withdraw from people.	1	2	3	4
b. I pout or sulk.	1	2	3	4
c. I am angrier than I'm willing to admit.	1	2	3	4
d. I am secretly critical of others.	1	2	3	4
e. I boil inside, but don't show it.	1	2	3	4
f. I harbor grudges.	1	2	3	4
g. I keep things in.	1	2	3	4
h. I am irritated more than others are aware.	1	2	3	4
i. I slam doors.	1	2	3	4
j. I say nasty things.	1	2	3	4
k. I make sarcastic remarks.	1	2	3	4
l. I argue with others.	1	2	3	4
m. I lose my temper.	1	2	3	4
n. I strike out at whatever infuriates me.	1	2	3	4
o. I express my anger.	1	2	3	4
p. If someone annoys me I tell them how I feel.	1	2	3	4
q. I control my temper.	1	2	3	4
r. I keep my cool.	1	2	3	4
s. I calm down faster.	1	2	3	4
t. I make threats.	1	2	3	4
u. I do nothing.	1	2	3	4
v. I ignore the situation or person who angers me.	1	2	3	4

## [SECTION E: WORK]

- E1. Do you currently have a paid job? This includes helping with family business.
1. Have a paid job (including helping with family business, etc.)
  2. Do not have a paid job [Go to E19]
- E2. Which of the following describes your current job?
- |                              |                             |
|------------------------------|-----------------------------|
| 1. Blue-collar job           | 7. Family-operated business |
| 2. Service businesses        | 8. Liberal profession       |
| 3. White-collar job/Clerical | 9. Agriculture/Fishing      |
| 4. Specialist personnel      | 10. Others:                 |
| 5. Management position       | Specify _____               |
| 6. Corporate manager         |                             |
- E3. Which of the following describes your working styles?
1. Full-time
  2. Temporary, part-time (including a job through a staffing agency for retirees)
  3. Other
- E4. Please describe the content of your job (be specific such as accounting, grocery sales, an apartment superintendent, a carpenter, kimono tailoring, and milk delivery).
- E5. Approximately how many employees (workers) does your company have in total (including branches and sales offices). Please circle the number that applies. For family business, please include yourself, all employed family members, and all other employees.
- |              |   |
|--------------|---|
| 1. 1         | 7. 300 ~ 499                                      |
| 2. 2 ~ 4     | 8. 500 ~ 999                                      |
| 3. 5 ~ 9     | 9. 1000 or more                                   |
| 4. 10 ~ 29   | 10. Government agencies (including public school) |
| 5. 30 ~ 99   | 11. Do not know                                   |
| 6. 100 ~ 299 |   |
- E6. Are you in a management position? (If you answer "yes," please write the title.)
- 1 Yes (Specify: \_\_\_\_\_)
  - 2 No

E7. In the past 12 months, did you have any serious ongoing problems getting along with someone at work?

1. Yes

2. No

E8. Have you had any other serious ongoing stress at work — things like consistently extreme work demands, major changes, or uncertainties that most people would consider highly stressful?

1. Yes

2. No

E9. If you wanted to stay in your present job, what are the chances that you could keep it for the next two years?

1  
Excellent

2  
Very good

3  
Good

4  
Fair

5  
Poor

E10. Overall, what kind of effect does your job have on your physical health? If you have more than one job, please give your best judgment of the combined effect of your jobs.

1  
Very Positive

2  
Somewhat positive

3  
Neutral

4  
Somewhat negative

5  
Very Negative

E11. Overall, what kind of effect does your job have on your emotional or mental health? Again, if you have more than one job, please give your best judgment of the combined effect of your jobs.

1  
Very Positive

2  
Somewhat positive

3  
Neutral

4  
Somewhat negative

5  
Very Negative

E12. Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your work situation these days?

None

0 1 2 3 4 5 6 7 8 9 10

Very much

E13. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your work situation these days?

None

0 1 2 3 4 5 6 7 8 9 10

Very much

- E14. The next questions are about how your job may affect your family and personal life, and how your family and personal life may affect your job. How often have you experienced each of the following in the past year?

	None of the time	A little of the time	Some of the time	Most of the time	All the time
a. Your job reduces the effort you can give to activities at home.	1	2	3	4	5
b. Stress at work makes you irritable at home.	1	2	3	4	5
c. Your job makes you feel too tired to do the things that need attention at home.	1	2	3	4	5
d. Job worries or problems distract you when you are at home.	1	2	3	4	5
e. The things you do at work help you deal with personal and practical issues at home.	1	2	3	4	5
f. The things you do at work make you a more interesting person at home.	1	2	3	4	5
g. Having a good day on your job makes you a better companion when you get home.	1	2	3	4	5
h. The skills you use on your job are useful for things you have to do at home.	1	2	3	4	5
i. Responsibilities at home reduce the effort you can devote to your job.	1	2	3	4	5
j. Personal or family worries and problems distract you when you are at work.	1	2	3	4	5
k. Activities and chores at home prevent you from getting the amount of sleep you need to do your job well.	1	2	3	4	5
l. Stress at home makes you irritable at work.	1	2	3	4	5
m. Talking with someone at home helps you deal with problems at work.	1	2	3	4	5
n. Providing for what is needed at home makes you work harder at your job.	1	2	3	4	5
o. The love and respect you get at home makes you feel confident about yourself at work.	1	2	3	4	5
p. Your home life helps you relax and feel ready for the next day's work.	1	2	3	4	5

E15. Please indicate how often each of the following is true of your job.

