

ICPSR 34969

## **Survey of Midlife in Japan (MIDJA): Biomarker Project, 2009-2010**

MIDJA Biomarker SAQ - English

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## **Survey of Midlife in Japan (MIDJA): Biomarker Project, 2009-2010**

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MIDJA  
Midlife in Japan

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**Japanese**  
**“Well-Being and Health Part 2”**  
**2009**



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

ID #

1	2	3	4	5	6	7

### On filling out the questionnaire

Thank you for your cooperation in the research. Please read the following notes and respond. Please read the following directions and respond.

1. 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.
2. The questions are about your current health and feelings. There are no correct answers. Please report candidly what you think.
3. Please respond by circling a number, such as 1, 2, or 3.

## Health Conditions

You may recognize some of these questions from questionnaires you've filled out before. We're asking them again to be sure we have the most current information.

### 1. Have you ever had any of the following conditions/illnesses?

Condition/Symptom	Yes	No	Unsure	<input type="checkbox"/>	If Yes, was it diagnosed by a physician?	
					Yes	No
a. Heart disease	1	2	8	<input type="checkbox"/>	1	2
b. High blood pressure	1	2	8	<input type="checkbox"/>	1	2
c. Circulation problems	1	2	8	<input type="checkbox"/>	1	2
d. Blood clots	1	2	8	<input type="checkbox"/>	1	2
e. Heart murmur	1	2	8	<input type="checkbox"/>	1	2
f. Mini-stroke or stroke	1	2	8	<input type="checkbox"/>	1	2
g. Anemia or other blood disease	1	2	8	<input type="checkbox"/>	1	2
h. Cholesterol problems	1	2	8	<input type="checkbox"/>	1	2
i. Diabetes	1	2	8	<input type="checkbox"/>	1	2
j. Asthma	1	2	8	<input type="checkbox"/>	1	2
k. Emphysema/COPD	1	2	8	<input type="checkbox"/>	1	2
l. Tuberculosis	1	2	8	<input type="checkbox"/>	1	2
m. Positive TB skin test	1	2	8	<input type="checkbox"/>	1	2
n. Thyroid disease	1	2	8	<input type="checkbox"/>	1	2
o. Peptic ulcer disease	1	2	8	<input type="checkbox"/>	1	2
p. Cancer	1	2	8	<input type="checkbox"/>	1	2
q. Colon polyp	1	2	8	<input type="checkbox"/>	1	2

(continued...)

Condition/Symptom	Yes	No	Unsure		If Yes, was it diagnosed by a physician?	
					Yes	No
r. Arthritis	1	2	8		1	2
s. Glaucoma	1	2	8		1	2
t. Cirrhosis/Liver disease	1	2	8		1	2
u. Alcoholism	1	2	8		1	2
v. Depression	1	2	8		1	2
w. Blood transfusion before 1993	1	2	8			
x. Chronic back or neck problems	1	2	8		1	2
y. Frequent or severe headaches	1	2	8		1	2
z. Seasonal Allergies like hay fever	1	2	8		1	2
aa. Neurological problem like multiple sclerosis, Parkinson's disease	1	2	8		1	2
bb. HIV infection or AIDS	1	2	8		1	2
cc. Epilepsy or seizures	1	2	8		1	2
ee. Do you have any other conditions or illnesses? Please specific:	1	2	8		1	2
1.						
2.	1	2	8		1	2

**2. Have you ever had cancer?**

**1=Yes**

**2=No (GO TO Q3)**

**3=Don't Want to Answer (GO TO Q3)**

**a. Are you currently in treatment for your cancer, in remission, or has it been cured?**

TREATMENT ..... 1

REMISSION ..... 2

CURED ..... 3

DON'T KNOW ..... 8

REFUSED ..... 9

**b. Where (is/was) your cancer? In what part of your body? Please circle yes or no for each location listed below.**

Location in body	Yes	No	Unsure
b1. Breast cancer	1	2	8
b2. Colon cancer	1	2	8
b3. Lung cancer	1	2	8
b4. Lymphoma or leukemia	1	2	8
b5. Prostate cancer	1	2	8
b6. Skin cancer (Melanoma)	1	2	8
b7. Uterine cancer	1	2	8
b8. Ovarian cancer	1	2	8
b9. Cervical cancer	1	2	8
b10. Other? Please specify	1	2	8



