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# National Survey of the Japanese Elderly, 1990

Jersey Liang and Daisaku Maeda

ICPSR 3407

# NATIONAL SURVEY OF THE JAPANESE ELDERLY, 1990

(ICPSR 3407)

Principal Investigators

Jersey Liang
University of Michigan, Institute of Gerontology

Daisaku Maeda
Tokyo Metropolitan Institute of Gerontology

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Inter-university Consortium for
Political and Social Research
P.O. Box 1248
Ann Arbor, Michigan 48106

## BIBLIOGRAPHIC CITATION

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> Liang, Jersey, and Daisaku Maeda. NATIONAL SURVEY OF THE JAPANESE ELDERLY, 1990 [Computer file]. ICPSR version. Tokyo, Japan: Tokyo Central Research Services [producer], 1992. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2002.

## REQUEST FOR INFORMATION ON USE OF ICPSR RESOURCES

To provide funding agencies with essential information about use of archival resources and to facilitate the exchange of information about ICPSR participants' research activities, users of ICPSR data are requested to send to ICPSR bibliographic citations for each completed manuscript or thesis abstract. Please indicate in a cover letter which data were used.

## DATA DISCLAIMER

The original collector of the data, ICPSR, and the relevant funding agency bear no responsibility for uses of this collection or for interpretations or inferences based upon such uses.

DATA COLLECTION DESCRIPTION

Jersey Liang and Daisaku Maeda
NATIONAL SURVEY OF THE JAPANESE ELDERLY, 1990 (ICPSR 3407)

SUMMARY: This survey, a follow-up to the original Wave I survey undertaken in 1987 (ICPSR 6842), was designed to create a panel dataset for use in cross-cultural analyses of aging in Japan and the United States. It was created to match as closely as possible with Wave I, while also allowing for growth in specific areas of interest. In addition, the survey was designed to be partially comparable in content with AMERICANS' CHANGING LIVES (ICPSR 9267, 6438) and the NATIONAL HEALTH INTERVIEW SURVEY, 1984: SUPPLEMENT ON AGING (ICPSR 8659). The survey has nine sections: demographics (age, sex, marital status, education, employment), social integration (interpersonal contacts, social supports), health status (limitations on daily life and activities, health conditions, level of physical activity), subjective well-being and mental health status (life satisfaction, morale), psychological indicators (life events, locus of control, self-esteem), financial situation (financial status), memory (measures of cognitive functioning), and interviewer observations (assessments of respondents).

UNIVERSE: Noninstitutionalized persons 60 years of age and older as of November 1987 who were residing in Japan.

SAMPLING: This is a three-year follow-up of the original 1987 survey, which was a national two-stage probability sample of census enumeration districts and of persons within them.

NOTE: (1) Hard-copy documentation that includes the Japanese versions of the questionnaires is available upon request. (2) The codebook is provided by ICPSR as a Portable Document Format (PDF) file. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using the Adobe Acrobat Reader. Information on how to obtain a copy of the Acrobat Reader is provided on the ICPSR Web site.

EXTENT OF COLLECTION: 1 data file + machine-readable documentation (PDF) + SAS data definition statements + SPSS data definition statements

EXTENT OF PROCESSING: CONCHK.PR/ DDEF.ICPSR/ FREQ.PR/ REFORM.DATA/ SCAN/K UNDOCCHK.PR

DATA FORMAT: Logical Record Length with SAS and SPSS data definition statements and SPSS export file

File Structure: rectangular
Cases: 2,780
Variables: 730
Record Length: 1,019
Records Per Case: 1

RELATED PUBLICATIONS:

Liang, J., J.M. Bennett, N.A. Whitelaw, and D. Maeda. "The Structure of Self-Reported Physical Health Among the Aged in the United States and Japan." MEDICAL CARE 29 (1991), 1161-1180.

Krause, N.M., G. Jay, and J. Liang. "Financial Strain and Psychological Well-Being Among the American and Japanese Elderly." PSYCHOLOGY AND AGING 6 (1991), 170-181.

Jay, G., J. Liang, X. Liu, and H. Sugisawa. "Patterns of Nonresponse in a National Survey of the Japanese Elderly." JOURNAL OF GERONTOLOGY: SOCIAL SCIENCES 48 (1993), 143-152.

**MAIN QUESTIONNAIRE (SELF-RESPONDENTS)**
(Note: System missing are subjects in the proxy or nonresponse files)

| Variable Name | | Position |
|---|---|---|
| ID | SINGLE ID FOR EACH INDIVIDUAL (use to merge with wave 1) | 1 |
| J2V001 | BRANCH CODE | 2 |
| J2V002 | PSU CODE | 3 |
| J2V003 | RESPONSE ID | 4 |
| J2V004 | AREA CHARACTERISTIC | 5 |

Value Label

13 HOKKAIDO SAPPORO
14 HOKKAIDO GREATER THAN 200K
15 HOKKAIDO GREATER THAN 100K
16 HOKKAIDO LESS THAN 100K
17 HOKKAIDO TOWN/VILLAGE
23 TOHOKU SENDAI
24 TOHOKU GREATER THAN 200K
25 TOHOKU GREATER THAN 100K
26 TOHOKU LESS THAN 100K
27 TOHOKU TOWN/VILLAGE
31 KANTO TOKYO
32 KANTO YOKOHAMA
33 KANTO KAWASAKI
34 KANTO GREATER THAN 200K
35 KANTO GREATER THAN 100K
36 KANTO LESS THAN 100K
37 KANTO TOWN/VILLAGE
44 HOKURIKU GREATER THAN 200K
45 HOKURIKU GREATER THAN 100K
46 HOKURIKU LESS THAN 100K
47 HOKURIKU TOWN/VILLAGE
54 TOZAN GREATER THAN 200K
55 TOZAN GREATER THAN 100K
56 TOZAN LESS THAN 100K
57 TOZAN TOWN/VILLAGE
62 TOKAI NAGOYA
64 TOKAI GREATER THAN 200K
65 TOKAI GREATER THAN 100K
66 TOKAI LESS THAN 100K
67 TOKAI TOWN/VILLAGE
71 KINKI OSAKA
72 KINKI KYOTO
73 KINKI KOBE
74 KINKI GREATER THAN 200K
75 KINKI GREATER THAN 100K
76 KINKI LESS THAN 100K
77 KINKI TOWN/VILLAGE
83 CHUGOKU HIROSHIMA
84 CHUGOKU GREATER THAN 200K
85 CHUGOKU GREATER THAN 100K
86 CHUGOKU LESS THAN 100K
87 CHUGOKU TOWN/VILLAGE
94 SHIKOKU GREATER THAN 200K
95 SHIKOKU GREATER THAN 100K
96 SHIKOKU LESS THAN 100K
97 SHIKOKU TOWN/VILLAGE
102 KITAKYUSHU KITAKYUSHUSHI
103 KITAKYUSHU FUKUOKA
104 KITAKYUSHU GREATER THAN 200K
105 KITAKYUSHU GREATER THAN 100K
106 KITAKYUSHU LESS THAN 100K
107 KITAKYUSHU TOWN/VILLAGE
114 MINAMIKYUSHU GREATER THAN 200K
115 MINAMIKYUSHU GREATER THAN 100K
116 MINAMIKYUSHU LESS THAN 100K
117 MINAMIKYUSHU TOWN/VILLAGE