	None of the time	A little of the time	Some of the time	Most of the time	All the time
a. How often do you have to work very intensively, that is, you are very busy trying to get things done?	1	2	3	4	5
b. How often do you learn new things at work?	1	2	3	4	5
c. How often does your work demand a high level of skill or expertise?	1	2	3	4	5
d. On your job, how often do you have to initiate things, such as coming up with your own ideas, or figuring out on your own what needs to be done?	1	2	3	4	5
e. How often do you have a choice in deciding how you do your tasks at work?	1	2	3	4	5
f. How often do you have a choice in deciding what tasks you do at work?	1	2	3	4	5
g. How often do you have a say in decisions about your work?	1	2	3	4	5
h. How often do you have a say in planning your work environment, that is, how your workplace is arranged or how things are organized?	1	2	3	4	5
i. How often does your job provide you with a variety of things that interest you?	1	2	3	4	5
j. How often do different people or groups at work demand things from you that you think are hard to combine?	1	2	3	4	5
k. How often do you get so involved in your work that you forget about everything else, even the time?	1	2	3	4	5

E16. In the past year, how often has each of the following occurred at your job?

	None of the time	A little of the time	Some of the time	Most of the time	All the time
a. You have too many demands made on you.	1	2	3	4	5
b. You control the amount of time you spend on tasks.	1	2	3	4	5
c. You have enough time to get everything done.	1	2	3	4	5
d. You have a lot of interruptions.	1	2	3	4	5



E17. Please indicate how often each of the following is true of your job. (If you do not have a supervisor, or do not have any coworkers or colleagues, circle “6” for those questions.)

	None of the time	A little of the time	Some of the time	Most of the time	All the time	Does not apply
a. How often do you get help and support from your coworkers?	1	2	3	4	5	6
b. How often are your coworkers willing to listen to your work-related problems?	1	2	3	4	5	6
c. How often do you get the information you need from your supervisor or superiors?	1	2	3	4	5	6
d. How often do you get help and support from your immediate supervisor?	1	2	3	4	5	6
e. How often is your immediate supervisor willing to listen to your work-related problems?	1	2	3	4	5	6

E18. To what extent do the following statements describe the way you feel about your current job?

	Not at all	A little	Some	A lot
a. I feel cheated about the chances I have had to work at good jobs.	1	2	3	4
b. When I think about the work I do on my job, I feel a good deal of pride.	1	2	3	4
c. I feel that others respect the work I do on my job.	1	2	3	4
d. Most people have more rewarding jobs than I do.	1	2	3	4
e. When it comes to my work life, I’ve had opportunities that are as good as most people’s.	1	2	3	4
f. It makes me discouraged that other people have much better jobs than I do.	1	2	3	4

E19. Using a scale from 0 to 10 where 0 means "the worst possible work situation" and 10 means "the best possible work situation," how would you rate your work situation these days?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

E20. Looking back ten years ago, how would you rate your work situation at that time using the same 0 to 10 scale?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

E21. Looking ahead ten years into the future, what do you expect your work situation will be like at that time?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

## [SECTION F: FINANCES]

F1. Using a scale from 0 to 10 where 0 means "the worst possible financial situation" and 10 means "the best possible financial situation," how would you rate your financial situation these days?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

F2. Looking back ten years ago, how would you rate your financial situation at that time using the same 0 to 10 scale?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

F3. Looking ahead ten years into the future, what do you expect your financial situation will be like at that time?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

F4. Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your financial situation these days?

None Very much

0	1	2	3	4	5	6	7	8	9	10

F5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your financial situation these days?

None Very much

0	1	2	3	4	5	6	7	8	9	10

F6. In general, would you say you (and your family living with you) have more money than you need, just enough for your needs, or not enough to meet your needs?

1. More money than you need
2. Just enough money
3. Not enough money

## [SECTION G: PERSONAL BELIEFS]

G1. The next set of questions deal with your views of yourself. Please indicate how strongly you agree or disagree with each of the following statements.

	DISAGREE			Neutral	AGREE		
	Strongly	Some	A little		A little	Some	Strongly
a. There is little I can do to change the important things in my life.	1	2	3	4	5	6	7
b. I often feel helpless in dealing with the problems of life.	1	2	3	4	5	6	7
c. I can do just about anything I really set my mind to.	1	2	3	4	5	6	7
d. Other people determine most of what I can and cannot do.	1	2	3	4	5	6	7
e. What happens in my life is often beyond my control.	1	2	3	4	5	6	7
f. When I really want to do something, I usually find a way to succeed at it.	1	2	3	4	5	6	7
g. There are many things that interfere with what I want to do.	1	2	3	4	5	6	7
h. Whether or not I am able to get what I want is in my own hands.	1	2	3	4	5	6	7
i. I have little control over the things that happen to me.	1	2	3	4	5	6	7

Continued	DISAGREE			Neutral	AGREE		
	Strongly	Some	A little		A little	Some	Strongly
j. There is really no way I can solve the problems I have.	1	2	3	4	5	6	7
k. I sometimes feel I am being pushed around in my life.	1	2	3	4	5	6	7
l. What happens to me in the future mostly depends on me.	1	2	3	4	5	6	7
m. I am no better and no worse than others.	1	2	3	4	5	6	7
n. I take a positive attitude toward myself.	1	2	3	4	5	6	7
o. At times I feel that I am no good at all.	1	2	3	4	5	6	7
p. I am able to do things as well as most people	1	2	3	4	5	6	7
q. I wish I could have more respect for myself.	1	2	3	4	5	6	7
r. On the whole, I am satisfied with myself.	1	2	3	4	5	6	7
s. I certainly feel useless at times.	1	2	3	4	5	6	7

G2. The next set of questions asks about your outlook on life. Answer according to your own feelings, rather than how you think "most people" would answer.