## Major Health Events

**3. Have you ever had a Head injury?**      Yes      No      **(Go to 4)**

Describe each Head injury	Overnight hospital stay required?		Year
	Yes	No	
a.	1	2	1. Heisei 2. Showa      Year: (Common Era Year:      )
b.	1	2	1. Heisei 2. Showa      Year: (Common Era Year:      )

**4. Have you ever had a Joint injury?**      Yes      No      **(Go to 5)**

Describe Joints (knee, shoulder, etc.) and injury	Overnight hospital stay required?		Year
	Yes	No	
a.	1	2	1. Heisei 2. Showa      Year: (Common Era Year:      )
b.	1	2	1. Heisei 2. Showa      Year: (Common Era Year:      )

**5. Have you ever been injured in a Motor Vehicle accident?**      Yes      No      **(Go to 6)**

Describe injury	Overnight hospital stay required?		Year
	Yes	No	
a.	1	2	1. Heisei 2. Showa      Year: (Common Era Year:      )
b.	1	2	1. Heisei 2. Showa      Year: (Common Era Year:      )

**6. Have you had any other major injuries, illnesses, or other health events that may or may not have required hospitalization?**      Yes      No      (Go to 7)

Other injuries/illnesses	Overnight hospital stay required?		Year
	Yes	No	
a.	1	2	1. Heisei 2. Showa      Year: (Common Era Year:      )
b.	1	2	1. Heisei 2. Showa      Year: (Common Era Year:      )

## Sleep Assessment

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all of the questions.

7. During the past month, when have you usually gone to bed at night?

Usual Bed Time      1. AM        Hour        Minute  
                                 2. PM

8. During the past month, how long (in minutes) has it taken you to fall asleep at night?

About    Minutes


9. During the past month, when have you usually gotten up in the morning?

Usual Getting Up Time      1. AM        Hour        Minute  
   2. PM

10. During the past month, how many hours of actual sleep did you get at night (This may be different than the number of hours you spend in bed.)

Hours of Sleep Per night      About   Hour        Minute

**11. During the past month, how often have you had trouble sleeping because you...**

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Could not get to sleep within 30 minutes	1	2	3	4
b. Woke up in the middle of the night or early in the morning	1	2	3	4
c. Had to get up to use the bathroom	1	2	3	4
d. Could not breath comfortably	1	2	3	4
e. Coughed and snored	1	2	3	4
f. Felt too cold	1	2	3	4
g. Felt to hot	1	2	3	4
h. Had bad dreams	1	2	3	4
i. Had pain	1	2	3	4
j. Other reason(s)  <b>Please Describe:</b>	1	2	3	4

**12. During the past month, how would you rate your sleep quality overall?**

1                                      2                                      3                                      4  
 Very good                      Fairly good                      Fairly bad                      Very bad

**13. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?**

1                                      2                                      3                                      4  
 No problem at all                      Only a very slight problem                      Somewhat of a problem                      A very big problem

**14. During the past month, how often have you taken medicine (prescribed or “over the counter”) to help you sleep?**

1	2	3	4
Not during the past month	Less than once a week	Once or twice a week	Three or more times a week

**15. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?**

1	2	3	4
Not during the past month	Less than once a week	Once or twice a week	Three or more times a week

**16. During the past month, how often have you felt sleepy during the day?**

1	2	3	4
Not during the past month	Less than once a week	Once or twice a week	Three or more times a week

## Chronic Pain Assessment

17. Do you have chronic pain, that is do you have pain that persists beyond the time of normal healing and has lasted anywhere from a few months to many years?

☐ Yes → *Go to 18.*  
☐ No → *Go to 26.*

18. On a scale of 0 to 10, circle the number below that best describes how much, during the past week, your pain interfered with your general activity.

Did Not Interfere											Completely Interfered
0	1	2	3	4	5	6	7	8	9	10	

19. On a scale of 0 to 10, circle the number below that best describes how much, during the past week, your pain interfered with your mood.

Did Not Interfere											Completely Interfered
0	1	2	3	4	5	6	7	8	9	10	

20. On a scale of 0 to 10, circle the number below that best describes how much, during the past week, your pain interfered with your relations with other people.