J2V501 NEW RESPONDENTS/SAME ADDRESS OR MOVED 6

| Value | Label |
|---|---|
| 1 | NEW/SAME ID AS W1 |
| 2 | DIFFERENT ID FROM W1 |

J2V502 BRANCH CODE OF W1 7

| Value | Label |
|---|---|
| 99 | NOT APPLICABLE |

J2V503 PSU CODE OF W1 8

| Value | Label |
|---|---|
| 999 | NOT APPLICABLE |

J2V504 RESPONSE ID OF W1 9

| Value | Label |
|---|---|
| 99 | NOT APPLICABLE |

J2V505 MOVED TO WHERE/NOT MOVED 10

| Value | Label |
|---|---|
| 1 | SAME ADDRESS |
| 2 | MOVED SAME STREET |
| 3 | MOVED SAME PSU |
| 4 | MOVED SAME PREFECTURE |
| 5 | MOVED OUT PREFECTURE |

J2V506 RANDOM PROBE TYPE 11

| Value | Label |
|---|---|
| 88 | NOT AVAILABLE |

J2V005 REIGNING EMPEROR AT BIRTH SELF REPORT 12

| Value | Label |
|---|---|
| 1 | MEIJI |
| 2 | TAISHO |
| 3 | SHOWA |
| 8 | DO NOT KNOW |

J2V006 YEAR OF BIRTH SELF REPORT 13

Value Label

88 DO NOT KNOW

J2V007 MONTH OF BIRTH SELF REPORT 14

Value Label

88 DO NOT KNOW

J2V008 AGE OF RESPONDENT SELF-REPORT 15

Value Label

888 DO NOT KNOW

J2V507 REIGNING EMPEROR AT BIRTH RESIDENT REGISTRIES 16

Value Label

1 MEIJI
2 TAISHO
3 SHOWA

J2V508 YEAR OF BIRTH RESIDENT REGISTRIES 17

J2V509 MONTH OF BIRTH RESIDENT REGISTRIES 18

J2V009 EDUCATION OF RESPONDENT 19

Value Label

1 NOT GO
2 1 YEAR
3 2 YEARS
4 3 YEARS
5 4 YEARS
6 5 YEARS
7 6 YEARS
8 7 YEARS
9 8 YEARS
10 9 YEARS
11 10 YEARS
12 11 YEARS
13 12 YEARS
14 13 YEARS
15 14 YEARS
16 15 YEARS
17 16 YEARS
18 17 YEARS and more
19 DO NOT KNOW
99 NOT APPLICABLE

J2V010 OCCUPATIONAL STATUS OF RESPONDENT 20

| Value | Label |
|---|---|
| 1 | WORKING NOW |
| 2 | SICK LEAVE |
| 3 | FAMILY BUS. |
| 4 | UNEMPLOYED |
| 5 | RETIRED |
| 6 | DISABLED |
| 7 | HOUSEWORK |
| 8 | OTHER |

J2V510 SELF-EMPLOYED 21

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V011 PRESENT OCCUPATION OF RESPONDENT 22

| Value | Label |
|---|---|
| 8888 | DO NOT KNOW |
| 9999 | NOT APPLICABLE |

J2V012 OCCUPATION PRESTIGE SCORE 23

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V013 MONTHS WORKING PER YEAR 24

| Value | Label |
|---|---|
| 13 | DID NOT WORK |
| 14 | NOT REMEMBER |
| 99 | NOT APPLICABLE |

J2V014 DAYS WORKING PER WEEK 25

| Value | Label |
|---|---|
| 8 | IRREGULAR |
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V015 HOURS WORKING PER DAY 26

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V016 JOB SATISFACTION 27

| Value | Label |
|---|---|
| 1 | VERY SATISFIED |
| 2 | SOMEWHAT SATISFIED |
| 3 | CANT SAY |
| 4 | NOT SO MUCH |
| 5 | NOT AT ALL |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V017 EVER RETIRED 28

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | NEVER WORKED |

J2V511 REIGNING EMPEROR AT RETIREMENT 29

| Value | Label |
|---|---|
| 1 | TAISHO |
| 2 | SHOWA |
| 3 | HEISEI |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V018 YEAR OF RETIREMENT 30

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V019 MONTH OF RETIREMENT 31

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V020 RETIRED BEFORE 32

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V512 REIGNING EMPEROR AT PRIOR RETIREMENT 33

| Value | Label |
|---|---|
| 1 | TAISHO |
| 2 | SHOWA |
| 3 | HEISEI |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V021 YEAR OF PRIOR RETIREMENT 34

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V022 MONTH OF PRIOR RETIREMENT 35

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V513 WORKING NOW 36

| Value | Label |
|---|---|
| 1 | WORKING NOW |
| 2 | NOT WORKING NOW |

J2V514 IS CURRENT OCCUPATION LONGEST 37

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V515 LONGEST OCCUPATION SELF-EMPLOYED 38

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | NEVER WORKED |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V023 LONGEST OCCUPATION OF RESPONDENT 39

| Value | Label |
|---|---|
| 8888 | DO NOT KNOW |
| 9999 | NOT APPLICABLE |

J2V024 LONGEST OCCUPATION PRESTIGE SCORE 40

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V025 MARITAL STATUS OF RESPONDENT 41

| Value | Label |
|---|---|
| 1 | MARRIED |
| 2 | LIVE APART |
| 3 | DIVORCED |
| 4 | DIED |
| 5 | UNMARRIED |

J2V026 REIGNING EMPEROR AT MARRIAGE (M) 42

| Value | Label |
|---|---|
| 1 | TAISHO |
| 2 | SHOWA |
| 3 | HEISEI |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V027 YEAR OF MARRIAGE (M) 43

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V028 MONTH OF MARRIAGE (M) 44

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V029 NUMBER OF CHILDREN 45

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V030 REIGNING EMPEROR AT MARRIAGE (W OR D) 46

| Value | Label |
|---|---|
| 1 | TAISHO |
| 2 | SHOWA |
| 3 | HEISEI |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V031 YEAR OF MARRIAGE (W OR D) 47

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V032 MONTH OF MARRIAGE (W OR D) 48

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V033 EMPEROR AT DIVORCE OR DEATH OF SPOUSE 49

| Value | Label |
|---|---|
| 1 | TAISHO |
| 2 | SHOWA |
| 3 | HEISEI |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V034 YEAR OF DIVORCE OR DEATH 50