	DISAGREE		Neutral	AGREE	
	A lot	A little		A little	A lot
a. In uncertain times, I usually expect the best.	1	2	3	4	5
b. If something can go wrong for me, it will.	1	2	3	4	5
c. I'm always optimistic about my future.	1	2	3	4	5
d. I hardly ever expect things to go my way.	1	2	3	4	5
e. I rarely count on good things happening to me.	1	2	3	4	5
f. I expect more good things to happen to me than bad.	1	2	3	4	5

G3. The following statements are designed to help us understand how you approach managing your life. Please indicate how well the following statements describe you.

	Not at all	A little	Some	A lot
a. When things don't go according to my plans, my motto is, "Where there's a will, there's a way."	1	2	3	4
b. When faced with a bad situation, I do what I can to change it for the better.	1	2	3	4
c. When my expectations are not being met, I lower my expectations.	1	2	3	4
d. To avoid disappointments, I don't set my goals too high.	1	2	3	4
e. I find I usually learn something meaningful from a difficult situation.	1	2	3	4
f. I feel relieved when I let go of some of my responsibilities.	1	2	3	4
g. Even when I feel I have too much to do, I find a way to get it all done.	1	2	3	4
h. When I am faced with a bad situation, it helps to find a different way of looking at things.	1	2	3	4
i. I often remind myself that I can't do everything.	1	2	3	4
j. When I encounter problems, I don't give up until I solve them.	1	2	3	4
k. I rarely give up on something I am doing, even when things get tough.	1	2	3	4
l. When I can't get what I want, I assume my goals must be unrealistic.	1	2	3	4
m. Even when everything seems to be going wrong, I can usually find a bright side to the situation.	1	2	3	4
n. I can find something positive even in the worst situations.	1	2	3	4
o. I don't like to ask others for help unless I have to.	1	2	3	4
p. Asking others for help comes naturally to me.	1	2	3	4
q. When I cannot solve a problem by myself, I ask others for help.	1	2	3	4
r. When obstacles get in my way, I try to get help from others.	1	2	3	4
s. When difficulties become too great, I ask others for advice.	1	2	3	4
t. I can keep in harmony with other people and my surroundings.	1	2	3	4

- G4. The following questions are about the ways you generally interact with others, including your sense of obligation towards others. Please circle the number that corresponds to how much you agree or disagree with the following statements.

In general ...	DISAGREE			Neutral	AGREE		
	Strongly	Some	A little		A little	Some	Strongly
a. I have respect for the authority figures with whom I interact.	1	2	3	4	5	6	7
b. I'd rather say "NO" directly, than risk being misunderstood.	1	2	3	4	5	6	7
c. It is important for me to maintain harmony or smooth relationships within my group.	1	2	3	4	5	6	7
d. Speaking up is not a problem for me.	1	2	3	4	5	6	7
e. Having a lively imagination is important to me.	1	2	3	4	5	6	7
f. I am comfortable with being singled out for praise or rewards.	1	2	3	4	5	6	7
g. I respect people who are modest about themselves.	1	2	3	4	5	6	7
h. I am the same person at home that I am at work or in other social settings.	1	2	3	4	5	6	7
i. I will sacrifice my self-interest for the benefit of the group I am in.	1	2	3	4	5	6	7
j. I should take into consideration others' advice when making work or family plans.	1	2	3	4	5	6	7
k. I prefer to be direct and forthright when dealing with people I've just met.	1	2	3	4	5	6	7
l. It is important to me to respect decisions made by the group.	1	2	3	4	5	6	7
m. I will stay in a group if they need me, even when I'm not happy with the group.	1	2	3	4	5	6	7
n. If people in my family fail, I feel responsible.	1	2	3	4	5	6	7
o. Even when I strongly disagree with group members, I avoid an argument.	1	2	3	4	5	6	7
p. It is important to have my own ideas.	1	2	3	4	5	6	7

In general .....	DISAGREE			Neutral	AGREE		
	Strongly	Some	A little		A little	Some	Strongly
q. I act in the same way no matter who I am with.	1	2	3	4	5	6	7
r. I enjoy being unique and different from others in many respects.	1	2	3	4	5	6	7
s. My happiness depends on the happiness of those around me.	1	2	3	4	5	6	7
t. I often have the feeling that my relationships with others are more important than my own accomplishments.	1	2	3	4	5	6	7
u. Being able to take care of myself is a primary concern for me.	1	2	3	4	5	6	7
v. It is important to listen to others' opinions.	1	2	3	4	5	6	7

G5. The following questions are about how your views of yourself are linked to your relations with others. Please circle the number that corresponds to how much you agree or disagree with the following statements.

In general .....	DISAGREE			Neutral	AGREE		
	Strongly	Some	A little		A little	Some	Strongly
a. Even when things are going well for me, I can't be happy if I have a friend who is in trouble.	1	2	3	4	5	6	7
b. I am moved when I hear of another person's hardship.	1	2	3	4	5	6	7
c. I think nothing is more important than to be sympathetic to others.	1	2	3	4	5	6	7
d. My sympathy has its limits.	1	2	3	4	5	6	7
e. I usually follow the opinions of people I can respect.	1	2	3	4	5	6	7
f. When many people have an opinion different from mine, I can adjust mine to theirs.	1	2	3	4	5	6	7
g. When values held by others sound more reasonable, I can adjust my values to theirs.	1	2	3	4	5	6	7
h. Once something has happened, I try to adjust myself to it because it is difficult to change it myself.	1	2	3	4	5	6	7
i. It is useless to try to change what is going to happen in life because it is impossible to predict it.	1	2	3	4	5	6	7
j. It is important for me to try to help people who I know well.	1	2	3	4	5	6	7

G6. Please indicate how well each of the following describes you.