Did Not Interfere											Completely Interfered
0	1	2	3	4	5	6	7	8	9	10	

21. On a scale of 0 to 10, circle the number below that best describes how much, during the past week, your pain interfered with your sleep.

Did Not Interfere											Completely Interfered
0	1	2	3	4	5	6	7	8	9	10	

**22. On a scale of 0 to 10, circle the number below that best describes how much, during the past week, your pain interfered with your enjoyment of life.**

Did Not  
Interfere

0      1      2      3      4      5      6      7      8      9      10

Completely  
Interfered

**23. Where is your pain primarily located?**

*(Check all that apply.)*

- ☐ Head
- ☐ Neck
- ☐ Back
- ☐ Shoulders
- ☐ Arms/Hands

- ☐ Hips
  - ☐ Legs/Feet
  - ☐ Knees
  - ☐ Other
- Please Specify:

\_\_\_\_\_

**24. Have you seen a physician or other health care professional about this?**

- ☐ Yes
- ☐ No (**GO TO Q26**)

**25. What was the diagnosis?**

Specify: \_\_\_\_\_

- ☐ Don't Know

## Nutrition Assessment

**26. Do you follow a special diet?**

Yes.....(go to specify).....1

No.....(go to 27).....2

a. [IF YES] please specify:

\_\_\_\_\_

<b>27. In general, how many servings do you consume of....</b>	<b>Never</b>	<b>Less than 1x /week</b>	<b>1-4 x per week</b>	<b>Almost Daily</b>	<b>1-3 x per day</b>	<b>4-7 x per day</b>	<b>8 or more x per day</b>
a. Milk (1 serving = 200 ml)	1	2	3	4	5	6	7
b. Yogurt (1 serving= 150g)	1	2	3	4	5	6	7
c. Small Fish (1 serving = 1 table spoon)	1	2	3	4	5	6	7

<b>28. In general how many 200 ml servings do you drink of ....</b>	<b>Never</b>	<b>Less than 1x /week</b>	<b>1-4 x per week</b>	<b>Almost Daily</b>	<b>1-3 x per day</b>	<b>4-7 x per day</b>	<b>8 or more x per day</b>
a. Tea with Caffeine (green tea, black tea)	1	2	3	4	5	6	7
b. Decaffeinated tea (e.g. barley tea, herbal tea, black bean tea)	1	2	3	4	5	6	7
c. Coffee	1	2	3	4	5	6	7
d. Other beverages with caffeine (e.g. Coke)	1	2	3	4	5	6	7



**29. On an average DAY, how many glasses of water do you drink (1 glass= 200 ml)?**

None.....	1
Less than 1 glass/day.....	2
1-3 glasses/day.....	3
4-7 glasses/day.....	4
8 or more glasses/day.....	5

**30. On an average DAY, how many sugared beverages do you drink (e.g. soda, sports drinks, bottled drinks, fruit drinks)?**

None.....	1
Less than 1 glass/day.....	2
1-3 glasses/day.....	3
4-6 glasses/day.....	4
7 or more glasses/day.....	5

**31. On an average DAY how many kinds (servings) of vegetables do you eat (include 100% juice)?**

None.....	1
Less than 1 serving/day.....	2
1-4 servings/day.....	3
5-9 servings/day.....	4
10 or more servings/day.....	5

**32. On an average DAY how many kinds (servings) of fruit do you eat (include 100% juice)?**

None.....	1
Less than 1 serving/day.....	2
1-4 servings/day.....	3
5-9 servings/day.....	4
10 or more servings/day.....	5

**33. On an average DAY how many servings of whole grain do you eat (e.g. rice, brown rice, wholegrain bread, whole wheat cereal, whole wheat soba noodle)?**

None.....	1
Less than 1 serving/day.....	2
1-2 servings/day.....	3
3-4 servings/day.....	4
5 or more servings/day.....	5