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V035 MONTH OF DIVORCE OR DEATH 51

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V036 NUMBER OF CHILDREN (W OR D) 52

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V516 OCCUPATIONAL STATUS OF SPOUSE 53

| Value | Label |
|---|---|
| 1 | WORKING NOW |
| 2 | SICK LEAVE |
| 3 | FAMILY BUS. |
| 4 | UNEMPLOYED |
| 5 | RETIRED |
| 6 | DISABLED |
| 7 | HOUSEWORK |
| 8 | OTHER |
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V517 SPOUSE OCCUPATION SELF-EMPLOYED 54

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V518 SPOUSE PRESENT OCCUPATION 55

| Value | Label |
|---|---|
| 8888 | DO NOT KNOW |
| 9999 | NOT APPLICABLE |

J2V519 SPOUSE PRESENT OCCUPATION PRESTIGE SCORE 56

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V520 MONTHS SPOUSE WORK PER YEAR 57

| Value | Label |
|---|---|
| 13 | DID NOT WORK |
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V521 DAYS SPOUSE WORK PER WEEK 58

| Value | Label |
|---|---|
| 8 | IRREGULAR |
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V522 HOURS SPOUSE WORK PER DAY (HOURS) 59

| Value | Label |
|---|---|
| 99 | NOT APPLICABLE |

J2V523 HOURS SPOUSE WORK PER DAY (UNKNOWN) 60

| Value | Label |
|---|---|
| 1 | IRREGULAR |
| 2 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V524 IS CURRENT OCCUPATION OF SPOUSE LONGEST 61

| Value | Label |
|---|---|
| 1 | SAME |
| 2 | DIFFERENT |
| 3 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V525 SPOUSE LONGEST OCCUPATION SELF-EMPLOYED 62

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | NEVER WORKED |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V526 SPOUSE LONGEST OCCUPATION 63

| Value | Label |
|---|---|
| 8888 | DO NOT KNOW |
| 9999 | NOT APPLICABLE |

J2V527 SPOUSE LONGEST OCCUPATION PRESTIGE SCORE 64

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V528 EDUCATION OF SPOUSE 65

| Value | Label |
|---|---|
| 1 | NOT GO |
| 2 | 1 YEAR |
| 3 | 2 YEARS |
| 4 | 3 YEARS |
| 5 | 4 YEARS |
| 6 | 5 YEARS |
| 7 | 6 YEARS |
| 8 | 7 YEARS |
| 9 | 8 YEARS |
| 10 | 9 YEARS |
| 11 | 10 YEARS |
| 12 | 11 YEARS |
| 13 | 12 YEARS |
| 14 | 13 YEARS |
| 15 | 14 YEARS |
| 16 | 15 YEARS |
| 17 | 16 YEARS |
| 18 | 17 YEARS and more |
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V047 NUMBER OF FAMILY MEMBERS 66

J2V048 POSITION OF RESPONDENT 67

| Value | Label |
|---|---|
| 0 | RESPONDENT |

J2V049 AGE OF RESPONDENT (RESIDENT REGISTRY) 68

J2V050 SEX OF RESPONDENT 69

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |

J2V051 HEAD OF FAMILY OR NOT 70

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |

J2V052 POSITION OF FAMILY MEMBER2 71

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2V053 AGE OF FAMILY MEMBER2 72

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V054 SEX OF FAMILY MEMBER2 73

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V055 HEAD OF FAMILY OR NOT (MEMBER2) 74

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2V056 POSITION OF FAMILY MEMBER3 75

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2V057 AGE OF FAMILY MEMBER3 76

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V058 SEX OF FAMILY MEMBER3 77

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V059 HEAD OF FAMILY OR NOT (MEMBER3) 78

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2V060 POSITION OF FAMILY MEMBER4 79

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2V061 AGE OF FAMILY MEMBER4 80

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V062 SEX OF FAMILY MEMBER4 81

Value Label

1 MALE
2 FEMALE
8 DO NOT KNOW
9 NOT APPLICABLE

J2V063 HEAD OF FAMILY OR NOT MEMBER4 82

Value Label

0 NO
1 YES
9 NOT APPLICABLE

J2V064 POSITION OF FAMILY MEMBER59 83

Value Label

0 RESPONDENT
1 SPOUSE
2 CHILD
3 CHILDS SPOUSE
4 GRANDCHILD
5 GRANDCHILD SPOUSE
6 PARENT
7 PARENT-IN-LAW
8 SIBLING
9 OTHER
99 NOT APPLICABLE

J2V065 AGE OF FAMILY MEMBER5 84

Value Label

888 DO NOT KNOW
999 NOT APPLICABLE

J2V066 SEX OF FAMILY MEMBER5 85

Value Label

1 MALE
2 FEMALE
8 DO NOT KNOW
9 NOT APPLICABLE

J2V067 HEAD OF FAMILY OR NOT MEMBER5 86

Value Label

0 NO
1 YES
9 NOT APPLICABLE

J2V068 POSITION OF FAMILY MEMBER6 87

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2V069 AGE OF FAMILY MEMBER6 88

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V070 SEX OF FAMILY MEMBER6 89

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V071 HEAD OF FAMILY OR NOT MEMBER6 90

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2V072 POSITION OF FAMILY MEMBER7 91

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2V073 AGE OF FAMILY MEMBER7 92

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V074 SEX OF FAMILY MEMBER7 93

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V075 HEAD OF FAMILY OR NOT MEMBER7 94

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2V076 POSITION OF FAMILY MEMBER8 95

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | RESPONDENT | 6 | PARENT |
| 1 | SPOUSE | 7 | PARENT-IN-LAW |
| 2 | CHILD | 8 | SIBLING |
| 3 | CHILDS SPOUSE | 9 | OTHER |
| 4 | GRANDCHILD | 99 | NOT APPLICABLE |
| 5 | GRANDCHILD SPOUSE | | |

J2V077 AGE OF FAMILY MEMBER8 96

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V078 SEX OF FAMILY MEMBER8 97

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V079 HEAD OF FAMILY OR NOT MEMBER8 98

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2V080 POSITION OF FAMILY MEMBER9 99

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | RESPONDENT | 6 | PARENT |
| 1 | SPOUSE | 7 | PARENT-IN-LAW |
| 2 | CHILD | 8 | SIBLING |
| 3 | CHILDS SPOUSE | 9 | OTHER |
| 4 | GRANDCHILD | 99 | NOT APPLICABLE |
| 5 | GRANDCHILD SPOUSE | | |

J2V081 AGE OF FAMILY MEMBER9 100

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V082 SEX OF FAMILY MEMBER9 101

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V083 HEAD OF FAMILY OR NOT MEMBER9 102

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2V084 POSITION OF FAMILY MEMBER10 103