	Not at all	A little	Some	A lot
a. Outgoing	1	2	3	4
b. Helpful	1	2	3	4
c. Moody	1	2	3	4
d. Organized	1	2	3	4
e. Self-confident	1	2	3	4
f. Friendly	1	2	3	4
g. Warm	1	2	3	4
h. Worrying	1	2	3	4
i. Responsible	1	2	3	4
j. Forceful	1	2	3	4
k. Lively	1	2	3	4
l. Caring	1	2	3	4
m. Nervous	1	2	3	4
n. Creative	1	2	3	4
o. Assertive	1	2	3	4
p. Hardworking	1	2	3	4
q. Imaginative	1	2	3	4
r. Softhearted	1	2	3	4
s. Calm	1	2	3	4
t. Outspoken	1	2	3	4
u. Intelligent	1	2	3	4
v. Curious	1	2	3	4
w. Active	1	2	3	4
x. Careless	1	2	3	4
y. Broad-minded	1	2	3	4
z. Sympathetic	1	2	3	4
aa. Talkative	1	2	3	4
bb. Sophisticated	1	2	3	4
cc. Adventurous	1	2	3	4
dd. Dominant	1	2	3	4
ee. Thorough	1	2	3	4



G7. The following questions are about your views of yourself. Please circle the number that corresponds to how much you agree or disagree with the following statements.

	DISAGREE			Neutral	AGREE		
	Strongly	Some	A little		A little	Some	Strongly
a. I can make myself do things I don't want to do.	1	2	3	4	5	6	7
b. When something bad happens to me, I think of all the others who are much worse off than I am.	1	2	3	4	5	6	7
c. I can control my thoughts and desires if I need to.	1	2	3	4	5	6	7
d. It is important to me to be able to think, feel, and act differently depending on the needs and demands of the situation.	1	2	3	4	5	6	7
e. One can be a better person only through changing one's thoughts and feelings.	1	2	3	4	5	6	7
f. It is important for me to be strong in body and mind.	1	2	3	4	5	6	7
g. I control my emotions by changing the way I think about the situation I'm in.	1	2	3	4	5	6	7
h. I keep my emotions to myself.	1	2	3	4	5	6	7
i. When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	1	2	3	4	5	6	7
j. When I am feeling negative emotions (such as sadness or anger), I make sure not to express them.	1	2	3	4	5	6	7
k. I am known as an emotional person.	1	2	3	4	5	6	7
l. It is important to me that I not bother others.	1	2	3	4	5	6	7
m. I try to behave so as not to cause trouble to others.	1	2	3	4	5	6	7
n. I sometimes worry that I am a burden on others.	1	2	3	4	5	6	7
o. I know my own limitations.	1	2	3	4	5	6	7
p. I do my best to maintain a calm mind.	1	2	3	4	5	6	7
q. A top priority in my life is to do well what I am supposed to do.	1	2	3	4	5	6	7
r. I feel very tense when I am being evaluated by others.	1	2	3	4	5	6	7
s. I am often concerned about how other people might respond to me.	1	2	3	4	5	6	7

## [SECTION H: SOCIAL NETWORK]

H1. To what extent do each of the following statements describe you?

	Not at all	A little	Some	A lot
a. Others would say that you have made unique contributions to society.	1	2	3	4
b. You have important skills you can pass along to others.	1	2	3	4
c. Many people come to you for advice.	1	2	3	4
d. You feel that other people need you.	1	2	3	4
e. You have had a good influence on the lives of many people.	1	2	3	4
f. You like to teach things to people.	1	2	3	4

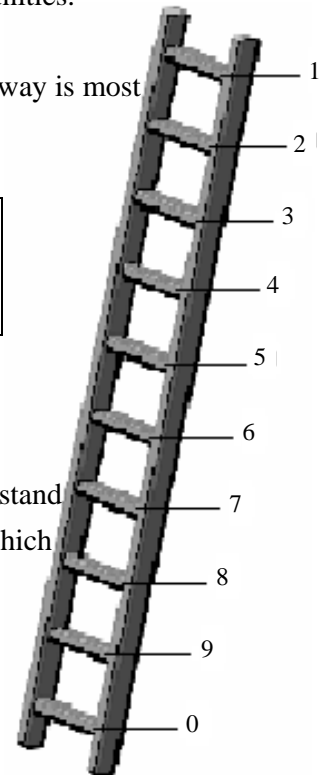
H2. Think of this ladder as representing where people stand in their communities.

People define community in different ways; please define it in whatever way is most meaningful to you.

At the top of the ladder are the people who have the highest standing in their community. At the bottom are the people who have the lowest standing in their community.

Where would you place yourself on this ladder?

Please check the box next to the rung on the ladder where you think you stand at this time in your life, relative to other people in the community with which you most identify.



## [SECTION I: YOUR NEIGHBORHOOD]

I1. How often do you have any contact, even something as simple as saying "hello", with any of your neighbors?

- |   |                      |   |                        |
|---|----------------------|---|------------------------|
| 1 | Almost every day     | 4 | 1-3 times a month      |
| 2 | Several times a week | 5 | Less than once a month |
| 3 | About once a week    | 6 | Never or hardly ever   |

I2. How often do you have a real conversation or get together socially with any of your neighbors?

- |   |                      |   |                        |
|---|----------------------|---|------------------------|
| 1 | Almost every day     | 4 | 1-3 times a month      |
| 2 | Several times a week | 5 | Less than once a month |
| 3 | About once a week    | 6 | Never or hardly ever   |

I3. How long have you lived in your current location? (If less than one year, enter "0".)