**34. In an average WEEK, how often do you eat following food?**

	Never	Less than 1x /week	1-2 x per week	3-4 x per week	5 or more x per week
a. Fish ( <i>e.g.</i> tuna, salmon, mackerel, eel, <i>etc.</i> )	1	2	3	4	5
b. Beef or high fat meat ( <i>e.g.</i> fried chicken, ribs, sausage, <i>etc.</i> )	1	2	3	4	5
c. Lean Meat (white meat chicken or poultry, lean pork)	1	2	3	4	5
d. Non-Meat protein foods ( <i>e.g.</i> eggs, tofu, soy beans or other beans, nuts, or nut butters, <i>etc.</i> )	1	2	3	4	5

**35. In an average WEEK, how often do you eat at a fast food restaurant or order food for takeout or delivery?**

Never.....1

Less than 1/week.....2

1-2/week.....3

4-6/week.....4

7 or more.....5

## Major Life Events

36. Since completing the MIDJA questionnaire in 2008, has your marital status changed?

Yes .....(go to 37) ..... 1

No ..... (go to 39)..... 2

37. When did your marital status change?

(DATE: Year/Month/Day) \_\_\_\_/\_\_\_\_/\_\_\_\_

38. What is your current marital status?

Married ..... 1

Separated ..... 2

Divorced ..... 3

Widowed ..... 4

Never Married..... 5

Living with someone in a steady, marriage-like relationship ..... 6

39. Since you completed the MIDJA questionnaire in 2008, has anyone close to you, a close friend or relative, passed away?

Yes .....(go to 39a).....1

No .....(go to 40)..... 2

Who? (include relationship to R)	Gender	Date of Death	
		Month	Year
a.	M      F		
b.	M      F		
c.	M      F		

40. The following questions are about experiences you may have had as CHILD or TEEN-AGER. Check the appropriate boxes next to any of the following experiences you have had. For those you checked, indicate how old you were, and if it affected you, positively or negatively, both initially, and in the long run.

- ☐ a. Repeated year of school  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ b. Sent away from home because you did something wrong  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ c. Father or mother did not have a job when they wanted to be working  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ d. One or both parents drank so often it caused problems  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ e. One or both parents used drugs so often it regularly caused problems  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ f. Dropped out of school  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ g. Expelled or suspended from school  
At what age(s) did this happen?  
\_\_\_\_\_

How did this affect you?					
	Very Negatively		Not at all	Very Positively	
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2

- 41. The following questions are about experiences you may have had as CHILD or TEEN-AGER. Check the appropriate boxes next to any of the following experiences you have had. For those you checked, indicate how old you were, and if it affected you, positively or negatively, both initially, and in the long run.**

- ☐ h. Flunked out of school  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ i. Fired from a job  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ j. Did not have a job for a long time when you wanted to be working  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ k. A parent died  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ l. Parents divorced  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ m. Spouse/partner engaged in (marital) infidelity  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ n. Significant difficulties with in-laws  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ o. Brother or sister died  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ p. Child died  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ q. Child experienced life threatening accident or injury  
At what age(s) did this happen?  
\_\_\_\_\_

How did this affect you?					
	Very Negatively		Not at all	Very Positively	
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2

- ☐ r. Lost your home to fire, flood, natural disaster, etc.  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ s. Physically assaulted or attacked  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ t. Sexually assaulted (e.g. forced sexual intercourse or other unwanted sexual contact)  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ u. Serious legal difficulties/prison  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ v. Detention in jail or comparable institution  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ w. Declared bankruptcy  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ x. Suffered a financial or property loss unrelated to work  
At what age(s) did this happen?  
\_\_\_\_\_
- ☐ y. Went on welfare  
At what age(s) did this happen?  
\_\_\_\_\_

How did this affect you?					
	Very Negatively		Not at all	Very Positively	
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2
Initially?	-2	-1	0	1	2
In the long run?	-2	-1	0	1	2

**42. Are there any other things, either positive or negative, that had happened to you or your family or close friends since you completed the questionnaire in 2008 that stand out in your memory?**

YES ..... 1  
 NO.....(Go To 43) ..... 2

**What has happened and when? Was anyone else involved? If so, who?**

Describe each event	Who was involved?	Month and Year
a.		
b.		
c.		