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | RESPONDENT | 6 | PARENT |
| 1 | SPOUSE | 7 | PARENT-IN-LAW |
| 2 | CHILD | 8 | SIBLING |
| 3 | CHILDS SPOUSE | 9 | OTHER |
| 4 | GRANDCHILD | 99 | NOT APPLICABLE |
| 5 | GRANDCHILD SPOUSE | | |

J2V085 AGE OF FAMILY MEMBER10 104

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V086 SEX OF FAMILY MEMBER10 105

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V087 HEAD OF FAMILY OR NOT MEMBER10 106

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2V088 POSITION OF FAMILY MEMBER11 107

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2V089 AGE OF FAMILY MEMBER11 108

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V090 SEX OF FAMILY MEMBER11 109

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V091 HEAD OF FAMILY OR NOT MEMBER11 110

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2V092 POSITION OF FAMILY MEMBER12 111

Value Label

0 RESPONDENT
1 SPOUSE
2 CHILD
3 CHILDS SPOUSE
4 GRANDCHILD
5 GRANDCHILD SPOUSE
6 PARENT
7 PARENT-IN-LAW
8 SIBLING
9 OTHER
99 NOT APPLICABLE

J2V093 AGE OF FAMILY MEMBER12 112

Value Label

888 DO NOT KNOW
999 NOT APPLICABLE

J2V094 SEX OF FAMILY MEMBER12 113

Value Label

1 MALE
2 FEMALE
8 DO NOT KNOW
9 NOT APPLICABLE

J2V095 HEAD OF FAMILY OR NOT MEMBER12 114

Value Label

0 NO
1 YES
9 NOT APPLICABLE

J2V096 EVER LIVED APART FROM CHILDREN 115

Value Label

1 YES
2 NO
8 DO NOT KNOW
9 NOT APPLICABLE

J2V529 REIGNING EMPEROR START LIVING TOGETHER 116

Value Label

1 SHOWA
2 HEISEI
8 DO NOT KNOW
9 NOT APPLICABLE

J2V097 YEAR START LIVING TOGETHER 117

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V098 MONTH START LIVING TOGETHER 118

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V099 CHILDREN LIVING SEPARATELY 119

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V100 NUMBER OF CHILDREN LIVING SEPARATELY 120

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V101 NUMBER OF NEARBY CHILDREN 121

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V102 NUMBER OF GRANDCHILDREN 122

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |

J2V103 CODE-NUMBER OF CHILDREN LIVING APART 123

| Value | Label |
|---|---|
| 1 | ZERO |
| 2 | ONE |
| 3 | GREATER THAN TWO |

J2V104 FREQUENCY OF CONTACT WITH CHILDREN 124

| Value | Label |
|---|---|
| 1 | TWO OR MORE A WEEK |
| 2 | ONCE A WEEK |
| 3 | TWO A MONTH |
| 4 | ONCE A MONTH |
| 5 | LESS THAN ONCE A MONTH |
| 6 | NONE |
| 7 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V105 FREQUENCY OF CONTACT WITH CLOSEST 125

| Value | Label |
|---|---|
| 1 | TWO OR MORE A WEEK |
| 2 | ONCE A WEEK |
| 3 | TWO A MONTH |
| 4 | ONCE A MONTH |
| 5 | LESS THAN ONCE A MONTH |
| 6 | NONE |
| 7 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V106 NUMBER OF FRIENDS 126

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |

J2V107 NUMBER OF NEIGHBORS 127

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |

J2V109 TIMES MEET OTHERS 128

| Value | Label |
|---|---|
| 1 | TWO OR MORE A WEEK |
| 2 | ONCE A WEEK |
| 3 | TWO A MONTH |
| 4 | ONCE A MONTH |
| 5 | LESS THAN ONCE A MONTH |
| 6 | NONE |
| 7 | DO NOT KNOW |

J2V108 TIMES TELEPHONE OTHERS 129

| Value | Label |
|---|---|
| 1 | TWO OR MORE A WEEK |
| 2 | ONCE A WEEK |
| 3 | TWO A MONTH |
| 4 | ONCE A MONTH |
| 5 | LESS THAN ONCE A MONTH |
| 6 | NONE |
| 7 | DO NOT KNOW |

J2V110 NUMBER GROUP OR CLUB MEMBERSHIPS 130

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |

J2V111 TIMES ATTEND MEETING OF CLUB 131

| Value | Label |
|---|---|
| 1 | TWO OR MORE A WEEK |
| 2 | ONCE A WEEK |
| 3 | TWO A MONTH |
| 4 | ONCE A MONTH |
| 5 | LESS THAN ONCE A MONTH |
| 6 | NONE |
| 7 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V112 HOW MANY OFFICERS OF CLUB 132

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V530 HIGH BLOOD PRESSURE 133

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V531 EVER TOLD BY MED PROF (HIGH BLOOD PRESSURE) 134

| Value | Label |
|---|---|
| 1 | YES |
| 2 | SUSPECTED |
| 3 | NO |
| 9 | NOT APPLICABLE |

J2V532 WHEN FIRST TOLD (HIGH BLOOD PRESSURE) 135

| Value | Label |
|---|---|
| 1 | LESS THAN 1 YEAR AGO |
| 2 | 1-3 YEARS AGO |
| 3 | 3-5 YEARS AGO |
| 4 | 5 YEARS AGO |
| 5 | NOT REMEMBER |
| 9 | NOT APPLICABLE |

J2V533 DOCTORS VISITS 1 YEAR (HIGH BLOOD PRESSURE) 136

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V534 HOSPITAL DAYS 1 YEAR (HIGH BLOOD PRESSURE) 137

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V535 USE MEDICINE (HIGH BLOOD PRESSURE) 138

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V536 FEEL ILL OR PAIN (HIGH BLOOD PRESSURE) 139

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NONE |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V537 WORRY (HIGH BLOOD PRESSURE) 140

Value Label

1 VERY MUCH
2 SOME
3 A LITTLE
4 NOT AT ALL
5 DO NOT KNOW
9 NOT APPLICABLE

J2V538 DIFFICULTY (HIGH BLOOD PRESSURE) 141

Value Label

1 NO
2 SLIGHTLY
3 CONSIDERABLY
4 DO NOT KNOW
9 NOT APPLICABLE

J2V539 DIABETES 142

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V540 EVER TOLD BY MED PROF (DIABETES) 143

Value Label

1 YES
2 SUSPECTED
3 NO
9 NOT APPLICABLE

J2V541 WHEN FIRST TOLD (DIABETES) 144

Value Label

1 LESS THAN 1 YEAR AGO
2 1-3 YEARS AGO
3 3-5 YEARS AGO
4 5 YEARS AGO
5 NOT REMEMBER
9 NOT APPLICABLE

J2V542 DOCTORS VISITS 1 YEAR (DIABETES) 145

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V543 HOSPITAL DAYS (DIABETES) 146

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V544 USE MEDICINE (DIABETES) 147