\_\_\_\_\_ # Years

## [SECTION J: LIFE OVERALL]

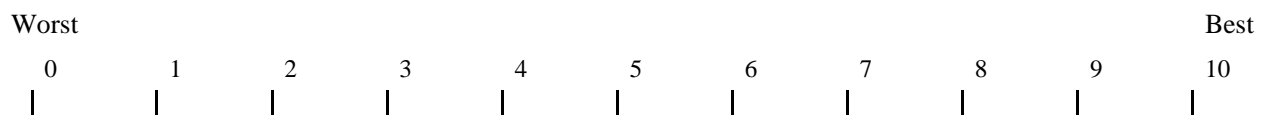
J1. Using a scale from 0 to 10 where 0 means "the worst possible life overall" and 10 means "the best possible life overall," how would you rate your life overall these days?



J2. Looking back ten years ago, how would you rate your life overall at that time using the same 0 to 10 scale?



J3. Looking ahead ten years into the future, what do you expect your life overall will be like at that time?



J4. Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your life overall these days?



J5. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your life overall these days?

None Very much

0	1	2	3	4	5	6	7	8	9	10

J6. Using a 0 to 10 scale where 0 means "the worst possible day overall" and 10 means "the best possible day overall", how would you rate your day today?

Worst Best

0	1	2	3	4	5	6	7	8	9	10

J7. The next questions are about your evaluations of your life overall. Please circle the number that corresponds to how much you agree or disagree with the following statements.

	DISAGREE			Neutral	AGREE		
	Strongly	Some	A little		A little	Some	Strongly
a. Compared to most of my peers, I consider myself to be more happy.	1	2	3	4	5	6	7
b. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
c. The conditions of my life are excellent.	1	2	3	4	5	6	7
d. I am satisfied with my life.	1	2	3	4	5	6	7
e. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
f. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7
g. I have so much in life to be thankful for.	1	2	3	4	5	6	7
h. I am grateful to a wide variety of people.	1	2	3	4	5	6	7

J8. The next set of items explore your well-being. Please indicate how strongly you agree or disagree with each of the following statements.

	DISAGREE			Neutral	AGREE		
	Strongly	Some	A little		A little	Some	Strongly
a. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	1	2	3	4	5	6	7
b. In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6	7
c. I am not interested in activities that will expand my horizons.	1	2	3	4	5	6	7
d. Most people see me as loving and affectionate.	1	2	3	4	5	6	7
e. I live life one day at a time and don't really think about the future.	1	2	3	4	5	6	7
f. When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6	7
g. My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6	7
h. The demands of everyday life often get me down.	1	2	3	4	5	6	7
i. I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6	7
j. Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6	7
k. I have a sense of direction and purpose in life.	1	2	3	4	5	6	7
l. In general, I feel confident and positive about myself.	1	2	3	4	5	6	7
m. I tend to be influenced by people with strong opinions.	1	2	3	4	5	6	7
n. I do not fit very well with the people and the community around me.	1	2	3	4	5	6	7
o. When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6	7
p. I often feel lonely because I have few close friends with whom to share my concerns.	1	2	3	4	5	6	7
q. I don't have a good sense of what it is I'm trying to accomplish in life.	1	2	3	4	5	6	7

	DISAGREE			Neutral	AGREE		
	Strongly	Some	A little		A little	Some	Strongly
r. I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6	7
s. I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6	7
t. I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6	7
u. I have the sense that I have developed a lot as a person over time.	1	2	3	4	5	6	7
v. I enjoy personal and mutual conversations with family members and friends.	1	2	3	4	5	6	7
w. My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6	7
x. I like most aspects of my personality.	1	2	3	4	5	6	7
y. It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6	7
z. I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6	7
aa. For me, life has been a continuous process of learning, changing, and growth.	1	2	3	4	5	6	7
bb. People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6	7
cc. I enjoy making plans for the future and working to make them a reality.	1	2	3	4	5	6	7
dd. In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6	7
ee. I tend to worry about what other people think of me.	1	2	3	4	5	6	7
ff. I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6	7
gg. I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6	7
hh. I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6	7
ii. My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6	7

	DISAGREE			Neutral	AGREE		
	Strongly	Some	A little		A little	Some	Strongly
jj. I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6	7
kk. I have been able to build a living environment and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6	7
ll. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6	7
mm. I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6	7
nn. Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6	7
oo. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6	7
pp. I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6	7
qq. I take things as they are.	1	2	3	4	5	6	7
rr. I am grateful that I was born.	1	2	3	4	5	6	7
ss. It feels good to do nothing and relax.	1	2	3	4	5	6	7
tt. What we call life is like a succession of present moments.	1	2	3	4	5	6	7
uu. I am satisfied with the time to laze away.	1	2	3	4	5	6	7
vv. It feels gratitude just to be alive.	1	2	3	4	5	6	7
ww. To me, my existence here and now, by itself, has meanings	1	2	3	4	5	6	7
xx. I feel free when I spend all my time just for myself	1	2	3	4	5	6	7
yy. I like to walk around by myself with no specific aim	1	2	3	4	5	6	7
zz. My happiness depend on others	1	2	3	4	5	6	7

## [SECTION K: FRIENDS]

K1. How many friends do you have? Circle One:

1	2	3	4	5
0 ~ 5	6 ~ 10	11 ~ 20	21 ~ 50	51+

K2. How often are you in contact with any of your friends, including visits, phone calls, letters, or electronic mail messages?

- |                         |                           |
|-------------------------|---------------------------|
| 1. Several times a day  | 5. 2 or 3 times a month   |
| 2. About once a day     | 6. About once a month     |
| 3. Several times a week | 7. Less than once a month |
| 4. About once a week    | 8. Never or hardly ever   |

K3. The next several questions are about your friends. Please circle the appropriate number for each item.