**43. Circle the number that best describes how often you felt or behaved in the following ways during the past week.**

	Rarely or none of the time (less than one day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
a. I was bothered by things that usually don't bother me.	1	2	3	4
b. I did not feel like eating; my appetite was poor.	1	2	3	4
c. I felt that I could not shake off the blues even with the help of my family and friends.	1	2	3	4
d. I felt that I was just as good as other people.	1	2	3	4
e. I had trouble keeping my mind on what I was doing.	1	2	3	4
f. I felt depressed.	1	2	3	4

	Rarely or none of the time (less than one day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
g. I felt that everything I did was an effort.	1	2	3	4
h. I felt hopeful about the future.	1	2	3	4
i. I thought my life had been a failure.	1	2	3	4
j. I felt fearful.	1	2	3	4
k. My sleep was restless.	1	2	3	4
l. I was happy.	1	2	3	4
m. I talked less than usual.	1	2	3	4
n. I felt lonely.	1	2	3	4
o. People were unfriendly.	1	2	3	4
p. I enjoyed life.	1	2	3	4
q. I had crying spells.	1	2	3	4
r. I felt sad.	1	2	3	4
s. I felt that people dislike me.	1	2	3	4
t. I could not get “going”.	1	2	3	4



**44. Circle the number that best describes how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer, which seems to describe how you generally feel.**

	Not at All	A Little	Mostly	Very Well
a. I feel pleasant.	1	2	3	4
b. I tire quickly.	1	2	3	4
c. I feel like crying.	1	2	3	4
d. I wish I could be as happy as others seem to be.	1	2	3	4
e. I am losing out on things because I can't make up my mind soon enough.	1	2	3	4
f. I feel rested.	1	2	3	4
g. I am "calm, cool, and collected".	1	2	3	4
h. I feel that difficulties are piling up so that I cannot overcome them.	1	2	3	4
i. I worry too much over something that really doesn't matter.	1	2	3	4
j. I am happy.	1	2	3	4
k. I am inclined to take things hard.	1	2	3	4
l. I lack self-confidence.	1	2	3	4
m. I feel secure.	1	2	3	4
n. I try to avoid facing a crisis or difficulty.	1	2	3	4
o. I feel blue.	1	2	3	4
p. I am content.	1	2	3	4
q. Some unimportant thought runs through my mind and bothers me.	1	2	3	4
r. I take disappointments so keenly that I can't put them out of my mind.	1	2	3	4
s. I am a steady person.	1	2	3	4
t. I get in a state of tension or turmoil as I think over my recent concerns and interests.	1	2	3	4

**45. Circle the number that best describes how you generally feel.**

<b><u>In general...</u></b>	<b>Not at All</b>	<b>A Little</b>	<b>Mostly</b>	<b>Very Well</b>
a. I have a fiery temper.	1	2	3	4
b. I am quick tempered.	1	2	3	4
c. I am a hotheaded person.	1	2	3	4
d. I get annoyed when I am singled out for correction.	1	2	3	4
e. It makes me furious when I am criticized in front of others.	1	2	3	4
f. I get angry when I'm slowed down by others mistakes.	1	2	3	4
g. I feel infuriated when I do a good job and get a poor evaluation.	1	2	3	4
h. I fly off the handle.	1	2	3	4
i. I feel annoyed when I am not given recognition for doing good work.	1	2	3	4
j. People who think they are always right irritate me.	1	2	3	4
k. When I get mad, I say nasty things.	1	2	3	4
l. I feel irritated.	1	2	3	4
m. I feel angry.	1	2	3	4
n. When I get frustrated, I feel like hitting someone.	1	2	3	4
o. It makes my blood boil when I am under pressure.	1	2	3	4

**46. The following questions are about positive experiences you may have had over the past month. Please indicate how often you had each experience and whether it was pleasant, enjoyable or rewarding.**

Over the past month how often did you spend time...	If at least once, how Pleasant, Enjoyable or Rewarding was this?					
	Never	1-6 Times	7+ Times	Neutral or Unpleasant	Somewhat Pleasant	Very Pleasant
a. Appreciating nature.	1	2	3	1	2	3
b. Meeting someone new.	1	2	3	1	2	3
c. Planning trips or vacations.	1	2	3	1	2	3
d. Reading stories, novels, poems, or plays.	1	2	3	1	2	3
e. Helping someone.	1	2	3	1	2	3
f. Breathing clean air.	1	2	3	1	2	3
g. Saying something clearly.	1	2	3	1	2	3
h. Thinking about something good in the future.	1	2	3	1	2	3
i. Laughing.	1	2	3	1	2	3
j. Being with animals.	1	2	3	1	2	3
k. Having a frank and open conversation.	1	2	3	1	2	3
l. Going to a party.	1	2	3	1	2	3
m. Giving thanks for daily life.	1	2	3	1	2	3
n. Being with friends.	1	2	3	1	2	3
o. Being popular at a gathering.	1	2	3	1	2	3
p. Enjoying TV or movies.	1	2	3	1	2	3

