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

MIDJA Biomarker Study Summary

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MIDJA Study Summary

Project Summary and Background

The overarching goal of the Midlife Health in Japan (MIDJA) study was to conduct a multidisciplinary study of health and well-being in a sample of middle- and older-aged Japanese adults. The design and scientific content of the study were comparable to an ongoing longitudinal study in the U.S., known as MIDUS (Midlife in the U.S.). Parallels between the two provide unique opportunities to investigate how cultural differences in self and relational factors predict life course variations in well-being and health. Data and related documentation files for both MIDJA and MIDUS are available at http://www.icpsr.umich.edu/icpsrweb/NACDA/studies?archive=NACDA&q=MIDUS).

The initial, baseline, data collection occurred in two phases. The first phase, survey data collection was conducted by Central Research Services (CRS), a survey research firm based in Tokyo. Following the convention of social surveys in Japan, the "deliver-and-pick-up" method was used for data collection Participants in the second phase, a subset of those completing the survey, completed biomarker and other assessments in a local clinic as well as at home (saliva samples, questionnaire).

Funding for a longitudinal follow-up was obtained in February 2012. This second wave of data collection also occurred in two phases. The first phase, survey data collection, was conducted by Shin Joho Center, a survey research firm based in Tokyo. Consistent with the baseline data collection the "deliver-and-pick-up" convention was once again followed. Participants in the second phase, biomarker assessments, once again completed biomarker assessments in a local clinic as well as at home.

The following provides details about sample selection, recruitment, data collection, tissue sample processing, and response rates across both waves and phases of the study.

Sample Selection

The sampling procedure for the baseline data collection was based on the official registry maintained at the municipal office of each of 23 wards within the city of Tokyo. All residents of Japan are registered at a single address where they choose to live. Drawing on this information, CRS used an age-stratified random sample scheme. From similar social surveys conducted in the Tokyo area we expected an average response rate of 70%. At the same time, we also anticipated a relatively low response rate among middle-aged men. We therefore over-sampled respondents in these categories with the goal of sampling 140 in each of five age categories (30-39, 40-49, 50-59, 60-69, 70-79), separately for both males and females. To compensate for the anticipated lower response among middle-aged men, CRS oversampled by 15% (162 instead of 140), among three male groups (i.e., 30-39, 40-49, 50-59). Samples were drawn

from all the 23 wards in accordance with the population ratio within each age/gender category. Thus, we were able achieve the minimum of 100 returned responses within each of the 10 age/gender categories. The overall response rate for the baseline data collection was 56.2% yielding a total of n=1027 participants in the initial survey (see details in Appendix A). This group is the baseline sample and recruitment pool for the subsequent biomarker and survey data collection described below. The response rate for the longitudinal follow-up to the survey is 72.3% (see below for additional details).

Recruitment Procedures

The following describes recruitment procedures for both waves of the MIDJA Survey and Biomarker data collection. Differences across the two waves are noted as appropriate.

Baseline

Survey (April- October 2008; n=1027)

As noted above, there were two eligibility criteria for this phase of the study: 1) aged 30-79 and 2) living in one of the 23 wards within the city of Tokyo. Following the convention of social surveys in Japan, the "deliver-and-pick-up" method was used for recruitment and data collection. An interviewer made an initial telephone contact with a randomly selected respondent. Upon receiving an agreement to participate in the survey, the interviewer visited the residence of the respondent to obtain written consent and deliver a survey questionnaire. After a week, the interviewer returned to the same residence to pick up the completed questionnaire. On this second occasion, the interviewer also provided a detailed explanation of the biomarker testing and invited the respondent to participate in this second part of the study.

Biomarker (January 2009-April 2010; n=382)

There were two eligibility criteria for the baseline Biomarker data collection: 1) completed the initial survey and 2) expressed interest in participating in the biomarker phase by returning the post card to CRS. Multiple attempts were made to contact a participant till a postcard was received indicating his or her agreement, or not, to participate in this part of the study. Respondents who returned the card were subsequently contacted by MIDJA staff to make arrangements for travel to a Medical Clinic near the University of Tokyo to participate in the biological assessments.

Longitudinal Follow-Up

Survey (May – October 2012; n=657)

The only eligibility criterion for the longitudinal follow-up to the MIDJA Survey was that individuals must have completed the baseline survey questionnaire. Longitudinal survey data were again collected using a 'deliver-and-pick-up' method. Specifically, an advance post-card was sent to individuals who completed the original MIDJA Survey Questionnaire. About a week later an interviewer traveled to the participant's home to explain the study and answer any questions. If the individual agreed to participate the interviewer obtained written consent and left the questionnaire. The interviewer returned about a week later to pick-up the questionnaire.