<i>Answer how much for each of these items.</i>	Not at all	A little	Some	A lot
a. How much do your friends really care about you?	1	2	3	4
b. How much do they understand the way you feel about things?	1	2	3	4
c. How much can you rely on them for help if you have a serious problem?	1	2	3	4
d. How much can you open up to them if you need to talk about your worries?	1	2	3	4
<i>Answer how often for each of these items.</i>	Never	Rarely	Sometimes	Often
e. How often do your friends make too many demands on you?	1	2	3	4
f. How often do they criticize you?	1	2	3	4
g. How often do they let you down when you are counting on them?	1	2	3	4
h. How often do they get on your nerves?	1	2	3	4



K4. The next several questions are about your specific relationships with your friends. Please circle the appropriate number for each item.

<i>Answer how much for each of these items.</i>	Not at all	A little	Some	A lot
a. How much do you really care about your friends?	1	2	3	4
b. How much do you understand the way your friends feel about things?	1	2	3	4
c. How much can your friends rely on you for help if they have a serious problem?	1	2	3	4
d. How much can your friends open up to you if they need to talk about their worries?	1	2	3	4
<hr/>				
<i>Answer how often for each of these items.</i>	Never	Rarely	Sometimes	Often
e. How often do you make too many demands on your friends?	1	2	3	4
f. How often do you criticize your friends?	1	2	3	4
g. How often do you let your friends down when they are counting on you?	1	2	3	4
h. How often do you get on your friends' nerves?	1	2	3	4

## [SECTION L: MARRIAGE OR CLOSE RELATIONSHIP]

L1. Are you married, separated, divorced, widowed, or never married?

1. Married [GOTO L2]
2. Separated [GOTO L2]
3. Divorced [GOTO L2]
4. Widowed [GOTO L2]
5. Never married [GOTO M1]

L2. If you are currently, or were ever, married please indicate the number of years.

- If currently married indicate the number of years
- If separated indicate how long
- If remarried, answer for the current marriage
- If widowed or divorced, indicate how long you were married.

\_\_\_\_\_ # Years

L3. When were you married (for the first time)?

Common Era \_\_\_\_\_ Year

Which Emperor (circle one)? 1=Showa 2=Heisei

\_\_\_\_\_ Year \_\_\_\_\_ Month

L4. Using a scale from 0 to 10 where 0 means "the worst possible marriage or close relationship" and 10 means "the best possible marriage or close relationship," how would you rate your marriage or close relationship these days?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

L5. Looking back ten years ago, how would you rate your marital or close relationship situation at that time using the same 0 to 10 scale?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

L6. Looking ahead ten years into the future, what do you expect your marriage or close relationship will be like at that time?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

L7. Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your marriage or close relationship these days?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

L8. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your marriage or close relationship these days?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

L9. During the past year, how often have you thought your relationship might be in trouble?

1	2	3	4	5
Never	Once	A few times	Most of the time	All of the time

L10. It is always difficult to predict what will happen in a relationship, but realistically, what do you think the chances are that you and your partner will eventually separate?

1	2	3	4
Not likely at all	Not very likely	Somewhat likely	Very likely

L11. Couples often disagree about a lot of issues in life. How much do you and your spouse or partner disagree on the following issues?

	A lot	Some	A little	Not at all
a. Money matters, such as how much to spend, save or invest.	1	2	3	4
b. Household tasks, such as what needs doing and who does it.	1	2	3	4
c. Leisure time activities, such as what to do and with whom.	1	2	3	4

L12. How often do you and your spouse or partner have a really good talk about something important to you?

1	2	3	4	5
At least once a day	A few times a week	Once a week	A few times a month	Less often than that

L13. The next several questions are about your spouse/partner. Please circle the appropriate number for each item.

<i>Answer how much for each of these items.</i>	Not at all	A little	Some	A lot
a. How much does your spouse or partner really care about you?	1	2	3	4
b. How much does he or she understand the way you feel about things?	1	2	3	4
c. How much does he or she appreciate you?	1	2	3	4
d. How much can you rely on him or her for help if you have a serious problem?	1	2	3	4
e. How much can you open up to him or her if you need to talk about your worries?	1	2	3	4
f. How much can you relax and be yourself around him or her?	1	2	3	4

L14. The next several questions are about your spouse/partner. Please circle the appropriate number for each item.

<i>Answer how often for each of these items.</i>	Never	Rarely	Sometimes	Often
a. How often does your spouse or partner make too many demands on you?	1	2	3	4
b. How often does he or she make you feel tense?	1	2	3	4
c. How often does he or she argue with you?	1	2	3	4
d. How often does he or she criticize you?	1	2	3	4
e. How often does he or she let you down when you are counting on him or her?	1	2	3	4
f. How often does he or she get on your nerves?	1	2	3	4

L15. Please circle the appropriate number for each item.

<i>Answer how much for each of these items.</i>	Not at all	A little	Some	A lot
a. How much do you really care about your spouse/partner?	1	2	3	4
b. How much do you understand the way your spouse/partner feels about things?	1	2	3	4
c. How much do you appreciate your spouse/partner?	1	2	3	4
d. How much can your spouse/partner rely on you for help if he/she has a serious problem?	1	2	3	4
e. How much can your spouse/partner open up to you if he/she needs to talk about his/her worries?	1	2	3	4
f. How much can your spouse/partner relax and be him/herself around you?	1	2	3	4

L16. Please circle the appropriate number for each item.