Continued...	How Often Did This Happen?			How Pleasant, Enjoyable or Rewarding was this?		
	Never	1-6 Times	7+ Times	Neutral or Unpleasant	Somewhat Pleasant	Very Pleasant
q. Sitting in the sun.	1	2	3	1	2	3
r. Seeing good things happen to family & friends.	1	2	3	1	2	3
s. Planning or organizing something.	1	2	3	1	2	3
t. Having a lively talk.	1	2	3	1	2	3
u. Being with my family.	1	2	3	1	2	3
v. Taking a relaxing bath.	1	2	3	1	2	3
w. Seeing beautiful scenery.	1	2	3	1	2	3
x. Eating good meals.	1	2	3	1	2	3
y. Having spare time.	1	2	3	1	2	3
z. Being noticed as sexually attractive.	1	2	3	1	2	3
aa. Learning to do something new.	1	2	3	1	2	3
bb. Complimenting or praising someone.	1	2	3	1	2	3
cc. Thinking about people I like.	1	2	3	1	2	3
dd. Kissing.	1	2	3	1	2	3
ee. Praying or meditating.	1	2	3	1	2	3
ff. Doing a project my own way.	1	2	3	1	2	3
hh. Being relaxed.	1	2	3	1	2	3
ii. Sleeping soundly at night.	1	2	3	1	2	3
jj. Having a good fitness workout.	1	2	3	1	2	3

Continued...	How Often Did This Happen?			How Pleasant, Enjoyable or Rewarding was this?		
	Never	1-6 Times	7+ Times	Neutral or Unpleasant	Somewhat Pleasant	Very Pleasant
kk. Amusing people.	1	2	3	1	2	3
ll. Being with someone I love.	1	2	3	1	2	3
mm. Having satisfying sexual relations with a partner of the opposite sex.	1	2	3	1	2	3
nn. Watching sports.	1	2	3	1	2	3
oo. Being with happy people.	1	2	3	1	2	3
pp. Smiling at people.	1	2	3	1	2	3
qq. Being with my spouse/partner.	1	2	3	1	2	3
rr. Teaching or advising someone.	1	2	3	1	2	3
ss. Being complimented or told I have done well.	1	2	3	1	2	3
tt. Being told I am loved.	1	2	3	1	2	3
uu. Seeing old friends.	1	2	3	1	2	3
vv. Shopping.	1	2	3	1	2	3
ww. Feeling no pain.	1	2	3	1	2	3

**47. 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 Disagree	Disagree	Slightly Disagree		Slightly Agree	Agree	Strongly Agree
a. I feel obligated to keep fully informed about national news and public issues.	1	2	3	4	5	6	7
b. I feel obligated to vote in local and national elections.	1	2	3	4	5	6	7
c. I feel obligated to volunteer time or money to social causes I support.	1	2	3	4	5	6	7
d. I feel obligated to drop plans when members of my family seem very troubled.	1	2	3	4	5	6	7
e. I feel obligated to contact family members on a regular basis.	1	2	3	4	5	6	7
f. I feel obligated to give money to a friend in need, even if this makes it hard to meet my own needs.	1	2	3	4	5	6	7
g. I feel obligated to take my divorced or unemployed adult child back into my home.	1	2	3	4	5	6	7
h. My work makes the world a better place.	1	2	3	4	5	6	7
i. I think about the harm my work might do to other people.	1	2	3	4	5	6	7
j. I help out my colleagues/coworkers at work.	1	2	3	4	5	6	7
k. I am the one to volunteer to do unwanted tasks at work.	1	2	3	4	5	6	7
l. I am known for my honesty and integrity at work.	1	2	3	4	5	6	7