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V545 FEEL ILL OR PAIN (DIABETES) 148

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NONE |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V546 WORRY (DIABETES) 149

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NOT AT ALL |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V547 DIFFICULTY (DIABETES) 150

| Value | Label |
|---|---|
| 1 | NO |
| 2 | SLIGHTLY |
| 3 | CONSIDERABLY |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V548 DAYS IN BED 1 MONTH (DIABETES) 151

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V549 HEART DISEASES 152

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V550 EVER TOLD BY MED PROF (HEART DISEASES) 153

| Value | Label |
|---|---|
| 1 | YES |
| 2 | SUSPECTED |
| 3 | NO |
| 9 | NOT APPLICABLE |

J2V551 ANGINA PECTORIS 154

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V552 VALVULAR DISEASE 155

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V553 HARDENING OF THE ARTERIES 156

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V554 MYOCARDIAL INFARCTION 157

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V555 CARDIOMYOPATHY 158

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V556 HYPERTROPHY OF THE HEART 159

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V557 HEART FAILURE 160

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V558 IRREGULAR PULSE 161

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V559 OTHER 162

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V560 WHEN FIRST TOLD (HEART DISEASES) 163

| Value | Label |
|---|---|
| 1 | LESS THAN 1 YEAR AGO |
| 2 | 1-3 YEARS AGO |
| 3 | 3-5 YEARS AGO |
| 4 | 5 YEARS AGO |
| 5 | NOT REMEMBER |
| 9 | NOT APPLICABLE |

J2V561 DOCTORS VISITS 1 YEAR (HEART DISEASES) 164

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V562 HOSPITAL DAYS (HEART DISEASES) 165

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V563 USE MEDICINE (HEART DISEASES) 166

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V564 FEEL ILL OR PAIN (HEART DISEASES) 167

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NONE |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V565 WORRY (HEART DISEASES) 168

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NOT AT ALL |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V566 DIFFICULTY (HEART DISEASES) 169

| Value | Label |
|---|---|
| 1 | NO |
| 2 | SLIGHTLY |
| 3 | CONSIDERABLY |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V567 DAYS IN BED 1 MONTH (HEART DISEASES) 170

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V568 STROKE 171

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V569 EVER TOLD BY MED PROF (STROKE) 172

| Value | Label |
|---|---|
| 1 | YES |
| 2 | SUSPECTED |
| 3 | NO |
| 9 | NOT APPLICABLE |

J2V570 WHEN FIRST TOLD (STROKE) 173

| Value | Label |
|---|---|
| 1 | LESS THAN 1 YEAR AGO |
| 2 | 1-3 YEARS AGO |
| 3 | 3-5 YEARS AGO |
| 4 | 5 YEARS AGO |
| 5 | NOT REMEMBER |
| 9 | NOT APPLICABLE |

J2V571 DOCTORS VISITS 1 YEAR (STROKE) 174

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V572 HOSPITAL DAYS (STROKE) 175

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V573 USE MEDICINE (STROKE) 176

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V574 FEEL ILL OR PAIN (STROKE) 177

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NONE |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V575 WORRY (STROKE) 178

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NOT AT ALL |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V576 DIFFICULTY (STROKE) 179

| Value | Label |
|---|---|
| 1 | NO |
| 2 | SLIGHTLY |
| 3 | CONSIDERABLY |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V577 DAYS IN BED 1 MONTH (STROKE) 180

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V578 EVER TOLD BY MED PROF (CANCER) 181

| Value | Label |
|---|---|
| 1 | YES |
| 2 | SUSPECTED |
| 3 | NO |
| 4 | DO NOT KNOW |

J2V579 LUNG CANCER 182

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V580 BREAST CANCER 183

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V581 LARGE/SMALL INTESTINE, RECTUM, ANUS CANCER 184

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V582 LEUKEMIA 185

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V583 SKIN CANCER 186

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V584 LARYNX, TONGUE & MOUTH CANCER 187

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V585 STOMACH OR ESOPHAGUS CANCER 188

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V586 URETHRA OR PROSTATE CANCER 189

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V587 UTERUS CANCER 190

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V588 LYMPHATIC CANCER 191

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V589 PANCREAS OR LIVER CANCER 192

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V590 GALL BLADDER CANCER 193

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V591 OTHER CANCER 194

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V592 WHEN FIRST TOLD (CANCER) 195

| Value | Label |
|---|---|
| 1 | LESS THAN 1 YEAR AGO |
| 2 | 1-3 YEARS AGO |
| 3 | 3-5 YEARS AGO |
| 4 | 5 YEARS AGO |
| 5 | NOT REMEMBER |
| 9 | NOT APPLICABLE |

J2V593 DOCTORS VISITS 1 YEAR (CANCER) 196

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V594 HOSPITAL DAYS (CANCER) 197

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V595 USE MEDICINE (CANCER) 198

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V596 FEEL ILL OR PAIN (CANCER) 199

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NONE |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V597 WORRY (CANCER) 200

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NOT AT ALL |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V598 DIFFICULTY (CANCER) 201

| Value | Label |
|---|---|
| 1 | NO |
| 2 | SLIGHTLY |
| 3 | CONSIDERABLY |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V599 DAYS IN BED 1 MONTH (CANCER) 202

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V600 RESPIRATORY DISEASE 203

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V601 EVER TOLD BY MED PROF (RESPIRATORY) 204

| Value | Label |
|---|---|
| 1 | YES |
| 2 | SUSPECTED |
| 3 | NO |
| 9 | NOT APPLICABLE |

J2V602 DOCTORS VISITS 1 YEAR (RESPIRATORY) 205

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V603 HOSPITAL DAYS (RESPIRATORY) 206

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V604 USE MEDICINE (RESPIRATORY) 207

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V605 FEEL ILL OR PAIN (RESPIRATORY) 208

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NONE |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V606 WORRY (RESPIRATORY) 209

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NOT AT ALL |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V607 DIFFICULTY (RESPIRATORY) 210

| Value | Label |
|---|---|
| 1 | NO |
| 2 | SLIGHTLY |
| 3 | CONSIDERABLY |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V608 DAYS IN BED 1 MONTH (RESPIRATORY) 211

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V609 BROKEN BONES 212

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V610 EVER TOLD BY MED PROF (BROKEN BONES) 213

| Value | Label |
|---|---|
| 1 | YES |
| 2 | SUSPECTED |
| 3 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V611 HAND (BROKEN BONES) 214

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V612 WRIST (BROKEN BONES) 215

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V613 ARM (BROKEN BONES) 216

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V614 LEG (BROKEN BONES) 217

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V615 THIGH (BROKEN BONES) 218

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V616 BACK OR SPINE (BROKEN BONES) 219

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V617 PELVIS (HIP) (BROKEN BONES) 220

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V618 OTHER (BROKEN BONES) 221