Biomarker (October 2013-July 2014; n=328)

In an effort to augment baseline biological assessments, the only eligibility criterion for the longitudinal Biomarker component is that individuals must have completed the longitudinal survey. MIDJA staff sent recruitment letters to all individuals who completed the longitudinal Survey and then made follow-up phone calls to answer any questions and make arrangements

for travel to a clinic located on the University of Tokyo campus, to participate in the biological assessments.

Response Rates

At MIDJA 1, CRS computed response rates for the baseline sample according to the standard Japanese approach by subtracting out the cases (sample) defined as "Invalid" (see details in Appendix A). Individuals designated as Invalid were eligible based on gender & age, but did not complete a survey because: their address was unknown, they had moved, they were not at the household/address/home at the time of the survey, they had health problem (illness, injury, hospitalized) or were found to be deceased. This procedure for computing response rates was used for the subsequent waves of data collection according to the following formula:

Response rate (%) = [# of valid responses/(sample size – # of invalid samples)]

Table 1. Response rate by wave and phase of data collection.

Wave	Sample Size	Invalid Samples	Valid Response	Response Rate
Baseline Survey	2,102	275	1,027	56.2%
Baseline Biomarker	535[a]	7	382	72.3%
Longitudinal Survey	1027	135	657	73.7%
Only Longitudinal Biomarker (n=243)	382[b]	75	243	79.2%
Overall Longitudinal Biomarker[c]	657	12	328	50.8%

a) The sample size is the number of cases who returned the postcard regarding the MIDJA 1 Biomarker data collection after they had completed the MIDJA 1 Survey.
b) Response rate is computed using the Baseline Biomarker sample in the denominator.
c) Cases with longitudinal biomarker data as well as those that only have biomarker data at MIDJA 2.

Table 2 below summarizes non-participation reasons across the waves of data collection. Categories flagged with a '*' are considered Invalid and removed from the denominator prior to computing the response rates reported in Table 1 above.

Table 2. Frequency distribution of MIDJA non-participation reasons at follow-up.

Non-participation Reasons	Baseline Biomarker	Longitudinal Survey	Longitudinal Biomarker
Refused		12	7
Agreed but never scheduled	116	226	285
Cancelled-Withdrew	30	3	25
Unknown – Missing Address*	7	105	2
Health problems*		10	
Deceased*		20	1
Moved out of area*			9

Data Collection Content and Procedures

Survey Overview
The Survey questionnaire (approximately 45 pages), for both waves of data collection included a broad array of measures as follows (items added at the second wave are italicized):

- Section A: Health – physical health ratings, *mental health rating* somatic amplification, symptom and condition checklists, use of prescription medications, functional limitations, health care utilization (hospitalization, see doctors, other therapists), insurance, *height and weight*
- Section B: Cigarettes – history of smoking.
- Section C: Alcohol – history of alcohol use
- Section D: Emotion or Feelings – positive and negative affect, perceived stress, social anxiety, Spielberger anger expression inventory, anger expression-adjustment, and *general assessments of depression and anxiety.*
- Section E: Work – employment status, description of current job, work stress, work situation ratings, work to family/family to work spillover, job characteristics scale, perceived inequality in work.
- Section F: Finances – ratings of financial situation, *personal and household income*.
- Section G: Personal Beliefs – sense of control, self-esteem, life orientation, primary and secondary control, seeking social support, self-construal, sympathy (*6 new items*), adjustment, personality traits, self-control.
- Section H: Social Network – generativity scale, *loneliness scale*, rate status in community,
- Section I: Your Neighborhood – frequency of contact with neighbors, tenure in neighborhood
- Section J: Life Overall – life satisfaction ratings, subjective wellbeing, psychological well-being, minimalist well-being.
- Section K: Friends – number of friends, frequency of contact, support received from friends, support given/demands made to friends
- Section L: Marriage or Close Relationship – current marital/*close relationship* status, ratings of marriage/close relationship, marital risk, spouse/partner disagreement, support and strain from spouse/partner, support and strain to spouse/partner, spouse/partner joint decision-making.
- Section M: Children – do you have any children, rate relationship with children, perceived inequality in family.
- Section N: Family – members of family not live with you, frequency of contact with family members, support and strain from family members, support and strain to family members, *number of family members living with you*.
- Section O: Religion and Spirituality – religious preference, religious practice
- Section P: Parent's Health – biological mother/father still living, health rating, if deceased year and age at death.
- Section Q: Background information – gender, month and year of birth, educational attainment, home ownership, family size, problems experienced by family members, place of birth, place lived longest, *continuing impact of March 2011 earthquake/tsunami*

Copies of the Survey questionnaire, in English and Japanese, are included with the publicly available documentation that can be accessed via the link at the beginning of this document.