**48. 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 (where 1 = strongly disagree and 7 = strongly agree).**

In general .....	DISAGREE			Neutral	AGREE		
	Strongly Disagree	Disagree	Slightly Disagree		Slightly Agree	Agree	Strongly Agree
a. My close relationships are an important reflection of who I am.	1	2	3	4	5	6	7
b. When I feel very close to someone, it often feels to me like that person is an important part of who I am.	1	2	3	4	5	6	7
c. I usually feel a strong sense of pride when someone close to me has an important accomplishment.	1	2	3	4	5	6	7
d. I think one of the most important parts of who I am can be captured by looking at my close friends and understanding who they are.	1	2	3	4	5	6	7
e. When I think of myself, I often think of my close friends or family also.	1	2	3	4	5	6	7
f. If a person hurts someone close to me, I feel personally hurt as well.	1	2	3	4	5	6	7
g. Overall, my close relationships have very little to do with how I feel about myself.	1	2	3	4	5	6	7
h. My close relationships are unimportant to my sense of what kind of person I am.	1	2	3	4	5	6	7
i. My sense of pride comes from knowing whom I have as close friends.	1	2	3	4	5	6	7
j. When I establish a close friendship with someone, I usually develop a strong sense of identification with that person.	1	2	3	4	5	6	7
k. I can walk in a room and immediately figure out the group's mood.	1	2	3	4	5	6	7
l. I am not affected by the moods of the people who are around me.	1	2	3	4	5	6	7
m. 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
n. I am moved when I hear of another person's hardship.	1	2	3	4	5	6	7
o. I think nothing is more important than to be sympathetic to others.	1	2	3	4	5	6	7
p. My sympathy has its limits.	1	2	3	4	5	6	7
q. I usually follow the opinions of people I can respect.	1	2	3	4	5	6	7

In general .....	DISAGREE			Neutral	AGREE		
	Strongly Disagree	Disagree	Slightly Disagree		Slightly Agree	Agree	Strongly Agree
r. When many people have an opinion different from mine, I can adjust mine to theirs.	1	2	3	4	5	6	7
s. When values held by others sound more reasonable, I can adjust my values to theirs.	1	2	3	4	5	6	7
t. 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
u. 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

**49. 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 I have decided on a goal, I always keep in mind its benefits.	1	2	3	4
b. When I have decided on something, I avoid anything that could distract me.	1	2	3	4
c. For goals that are difficult to achieve, I keep in mind how good I will feel when I have reached them.	1	2	3	4
d. When it turns out that I cannot attain a goal in any way, I let go of it.	1	2	3	4
e. I stop thinking about a goal that has become unattainable and let it go.	1	2	3	4
f. When something I wanted did not work out, I try not to think about it too much.	1	2	3	4
g. If I cannot attain a goal in my life, I think about other new goals to pursue.	1	2	3	4
h. When I find it impossible to attain a goal, I try not to blame myself.	1	2	3	4



**50. How important do you think the following things are for having a good life? Please circle the appropriate number for each item.**

It is important to....	Not at all important	Somewhat important	Very important	Extremely important
a. Be critical and reflect upon your actions.	1	2	3	4
b. Be needed by others.	1	2	3	4
c. Be in harmony with others and surrounding events.	1	2	3	4
d. Have the ability to make a good effort at something and stick to it.	1	2	3	4
e. Have a sense of peace and satisfaction.	1	2	3	4
f. To receive sympathy from others.	1	2	3	4
g. To receive respect from others.	1	2	3	4
h. To give something back to society.	1	2	3	4

**51. Please check only five of the following items that you feel are the most important for living a good life:**

<input type="checkbox"/> Autonomy, being self reliant	<input type="checkbox"/> Physical fitness and strength
<input type="checkbox"/> Having a good job	<input type="checkbox"/> Positive attitude
<input type="checkbox"/> Continual learning and growth	<input type="checkbox"/> Positive relationships with family
<input type="checkbox"/> Enjoyment of life's pleasures	<input type="checkbox"/> Positive relationships with friends
<input type="checkbox"/> Enough money to meet basic needs	<input type="checkbox"/> Relaxation, peacefulness, contentment
<input type="checkbox"/> Extra money/Disposable income	<input type="checkbox"/> The absence of illness
<input type="checkbox"/> Faith	<input type="checkbox"/> Sense of accomplishment
<input type="checkbox"/> Giving back to my community	<input type="checkbox"/> Sense of purpose
<input type="checkbox"/> Loving and caring for myself	

**52.** Do you have an ikigai in your life?

**Yes** → **What is it? And please describe it.**

**No** → **Go to 53**

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question about having an ikigai.