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V619 DOCTORS VISITS 1 YEAR (BROKEN BONES) 222

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V620 HOSPITAL DAYS (BROKEN BONES) 223

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V621 USE MEDICINE (BROKEN BONES) 224

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V622 FEEL ILL OR PAIN (BROKEN BONES) 225

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NONE |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V623 WORRY (BROKEN BONES) 226

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NOT AT ALL |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V624 DIFFICULTY (BROKEN BONES) 227

| Value | Label |
|---|---|
| 1 | NO |
| 2 | SLIGHTLY |
| 3 | CONSIDERABLY |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V625 DAYS IN BED 1 MONTH (BROKEN BONES) 228

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V626 ARTHRITIS NEURALGIA RHEUMATISM 229

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V627 TOLD BY MED (ARTHRITIS NEURALGIA RHEUMATISM) 230

| Value | Label |
|---|---|
| 1 | YES |
| 2 | SUSPECTED |
| 3 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V628 WHEN FIRST TOLD (ARTHRITIS NEURALGIA RHEUMATISM) 231

| Value | Label |
|---|---|
| 1 | LESS THAN 1 YEAR AGO |
| 2 | 1-3 YEARS AGO |
| 3 | 3-5 YEARS AGO |
| 4 | 5 YEARS AGO |
| 5 | NOT REMEMBER |
| 9 | NOT APPLICABLE |

J2V629 DOCTOR VISIT 1 YEAR(ARTHRITIS NEURALGIA RHEUMATISM) 232

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V630 HOSPITAL DAYS (ARTHRITIS NEURALGIA RHEUMATISM) 233

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V631 USE MEDICINE (ARTHRITIS NEURALGIA RHEUMATISM) 234

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V632 FEEL ILL OR PAIN (ARTHRITIS NEURALGIA RHEUMATISM) 235

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NONE |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V633 WORRY (ARTHRITIS NEURALGIA RHEUMATISM) 236

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NOT AT ALL |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V634 DIFFICULTY (ARTHRITIS NEURALGIA RHEUMATISM) 237

| Value | Label |
|---|---|
| 1 | NO |
| 2 | SLIGHTLY |
| 3 | CONSIDERABLY |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V635 DAYS IN BED 1 MONTH(ARTHRITIS NEURALGIA RHEUMATISM) 238

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V636 CHRONIC BACK PAIN 239

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V637 HOW LONG YEARS (BACK PAIN) 240

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V638 HOW LONG MONTHS (BACK PAIN) 241

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V639 DOCTORS VISITS 1 YEAR (BACK PAIN) 242

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V640 HOSPITAL DAYS (BACK PAIN) 243

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V641 USE MEDICINE (BACK PAIN) 244

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V642 FEEL ILL OR PAIN (BACK PAIN) 245

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NONE |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V643 WORRY (BACK PAIN) 246

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NOT AT ALL |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V644 DIFFICULTY (BACK PAIN) 247

| Value | Label |
|---|---|
| 1 | NO |
| 2 | SLIGHTLY |
| 3 | CONSIDERABLY |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V645 DAYS IN BED 1 MONTH (BACK PAIN) 248

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V646 LIVER OR GALL BLADDER DISEASES 249

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V647 EVER TOLD BY MED PROF (LIVER, GALL BLADDER) 250

| Value | Label |
|---|---|
| 1 | YES |
| 2 | SUSPECTED |
| 3 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V648 ACUTE HEPATITIS 251

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V649 CHRONIC HEPATITIS 252

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V650 CIRRHOSIS 253

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V651 GALL BLADDER INFLAMMATION 254

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V652 GALL STONES 255

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V653 ABSCESS OF THE LIVER 256

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V654 OTHER 257

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V655 SPECIFY TYPE (LIVER/GALL BLADDER DISEASE) 258

| Value | Label |
|---|---|
| 1 | CANT SPECIFY |
| 2 | CAN SPECIFY |
| 9 | NOT APPLICABLE |

J2V656 AGE WHEN FIRST TOLD (LIVER, GALL BLADDER) 259

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V657 DOCTORS VISITS 1 YEAR (LIVER, GALL BLADDER) 260

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V658 HOSPITAL DAYS (LIVER, GALL BLADDER) 261

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V659 USE MEDICINE (LIVER, GALL BLADDER) 262

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V660 FEEL ILL OR PAIN (LIVER, GALL BLADDER) 263

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NONE |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V661 WORRY (LIVER, GALL BLADDER) 264

| Value | Label |
|---|---|
| 1 | VERY MUCH |
| 2 | SOME |
| 3 | A LITTLE |
| 4 | NOT AT ALL |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V662 DIFFICULTY (LIVER, GALL BLADDER) 265

| Value | Label |
|---|---|
| 1 | NO |
| 2 | SLIGHTLY |
| 3 | CONSIDERABLY |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V663 DAYS IN BED 1 MONTH (LIVER, GALL BLADDER) 266

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V161 WEAR EYEGLASSES OR CONTACTS 267

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |

J2V162 HOW WELL SEE (WEARS GLASSES) 268

| Value | Label |
|---|---|
| 1 | VERY WELL |
| 2 | QUITE WELL |
| 3 | SOMEWHAT WELL |
| 4 | NOT TOO WELL |
| 5 | NOT AT ALL WELL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V163 HOW WELL SEE (NO GLASSES) 269

| Value | Label |
|---|---|
| 1 | VERY WELL |
| 2 | QUITE WELL |
| 3 | SOMEWHAT WELL |
| 4 | NOT TOO WELL |
| 5 | NOT AT ALL WELL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V164 WEAR HEARING AID 270

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |

J2V165 HOW WELL HEAR (WEARS AID) 271

| Value | Label |
|---|---|
| 1 | VERY WELL |
| 2 | QUITE WELL |
| 3 | SOMEWHAT WELL |
| 4 | NOT TOO WELL |
| 5 | NOT AT ALL WELL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V166 HOW WELL HEAR (NO AID) 272

| Value | Label |
|---|---|
| 1 | VERY WELL |
| 2 | QUITE WELL |
| 3 | SOMEWHAT WELL |
| 4 | NOT TOO WELL |
| 5 | NOT AT ALL WELL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V664 CATARACT 273

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V665 GLAUCOMA 274

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V666 DISEASE OF THE RETINA 275

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V667 PARKINSONS DISEASE 276

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V668 ANEMIA 277

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V669 PHLEBITIS, VEINS DISEASES 278

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V670 ULCERS-STOMACH, INTESTINE 279

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V671 KIDNEY DISEASE 280

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V672 THYROID DISEASE 281

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V673 GOUT 282

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V674 TUBERCULOSIS 283

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V675 SKIN DISEASE 284

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V676 PROSTATE GLAND DISEASE 285

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V677 DIFFICULTY CATARACT 286

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V678 DIFFICULTY GLAUCOMA 287

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V679 DIFFICULTY DISEASE OF THE RETINA 288