Biomarker Overview
The biomarker data collection consisted of clinic and home based assessments. The clinic visit included a brief physical exam along with collection of blood and urine samples. The home assessments include a self-administered Medical History questionnaire and collection of saliva samples for cortisol assay. The following provides an overview of these assessments.

Clinic Assessments
Clinic visits were scheduled during the day at a time that was convenient for the participant. Upon arrival at the clinic, project staff explained the protocol, answered any questions and obtained written consent. Per standard practice at the University of Tokyo, separate written consent for genetic testing was obtained just prior to collecting saliva samples designated for that purpose. At the end of the session (45-60 minutes), project staff answered any additional questions and provided the human subjects payments (10,000 yen or about $30). The following provides a few details about procedures for collecting data at the clinic. Additional details can be found in the "Clinic Visit Documentation" available via the link provided above.

Brief physical exam: the following measurements were obtained by trained clinical staff.

- Hip, Waist, Height and Weight were measured according to established protocols used in the MIDUS study (see….document?).
- Measurement of blood pressure: Respondent was asked to sit quietly for 5 minutes, then blood pressure was measured 3 times allowing a maximum of 30 seconds between each measurement.

Clinic staff also record detailed information about medications that participants are taking.

The results of some biomarker assays may be affected by food or drink consumed by the participant to their arrival at the clinic, thus, project staff also recorded the time of the last meal.

Tissue Sample Collection: blood and urine samples were collected as follows

1. Blood sample collection:
    i. The non-dominant arm was used if possible
    ii. 30 ml blood were collected using standard tubes available in Japan.
    iii. Tubes were processed and sent to Syowa Medical Services for assay and shipment to the U.S. (see details below).

2. Urine collection: 10 ml fresh urine were collected and frozen in 5 ml aliquots.

3. Saliva Sample for Genetic Testing (new at follow-up): a saliva sample was obtained using a tube designed specifically for collecting saliva samples for DNA extraction and then frozen.

Time Preference Assessment (new at follow-up): this is a standard assessment in which participants were asked a series of questions in which two options for receiving a specified amount of money are presented. In Option A the person receives money soon (e.g. a month or less) while in Option B, the person receives a different amount later (e.g. up to a year). Project staff asked participants to complete this assessment after tissue samples were collected.

Home Assessments
At the end of the clinic visit, staff gave respondents the following materials needed for the at home assessments.

Medical History Questionnaire. A 30 page self-administered questionnaire completed at home. The questionnaire includes the following assessments:

- Health Conditions (symptom and condition checklist, cancer history)
- Major Health Events (head, joint, motor vehicle, and other major injury/illness)
- Pittsburgh Sleep Questionnaire
- Chronic Pain Assessment
- Nutrition Assessment (consumption of dairy products, caffeine, water, fruits, vegetables, whole grain, protein (meat, non-meat), fast food)
- Major Life Events (marital status change, death of family/friends, life event checklist, other events)
- Psychosocial Measures:
    - CES-D (Center for Epidemiological Studies Depression Inventory
    - Spielberger Trait Anger, Trait Anxiety
    - Social Obligation
    - Relational-Interdependent Self-Construal
    - Sympathy
    - Adjustment
    - Subjective Wellbeing
    - Primary and Secondary Control
    - Work Situation (Effort/Reward Balance)
    - Karasek Job Content

Copies of the Medical History questionnaire, in English and Japanese, are included with the publicly available documentation that can be accessed via the link at the beginning of this document.

Saliva Collection Kit. Saliva samples were provided 4 (increased from 3 samples at baseline) times a day for 3 days. The saliva kit contained:

- An instruction sheet
- 12 salivettes (special tubes for collecting saliva samples)
- A chart to record the date and time samples were collected,
- Packing materials for shipping samples to the Karasawa lab for storage and assay (see below).