**53. The following items refer to your present occupation. For each of the following statements, please indicate to what degree it reflects your situation. Thank you for answering all statements.**

<b>In general .....</b>	<b>Disagree</b>	<b>Agree, but I am not at all distressed</b>	<b>Agree, and I am somewhat distressed</b>	<b>Agree, and I am distressed</b>	<b>Agree, and I but I am very distressed</b>
1. I have constant time pressure due to a heavy work load.	1	2	3	4	5
2. I have many interruptions and disturbances while performing by job.	1	2	3	4	5
3. I have a lot of responsibility in my job.	1	2	3	4	5
4. I am often pressured to work overtime.	1	2	3	4	5
5. My job is physically demanding.	1	2	3	4	5
6. Over the past few years, my job has become more and more demanding.	1	2	3	4	5
7. I receive the respect I deserve from my superiors.	1	2	3	4	5
8. I receive the respect I deserve from my colleagues.	1	2	3	4	5
9. I experience adequate support in difficult situations.	1	2	3	4	5
10. I am treated unfairly at work.	1	2	3	4	5
11. My job promotion prospects are poor.	1	2	3	4	5
12. I have experienced or I expect to experience an undesirable change in my work situation.	1	2	3	4	5
13. My employment security is poor.	1	2	3	4	5
14. My current occupational position adequately reflects my education and training.	1	2	3	4	5
15. Considering all my efforts and achievements, I receive the respect and prestige I deserve at work.	1	2	3	4	5
16. Considering all my efforts and achievements, my job promotion prospects are adequate.	1	2	3	4	5
17. Considering all my efforts and achievements, my salary/income is adequate.	1	2	3	4	5

**54. Please answer each question by checking off the one answer that best fits your job situation. Sometimes none of the answers fits exactly. Please choose the answer that comes closest.**

<b>In general .....</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. My job requires that I learn new things.	1	2	3	4
2. My job requires a lot of repetitive work.	1	2	3	4
3. My job requires me to be creative.	1	2	3	4
4. My job allows me to make a lot of decisions on my own.	1	2	3	4
5. My job requires a high level of skill.	1	2	3	4
6. On my job I have very little freedom to decide how I do my work.	1	2	3	4
7. I get to do a variety of different things on my job.	1	2	3	4
8. I have a lot of say about what happens on my job.	1	2	3	4
9. I have an opportunity to develop my own special abilities.	1	2	3	4
10. My job requires working very fast.	1	2	3	4
11. My job requires working very hard.	1	2	3	4
12. I am not asked to do an excessive amount of work.	1	2	3	4

Continued....	Strongly Disagree	Disagree	Agree	Strongly Agree
13. I have enough time to get the job done.	1	2	3	4
14. I am free from conflicting demands that others make.	1	2	3	4
15. My supervisor is concerned about the welfare of those under him.	1	2	3	4
16. My supervisor pays attention to what I am saying.	1	2	3	4
17. My supervisor is helpful in getting the job done.	1	2	3	4
18. My supervisor is successful in getting people to work together.	1	2	3	4
19. People I work with are competent in their jobs.	1	2	3	4
20. People I work with take a personal interest in me.	1	2	3	4
21. People I work with are friendly.	1	2	3	4
22. People I work with are helpful in getting the job done.	1	2	3	4

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

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

This survey, record tables for both container and collect saliva samples were collected saliva  
Please enclose in the envelope.

This survey is conducted with the cooperation of the following universities.

University of Tokyo

Tokyo Woman's Christian University

University of Wisconsin

University of Michigan

Stanford University

Japanese "Happiness and Health Research," Research Center

7-3-1 Hongo, Bunkyo-ku, Tokyo 〒 113-0033

Campus Mental Health, University of Tokyo Graduate School of Medicine

Telephone: 080-1242-8662 only scheduled visit health examination survey.

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