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V680 DIFFICULTY PARKINSONS DISEASE 289

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V681 DIFFICULTY ANEMIA 290

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V682 DIFFICULTY PHLEBITIS, VEINS DISEASES 291

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V683 DIFFICULTY ULCERS-STOMACH, INTESTINE 292

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V684 DIFFICULTY KIDNEY DISEASE 293

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V685 DIFFICULTY THYROID DISEASE 294

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V686 DIFFICULTY GOUT 295

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V687 DIFFICULTY TUBERCULOSIS 296

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V688 DIFFICULTY SKIN DISEASE 297

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V689 DIFFICULTY PROSTATE GLAND DISEASE 298

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | SLIGHT |
| 3 | CONSIDERABLE |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V167 DIFFICULTY SHOP PERSONAL ITEMS 299

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V168 DIFFICULTY MANAGING MONEY 300

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V169 DIFFICULTY USING TELEPHONE 301

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V170 DIFFICULTY BATHING YOURSELF 302

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V171 DIFFICULTY CLIMBING FEW STAIRS 303

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V172 DIFFICULTY WALKING FEW BLOCKS 304

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V173 DIFFICULTY DOING HEAVY HOME WORK 305

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V174 DIFFICULTY TAKING BUS OR TRAIN 306

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V690 DIFFICULTY DRESSING 307

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V691 DIFFICULTY EATING 308

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V692 DIFFICULTY IN AND OUT OF BED, CHAIR 309

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V693 DIFFICULTY GOING OUT 310

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V694 DIFFICULTY GOING TO LAVATORY 311

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V695 DIFFICULTY LIGHT HOUSEWORK 312

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2V175 INCONTINENT PAST YEAR 313

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |

J2V696 DIFFICULTY STANDING 15 MINUTES 314

| Value | Label |
|---|---|
| 1 | CAN DO WITHOUT HELP |
| 2 | SLIGHTLY DIFFICULTY |
| 3 | VERY DIFFICULTY |
| 4 | CANNOT DO AT ALL |
| 5 | DO NOT KNOW |

J2V176 DIFFICULTY STANDING 2 HOURS 315

| Value | Label |
|---|---|
| 1 | CAN DO WITHOUT HELP |
| 2 | SLIGHTLY DIFFICULTY |
| 3 | VERY DIFFICULTY |
| 4 | CANNOT DO AT ALL |
| 5 | DO NOT KNOW |

J2V177 DIFFICULTY STOOPING, CROUCHING, KNEELING 316

| Value | Label |
|---|---|
| 1 | CAN DO WITHOUT HELP |
| 2 | SLIGHTLY DIFFICULTY |
| 3 | VERY DIFFICULTY |
| 4 | CANNOT DO AT ALL |
| 5 | DO NOT KNOW |

J2V178 DIFFICULTY REACHING UP OVER YOUR HEAD 317

| Value | Label |
|---|---|
| 1 | CAN DO WITHOUT HELP |
| 2 | SLIGHTLY DIFFICULTY |
| 3 | VERY DIFFICULTY |
| 4 | CANNOT DO AT ALL |
| 5 | DO NOT KNOW |

J2V179 DIFFICULTY USING FINGERS TO GRASP OR HANDLE 318

| Value | Label |
|---|---|
| 1 | CAN DO WITHOUT HELP |
| 2 | SLIGHTLY DIFFICULTY |
| 3 | VERY DIFFICULTY |
| 4 | CANNOT DO AT ALL |
| 5 | DO NOT KNOW |

J2V180 DIFFICULTY LIFTING OR CARRYING 25 LBS 319

| Value | Label |
|---|---|
| 1 | CAN DO WITHOUT HELP |
| 2 | SLIGHTLY DIFFICULTY |
| 3 | VERY DIFFICULTY |
| 4 | CANNOT DO AT ALL |
| 5 | DO NOT KNOW |

J2V697 STRENUOUS SPORTS 320

| Value | Label |
|---|---|
| 1 | CAN DO WITHOUT HELP |
| 2 | SLIGHTLY DIFFICULTY |
| 3 | VERY DIFFICULTY |
| 4 | CANNOT DO AT ALL |
| 5 | DO NOT KNOW |

J2V698 RUNNING SHORT DISTANCE 321

| Value | Label |
|---|---|
| 1 | CAN DO WITHOUT HELP |
| 2 | SLIGHTLY DIFFICULTY |
| 3 | VERY DIFFICULTY |
| 4 | CANNOT DO AT ALL |
| 5 | DO NOT KNOW |

J2V699 SICK IN BED 2 WEEKS 322

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |

J2V700 DAYS IN BED 2 WEEKS 323

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V181 PRESENT HEALTH STATUS 324

| Value | Label |
|---|---|
| 1 | EXCELLENT |
| 2 | VERY GOOD |
| 3 | GOOD |
| 4 | FAIR |
| 5 | POOR |
| 6 | DO NOT KNOW |

J2V182 HEALTH COMPARED OTHERS SAME AGE 325

| Value | Label |
|---|---|
| 1 | BETTER |
| 2 | ABOUT THE SAME |
| 3 | WORSE |
| 4 | DO NOT KNOW |

J2V183 HEALTH COMPARED TO LAST YEAR 326

| Value | Label |
|---|---|
| 1 | BETTER |
| 2 | ABOUT THE SAME |
| 3 | WORSE |
| 4 | DO NOT KNOW |

J2V184 SATISFACTION WITH HEALTH STATUS 327

| Value | Label |
|---|---|
| 1 | COMPLETELY SATISFIED |
| 2 | VERY SATISFIED |
| 3 | CANT SAY EITHER |
| 4 | NOT VERY SATISFIED |
| 5 | NOT AT ALL SATISFIED |
| 6 | DO NOT KNOW |

J2V701 MEDICAL EXAM 1 YEAR 328

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |

J2V702 HOSPITAL NIGHTS FOR MED EXAM 1 YEAR 329

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |

J2V703 USUAL SOURCE OF CARE 330

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V113 DOCTORS VISITS IN 3 MONTHS 331

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |

J2V704 DOCTORS VISITS IN 1 YEAR 332

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |

J2V115 DAYS IN HOSPITAL 6 MONTHS 333

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |

J2V705 DAYS IN HOSPITAL 1 YEAR 334

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |

J2V116 EVER SEEN PROF. FOR MENTAL PROBLEMS 335

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V117 TIMES SEEN MENTAL PROF. 3 MONTHS 336

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V706 CHIROPRACTOR, BONESETTER 3 MONTHS 337

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V707 HERBALIST 3 MONTHS 338

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V708 ACUPUNCTURIST 3 MONTHS 339

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V709 MOXA SPECIALIST 3 MONTHS 340