<i>Answer how often for each of these items.</i>	Never	Rarely	Sometimes	Often
a. How often do you make too many demands on your spouse/partner?	1	2	3	4
b. How often do you make your spouse/partner feel tense?	1	2	3	4
c. How often do you argue with your spouse/partner?	1	2	3	4
d. How often do you criticize you spouse/partner?	1	2	3	4
e. How often do you let your spouse/partner down when he/she is counting on you?	1	2	3	4
f. How often do you get on your spouse/partner nerves?	1	2	3	4

L17. Running a household involves a lot of chores (like cooking, shopping, laundry, cleaning, yardwork, repairs, and paying bills), and couples vary in who does these things. Overall, do you do more of such chores, does your spouse or partner do more of them, or do you split them equally? If you have children, do not count childrearing tasks such as bathing them, taking them places, or helping them with their homework, but do include chores like doing their laundry, washing their dishes, or cooking for them.

- 1 You do a lot more than your spouse
- 2 You do somewhat more than your spouse
- 3 You do a little more than your spouse
- 4 Chores are split equally
- 5 Your spouse does a little more than you
- 6 Your spouse does somewhat more than you
- 7 Your spouse does a lot more than you

L18. In a typical day, about how much time do you generally spend doing household chores? (If none, enter "0".)

\_\_\_\_\_ Hours per day

L19. In a typical day, about how much time does your spouse/partner spend doing household chores? (If none, enter "0".)

\_\_\_\_\_ Hours per day

L20. How fair do you think this arrangement of household chores is to you?

- |           |               |                 |             |
|-----------|---------------|-----------------|-------------|
| 1         | 2             | 3               | 4           |
| Very fair | Somewhat fair | Somewhat unfair | Very unfair |

L21. How fair do you think this arrangement of household chores is to your spouse or partner?

1                                  2                                  3                                  4  
 Very fair                      Somewhat fair                      Somewhat unfair                      Very unfair

L22. How much do you agree or disagree with the following statements?

	DISAGREE			Neutral	AGREE		
	Strongly	Some	A little		A little	Some	Strongly
a. My partner and I are a team when it comes to making decisions.	1	2	3	4	5	6	7
b. Things turn out better when I talk things over with my partner.	1	2	3	4	5	6	7
c. I don't make plans for the future without talking it over with my partner.	1	2	3	4	5	6	7
d. When I have to make decisions about medical, financial, or family issues, I ask my partner for advice.	1	2	3	4	5	6	7

L23. How would you describe your spouse's or partner's overall physical health at the present time?

1                                  2                                  3                                  4                                  5  
 Excellent                      Very good                      Good                                  Fair                                  Poor

L24. How would you describe your spouse's or partner's overall mental or emotional health at the present time?

1                                  2                                  3                                  4                                  5  
 Excellent                      Very good                      Good                                  Fair                                  Poor

L25. Is your spouse or partner currently working for pay, either full-time or part-time?

1. Yes                                  2. No

## [SECTION M: CHILDREN]

This section asks about your relationship with your children, whether they are biological, step, or adopted.

M1. Do you have any children living with you or elsewhere (including adopted and step children, not including deceased children)?

1. Yes

2. No [GO TO N1]

M2. Using a scale from 0 to 10 where 0 means "the worst possible relationship" and 10 means "the best possible relationship," how would you rate your overall relationship with your children these days?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

M3. Looking back ten years ago, how would you rate your overall relationship with your children at that time using the same 0 to 10 scale?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

M4. Looking ahead ten years into the future, what do you expect your overall relationship with your children will be like at that time?

Worst											Best
0	1	2	3	4	5	6	7	8	9	10	

M5. Using a 0 to 10 scale where 0 means "no control at all" and 10 means "very much control," how would you rate the amount of control you have over your overall relationship with your children these days?

None											Very much
0	1	2	3	4	5	6	7	8	9	10	

M6. Using a 0 to 10 scale where 0 means "no thought or effort" and 10 means "very much thought and effort," how much thought and effort do you put into your overall relationship with your children these days?

None											Very much
0	1	2	3	4	5	6	7	8	9	10	

M7. Please indicate the degree to which each of the following statements is true of you in general.

	Not at all true	A little bit true	Moderately true	Extremely true
a. I feel good about the opportunities I have been able to provide for my children.	1	2	3	4
b. It seems to me that family life with my children has been more negative than most people's.	1	2	3	4
c. Problems with my children have caused me shame and embarrassment at times.	1	2	3	4
d. As a family, we have not had the resources to do many fun things together with the children.	1	2	3	4
e. I believe I have been able to do as much for my children as most other people.	1	2	3	4
f. I feel a lot of pride about what I have been able to do for my children.	1	2	3	4

## [SECTION N: FAMILY]

This section asks about your family who is any of your brothers, sisters, parents, or children and not including your spouse or partner.

N1. Are there any members of your family who do not live with you?

1. Yes

2. No **[GO TO O1]**

N2. How often are you in contact with any members of your family, that including visits, phone calls, letters, or electronic mail messages?

1. Several times a day

5. 2 or 3 times a month

2. About once a day

6. About once a month

3. Several times a week

7. Less than once a month

4. About once a week

8. Never or hardly ever



N3. The next several questions are about your family. Please circle the appropriate number for each item.

<i>Answer how much for each of these items.</i>	Not at all	A little	Some	A lot
a. Not including your spouse or partner, how much do members of your family really care about you?	1	2	3	4
b. How much do they understand the way you feel about things?	1	2	3	4
c. How much can you rely on them for help if you have a serious problem?	1	2	3	4
d. How much can you open up to them if you need to talk about your worries?	1	2	3	4
e. How much do you really care about the members of your family, not including your partner or spouse?	1	2	3	4
f. How much do you understand the way they feel about things?	1	2	3	4

N4. Please circle the appropriate number for each item.