Upon completion of the at home assessments, participants sent the completed questionnaire and the saliva samples to Dr. Karasawa's research office at Tokyo Woman's Christian University in a pre-paid mailer. Questionnaire data were entered by Dr. Karasawa's lab staff and the saliva samples were stored in a -80 freezer for shipment to the U.S. (see details below). Additional details about the saliva collection, processing and assays can be found in the "Clinic Visit Documentation" available via the link provided above.

Tissue Sample Processing and Assays

The following is a general description of the protocol for processing tissue samples collected for both waves of Biomarker data collection. Additional details about the tissue sample collection, processing and assays can be found in the "Clinic Visit Documentation" available via the link provided at the beginning of this document. As noted above blood and urine samples collected during the clinic visit were sent to Syowa Medical Service Co. LTD, in Tokyo, Japan (SMS) for further processing and some assays as follows:

Blood samples were processed and divided into fresh and frozen aliquots.

- Fresh aliquots were assayed by SMS for:
    - Glycosylated hemoglobin – this MIDUS biomarker requires whole blood that is fresh or has been refrigerated for just a few days thus it was conducted in Japan.
    - Life Style Assessments – these are routine tests performed as a part of clinic visits in Japan and include: tests of cholesterol, HDL cholesterol, tryglycerides, liver function (GPT, gamma GPT, GOT), kidney function (BUN, uric acid), blood glucose, and anemia (e.g. red cell count, hematocrit).
        - The consent form included a section where participants could request receipt of these results. The results of these tests are sent to Dr. Kawakami's lab and then forwarded to individual participants as appropriate.
        - Assay results, labeled only with the randomly assigned study number were also sent to the MIDUS Biocore lab for inclusion in the file containing results of assays completed in the U.S.

- Frozen aliquots - to maintain consistency with the MIDUS biomarker protocol, these were sent to the MIDUS BioCore laboratory at the University of Wisconsin-Madison. These samples were assayed for HDL and total cholesterol, and DHEA-S, cytokines (IL-6, sIL-6r etc.), fibrinogen and C Reactive Protein (CRP). The assays were performed at the reference labs used for the MIDUS biomarker assessments. The cytokine assays were performed in the MIDUS BioCore lab.

Daily Saliva Samples were frozen and shipped to the MIDUS BioCore lab for short-term storage and subsequent assay for cortisol.

Saliva Samples for Genetic Testing were frozen and shipped to the MIDUS BioCore lab for DNA extraction and genotyping.

Appendix A: Baseline Sample Selection and Response Rates

Sample Selection

Central Research Services (CRS), based in Tokyo, Japan, conducted the MIDJA Survey from April 2008 – September 2008. The sample was selected from the Basic Resident Register Book for the 23 wards in Tokyo, Japan, via two-stage stratified random sampling. Within each ward 5 groups were created based on age (30-39, 40-49, 50-59, 60-69, 70-79) and stratified by gender. Thus, 10 strata, based on gender and age were created. For each strata a total of 100 samples are allotted and proportionally distributed among each ward based on the number of registered residents in the Basic Resident Register Book for Tokyo, as of March 31, 2007. Approximately 10 samples were assigned per sampling spot. The population and sample for each ward, broken out by gender and age, appears in Table 1 (next page).

The primary sampling unit was based on the basic survey units fixed at the 2005 National Census. The sampling spots were sampled from a table of random numbers. Respondents for each sampling spot were selected from the basic resident register book using a systematic sampling method. Two reserve samples were allotted for per respondent. If the primary selected respondent was ineligible, regardless of reason, the reserve samples were used. To ensure adequate sampling of men from the three youngest decades (30-39, 40-49, and 50-59), three reserve samples were allotted per respondent. If sampling could not be conducted from the basic resident register book, samples were transferred to a different ward within the same area.

Sample Recruitment

Japanese survey research relies on a "deliver-and-pick-up" method of questionnaire administration. Randomly selected respondents were sent a recruitment mailing that included a cover letter and an "Instruction Manual" describing the research in a question and answer format. Individuals completing the survey received 3,000 yen (~$28-30). Interviewers traveled to the respondent's home to answer any questions the respondent might have. If the respondent agreed to participate, the interviewer obtained written consent, and returned one week later to pick up the completed questionnaire.

Additional details about response rates are provided below, following Table 1.