<i>Answer how often for each of these items.</i>	Never	Rarely	Sometimes	Often
a. Not including your spouse or partner, how often do members of your family make too many demands on you?	1	2	3	4
b. How often do they criticize you?	1	2	3	4
c. How often do they let you down when you are counting on them?	1	2	3	4
d. How often do they get on your nerves?	1	2	3	4

<i>Answer how much for each of these items.</i>	Not at all	A little	Some	A lot
e. How much can your family (not including your spouse or partner) rely on you for help if they have a serious problem	1	2	3	4
f. How much can your family open up to you if they need to talk about their worries?	1	2	3	4

<i>Answer how often for each of these items.</i>	Never	Rarely	Sometimes	Often
g. How often do you make too many demands on members of your family	1	2	3	4
h. How often do you criticize your family?	1	2	3	4
i. How often do you let your family down when they are counting on you?	1	2	3	4
j. How often do you get on your family's nerves?	1	2	3	4

## [SECTION O: RELIGION AND SPIRITUALITY]

O1. What is your religious preference?

- |                            |                             |
|----------------------------|-----------------------------|
| 1. No religious preference | 5. Protestant               |
| 2. Buddhist                | 6. Other Christian: (_____) |
| 3. Shinto                  | 7. Other: (_____)           |
| 4. Catholic                |                             |

O2. The next questions are about being religious and being spiritual. Please think about what these words “religious” and “spiritual” mean to you and answer the questions with those meanings in mind.

	Not at all	Not very	Somewhat	Very
a. How religious are you?	1	2	3	4
b. How important is religion in your life?	1	2	3	4
c. To what extent do you believe in God/Buddha	1	2	3	4

O3. Within your religious, how often do you:

	Never	Sometimes	Usually	Always
a. Pray to or worship at a Shinto or Buddhist altar or Aragami at home (This includes simply offering water, incense, or cooked rice)	1	2	3	4
b. Read a sutra or the Bible at home every day.	1	2	3	4
c. Watch and listen to a religious program, such as a sermon and a worship service on TV and the radio	1	2	3	4

## [SECTION P: PARENTS' HEALTH]

P1. Is your biological mother still alive?

1	2	3
Yes	No	Don't Know
[GO TO P1a]	[GO TO P1c]	[GO TO P2]

P1a. How old is she? (Your best estimate is fine.)  
\_\_\_\_\_ # Years old

P1c. In what year did she die? (Your best estimate is fine.)  
Western (Common Era) Calendar Year \_\_\_\_\_  
Emperor 1=Meiji 3=Showa  
2=Taisho 4=Heisei  
Year \_\_\_\_\_

P1b. How would you rate your biological mother's physical health?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

P1d. How old was she when she died? (Your best estimate is fine.)  
  
\_\_\_\_\_ # Years old

P2. Is your biological father still alive?

1	2	3
Yes	No	Don't Know
[GO TO P2a]	[GO TO P2c]	[GO TO Q1]

P2a. How old is he? (Your best estimate is fine.)  
\_\_\_\_\_ # Years old

P2c. In what year did he die? (Your best estimate is fine.)  
Western (Common Era) Calendar Year \_\_\_\_\_  
Emperor 1=Meiji 3=Showa  
2=Taisho 4=Heisei  
Year \_\_\_\_\_

P2b. How would you rate your biological father's physical health?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

P2d. How old was he when he died? (Your best estimate is fine.)  
  
\_\_\_\_\_ # Years old

## [SECTION Q: Background Information]

Q1. What is your gender?

1 Male

2 Female

Q2. What is the month and year of your birth?

1. Emperor Taisho

Year \_\_\_\_\_ Month \_\_\_\_\_ Current Age \_\_\_\_\_

2. Emperor Showa

Q3. What is the highest grade of school or year of college you completed?

1. 8<sup>th</sup> Grade/Junior high school graduate

5. 2 year college graduate

2. Some high school

6. Some College

3. High school graduate

7. Graduated from 4 or 6 year college, or Bachelors degree

4. Vocational school graduate

8. Some graduate school, Masters degree or Ph.D.

Q4. Do you own your home outright, are you paying on a mortgage, or do you rent? (If you have more than one home, answer for your primary residence.)

1. Own home outright

2. Paying on a mortgage

3. Rent

Q5. How many people are there in your family (including you, and your family member living apart)?

1

2

3

4

5

Two

Three

Four

More than five

Only one

**[GO TO Q7]**

Q6. Please indicate whether the following problems have happened to anyone in your whole family in the past 12 months.

	NO	YES
a. Chronic disease or disability	1	2
b. Frequent minor illnesses	1	2
c. Emotional problems (e.g., sadness, anxiety)	1	2
d. Alcohol or substance problems	1	2
e. Financial problems (e.g., low income or heavy debts)	1	2
f. Problems at school or at work (e.g., failing grades, poor job performance)	1	2
g. Difficulty finding or keeping a job	1	2

continued		NO	YES
h.	Marital or partner relationship problems	1	2
i.	Legal problems (e.g., involved in law suits, police charges, traffic violations)	1	2
j.	Difficulty getting along with people	1	2

Q7. Please tell us the place of your birth (the prefecture's name) and the main places (the prefectures' names) where you have lived. If they are not in Japan, please tell us the name(s) of the country.

1. The place of your birth \_\_\_\_\_
2. The place you have lived the longest \_\_\_\_\_

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**Thank you very much for your cooperation.**

**If you have any opinion, request, or suggestion about this questionnaire,  
please let us know.**