Table 1. Population and Sample for Each Ward by Gender and Age Group

Region	Ward	Male					Female					Total
		30-39	40-49	50-59	60-69	70-79	30-39	40-49	50-59	60-69	70-79	
CENTER CORE AREA	1. Chiyoda	3,998	3,032	2,996	2,318	1,614	3,809	3,117	2,896	2,594	2,291	28,725
		1	1	1	1	0	0	1	1	1	1	8
	2. Chuo	11,483	7,931	6,260	5,017	3,229	12,399	7,878	6,158	5,671	4,577	70,603
		1	1	1	1	1	2	1	1	1	1	11
	3. Minato	19,268	14,266	11,711	9,206	6,103	21,575	14,814	12,473	10,815	8,941	129,132
		2	2	2	2	2	3	3	2	2	2	22
	4. Shinjuku	27,687	19,341	19,126	15,243	10,310	24,185	17,327	17,528	16,621	14,768	182,136
		3	3	3	3	3	3	3	3	3	4	31
	5. Bunkyo	16,596	12,564	11,850	9,205	6,639	17,015	13,116	12,103	10,601	9,456	119,145
		2	2	2	2	2	2	2	2	2	2	20
	6. Taito	14,686	11,112	12,760	11,516	8,155	12,968	9,772	10,754	10,914	9,413	112,050
		2	2	2	2	3	2	2	2	2	2	21
	7. Sumida	21,455	15,801	17,574	14,576	9,866	19,064	13,866	15,609	15,459	12,322	155,592
		3	3	3	3	3	2	3	3	3	3	29
	8. Koto	41,817	29,759	32,057	26,836	15,993	38,992	26,220	30,843	27,708	20,287	290,512
		5	5	6	6	5	5	5	6	5	5	53
	13. Shibuya	20,529	14,288	12,393	9,217	6,677	21,043	14,493	12,418	11,130	9,822	132,010
		3	3	2	2	2	3	3	2	2	2	24
	16. Toshima	24,323	16,279	17,012	13,401	9,070	19,979	14,457	15,334	14,498	12,969	157,322
		3	3	3	3	3	3	3	3	3	3	30
	18. Arakawa	15,510	12,111	14,003	11,786	8,247	14,105	10,475	12,199	11,789	10,503	120,728
		2	2	2	3	3	2	2	2	2	2	22
EAST/NORTHERN AREA	9. Shinagawa	33,757	23,468	23,819	19,389	12,325	32,131	21,532	22,677	20,509	17,348	226,955
		4	4	4	4	4	4	4	4	4	4	40
	10. Meguro	24,082	17,914	15,064	12,107	8,586	26,581	18,530	15,847	14,081	12,186	164,978
		3	3	3	3	3	4	3	3	3	3	31
	11. Ota	62,344	46,938	48,238	40,093	24,972	56,345	40,879	43,865	40,622	33,194	437,490
		8	8	8	9	8	7	8	8	8	8	80
	12.`Setagaya	77,554	60,311	49,774	38,618	28,027	82,505	60,243	51,429	44,468	38,454	531,383
		10	10	9	8	9	11	11	10	9	9	96
	14. Nakano	31,121	20,502	19,049	15,201	11,184	26,858	18,527	18,420	16,796	15,494	193,152
		4	4	3	3	3	4	3	4	3	4	35
	15. Suginami	49,698	36,157	32,784	25,287	18,492	49,069	35,194	32,999	28,890	25,909	334,479
		6	6	6	5	6	7	7	6	6	6	61
	20. Nerima	62,553	50,101	43,574	34,872	26,738	59,417	45,855	41,899	39,787	33,608	438,404
		8	9	8	7	8	8	8	8	8	8	80
WEST/SOUTHERN AREA	17. Kita	27,791	20,074	23,796	20,572	14,461	24,032	17,916	21,749	22,406	20,047	212,844
		4	3	4	4	4	3	3	4	4	5	38
	19. Itabashi	47,388	34,641	36,931	30,112	19,885	42,365	30,995	34,351	31,814	26,224	334,706
		6	6	7	6	6	6	6	6	6	6	61
	21. Adachi	56,512	43,309	44,589	41,840	28,116	49,524	37,080	40,472	44,573	33,000	419,015
		7	7	8	9	9	7	7	8	9	8	79
	22. Katsushika	38,167	30,235	31,292	26,755	18,875	34,093	26,840	27,923	28,454	23,361	285,995
		5	5	6	6	6	4	5	5	6	6	54
	23. Edogawa	65,916	47,369	42,336	36,800	22,868	58,122	39,470	38,281	38,331	26,702	416,195
		8	8	7	8	7	8	7	7	8	6	74
Total	Population	794,235	587,463	568,988	469,967	320,432	746,176	538,656	538,227	508,531	420,876	5,493,551
	Sample Size	100	100	100	100	100	100	100	100	100	100	1,000

Survey Response Rates

The overall response rate was 56.2% calculated according to the following equation:

$$\text{Response rate (\%)} = \frac{\text{1,027 (Number of valid responses)}}{\text{2,102 (Total number of samples)} - \text{75 (Number of invalid samples)}} \times 100$$

Response rate according to gender is as follows.

Table 2. Response Rate by Gender

Gender	Sample Size	Invalid Samples	Valid Response	Response Rate
Male	1,093	167	505	54.5%
Female	1,009	108	522	57.9%
Total	2,102	275	1,027	56.2%

Response rate according to gender/ age is as follows.

Table 3. Response Rate by Gender and Age Group

Gender/Age		Sample Size	Invalid Samples	Valid Response	Response Rate
Male/	30-39	234	48	100	53.8%
	40-49	240	42	100	50.5%
	50-59	215	25	100	52.6%
	60-69	195	28	100	59.9%
	70-79	209	24	105	56.8%
Female/	30-39	236	29	100	48.3%
	40-49	190	16	115	66.1%
	50-59	188	19	106	62.7%
	60-69	196	19	100	56.5%
	70-79	199	25	101	58.0%
Total		2,102	275	1,027	56.2%

Invalid samples refer to instances where sampling could not be completed for the reasons listed in Table 4 below. Gender and Gender by Age distributions of reasons for non-completion are summarized in Tables 5 and 6 below.

Table 4. Reasons for Non-Response in MIDJA Survey

Reason	Number of cases
Moved	119
Address unknown	60
Absent during time of survey	38
Illness, injury	35
Hospitalized	20
Deceased	3

Table 5. Reasons for Uncollected Data by Gender

Gender	Moved	Absent during the time of survey	Unable to be in contact	Address unknown	Refused to answer	Hospitalized	Illness/ injured	Deceased	Total
Male	76(12.9)	31(5.3)	85(14.5)	30(5.1)	336(57.2)	10(1.7)	17(2.9)	3(0.5)	588(100.0)
Female	43(8.8)	7(1.4)	57(11.7)	30(6.2)	322(66.1)	10(2.1)	18(3.7)	0(0.0)	487(100.0)
Total	119(11.1)	38(3.5)	142(13.2)	60(5.63)	658(61.2)	20(1.9)	35(3.3)	3(0.3)	1,075(100.0)

Table 6. Reasons for Uncollected Data by Gender and Age Group

Gender/Age	Moved	Absent during the time of survey	Unable to be in contact	Address unknown	Refused to answer	Hospitalized	Illness/ injured	Deceased	Total
Male/ 30-39	25(18.7)	9(6.7)	31(23.1)	12(9.0)	55(41.1)	0(0.0)	2(1.5)	0(0.0)	134(100.0)
40-49	27(19.3)	7(5.0)	24(17.2)	7(5.0)	74(52.9)	0(0.0)	1(0.7)	0(0.0)	140(100.0)
50-59	8(7.0)	7(6.1)	16(13.9)	6(5.2)	74(64.4)	1(0.9)	2(1.7)	1(0.9)	115(100.0)
60-69	12(12.6)	5(5.3)	8(8.4)	3(3.2)	59(62.1)	4(4.2)	2(2.1)	2(2.1)	95(100.0)
70-79	4(3.9)	3(2.9)	6(5.8)	2(1.9)	74(71.2)	5(4.8)	10(9.6)	0(0.0)	104(100.0)
Female/ 30-39	15(11.0)	2(1.5)	27(19.9)	10(7.4)	80(58.8)	0(0.0)	2(1.5)	0(0.0)	136(100.0)
40-49	6(8.0)	0(0.0)	7(9.3)	7(9.3)	52(69.3)	2(2.7)	1(1.3)	0(0.0)	75(100.0)
50-59	9(11.0)	2(2.4)	12(14.6)	5(6.1)	51(62.2)	1(1.2)	2(2.4)	0(0.0)	82(100.0)
60-69	8(8.3)	2(2.1)	6(6.3)	5(5.2)	71(74.0)	1(1.1)	3(3.1)	0(0.0)	96(100.0)
70-79	5(5.1)	1(1.0)	5(5.1)	3(3.1)	68(69.4)	6(6.1)	10(10.2)	0(0.0)	98(100.0)
Total	119(11.1)	38(3.5)	142(13.2)	60(5.6)	658(61.2)	20(1.9)	35(3.3)	3(0.3)	1,075(100.0)