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V710 MASSAGE 3 MONTHS 341

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 9 | NOT APPLICABLE |

J2V711 NO TRADITIONAL MEDICINE 3 MONTHS 342

| Value | Label |
|---|---|
| 1 | NO TRAD MED |
| 2 | NOT APPLICABLE |

J2V712 DON’T KNOW (USE TRAD MEDICINE 3 MONTHS) 343

| Value | Label |
|---|---|
| 1 | DO NOT KNOW |
| 2 | USED/DID NOT USE AT ALL |

J2V713 USE OF TRADITIONAL MEDICINE 3 MONTHS 344

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V118 USE MEDICINE TO RAISE SPIRITS 345

| Value | Label |
|---|---|
| 1 | NO |
| 2 | REGULAR BASIS |
| 3 | AS NEEDED |
| 4 | DO NOT KNOW |

J2V119 USE MEDICINE TO HELP SLEEP 346

| Value | Label |
|---|---|
| 1 | NO |
| 2 | REGULAR BASIS |
| 3 | AS NEEDED |
| 4 | DO NOT KNOW |

J2V120 USE MEDICINE TO CALM YOU DOWN 347

| Value | Label |
|---|---|
| 1 | NO |
| 2 | REGULAR BASIS |
| 3 | AS NEEDED |
| 4 | DO NOT KNOW |

J2V121 USE MEDICINE TO CONTROL PAIN 348

| Value | Label |
|---|---|
| 1 | NO |
| 2 | REGULAR BASIS |
| 3 | AS NEEDED |
| 4 | DO NOT KNOW |

J2V185 HEIGHT (cm) 349

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V714 HEIGHT (cm) OBSERVED BY INTERVIEWER 350

| Value | Label |
|---|---|
| 0 | NOT APPLICABLE |

J2V186 WEIGHT (kg) 351

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |

J2V187 HOURS OF SLEEP 352

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |

J2V188 GARDENING 353

| Value | Label |
|---|---|
| 1 | OFTEN |
| 2 | SOMETIMES |
| 3 | RARELY |
| 4 | NEVER |
| 5 | DO NOT KNOW |

J2V189 STRETCHING EXERCISE 354

| Value | Label |
|---|---|
| 1 | OFTEN |
| 2 | SOMETIMES |
| 3 | RARELY |
| 4 | NEVER |
| 5 | DO NOT KNOW |

J2V190 WALK 355

| Value | Label |
|---|---|
| 1 | OFTEN |
| 2 | SOMETIMES |
| 3 | RARELY |
| 4 | NEVER |
| 5 | DO NOT KNOW |

J2V191 EAT BREAKFAST 356

| Value | Label |
|---|---|
| 1 | EVERY DAY |
| 2 | ALMOST EVERY DAY |
| 3 | SOMETIMES |
| 4 | RARELY |
| 5 | NEVER |
| 6 | DO NOT KNOW |

J2V192 EAT BETWEEN MEALS 357

| Value | Label |
|---|---|
| 1 | EVERY DAY |
| 2 | ALMOST EVERY DAY |
| 3 | SOMETIMES |
| 4 | RARELY |
| 5 | NEVER |
| 6 | DO NOT KNOW |

J2V193 EVER DRINK BEER WINE OR LIQUOR 358

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |

J2V194 DAYS DRINK DURING LAST MONTH 359

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V195 USUAL AMOUNT OF DRINK PER DAY 360

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V715 EVER LOST CONSCIOUSNESS, MEMORY (DRINK) 361

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V716 PERSONAL PROBLEMS (DRINK) 362

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V717 EVER INJURED (DRINK) 363

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V718 HEALTH PROBLEMS (DRINK) 364

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V196 SMOKE CIGARETTES NOW 365

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |

J2V719 YEARS OF SMOKING 366

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V197 AMOUNT CIGARETTES PER DAY 367

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V198 EVER SMOKE CIGARETTES 368

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V720 YEARS OF PREVIOUS SMOKING 369

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2V721 AMOUNT CIGARETTES BEFORE 370

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2V199 GOTTEN MORE OF BREAKS IN LIFE 371

| Value | Label |
|---|---|
| 1 | AGREE |
| 2 | NOT SURE |
| 3 | DISAGREE |
| 4 | NOT UNDERSTAND |
| 8 | DO NOT KNOW |

J2V200 LIFE COULD BE HAPPIER THAN NOW 372

| Value | Label |
|---|---|
| 1 | AGREE |
| 2 | NOT SURE |
| 3 | DISAGREE |
| 4 | NOT UNDERSTAND |
| 8 | DO NOT KNOW |

J2V201 BEST YEARS OF MY LIFE 373

| Value | Label |
|---|---|
| 1 | AGREE |
| 2 | NOT SURE |
| 3 | DISAGREE |
| 4 | NOT UNDERSTAND |
| 8 | DO NOT KNOW |

J2V202 THINGS I DO ARE BORING 374

| Value | Label |
|---|---|
| 1 | AGREE |
| 2 | NOT SURE |
| 3 | DISAGREE |
| 4 | NOT UNDERSTAND |
| 8 | DO NOT KNOW |

J2V203 EXPECT INTERESTING AND PLEASANT THINGS 375

| Value | Label |
|---|---|
| 1 | AGREE |
| 2 | NOT SURE |
| 3 | DISAGREE |
| 4 | NOT UNDERSTAND |
| 8 | DO NOT KNOW |

J2V204 THINGS I DO ARE AS INTERESTING 376

| Value | Label |
|---|---|
| 1 | AGREE |
| 2 | NOT SURE |
| 3 | DISAGREE |
| 4 | NOT UNDERSTAND |
| 8 | DO NOT KNOW |

J2V205 FEEL OLD AND SOMEWHAT TIRED 377

| Value | Label |
|---|---|
| 1 | AGREE |
| 2 | NOT SURE |
| 3 | DISAGREE |
| 4 | NOT UNDERSTAND |
| 8 | DO NOT KNOW |

J2V206 LOOK BACK... FAIRLY WELL SATISFIED 378

| Value | Label |
|---|---|
| 1 | AGREE |
| 2 | NOT SURE |
| 3 | DISAGREE |
| 4 | NOT UNDERSTAND |
| 8 | DO NOT KNOW |

J2V207 WOULD NOT CHANGE LIFE 379

Value Label

1 AGREE
2 NOT SURE
3 DISAGREE
4 NOT UNDERSTAND
8 DO NOT KNOW

J2V208 GOTTEN PRETTY MUCH WHAT EXPECT 380

Value Label

1 AGREE
2 NOT SURE
3 DISAGREE
4 NOT UNDERSTAND
8 DO NOT KNOW

J2V209 HOW OFTEN FEEL ISOLATED 381

Value Label

1 HARDLY EVER
2 SOME OF TIME
3 MOST OF TIME
4 NOT UNDERSTAND
8 DO NOT KNOW

J2V210 HAVE SOMEONE WHO UNDERSTANDS YOU 382

Value Label

1 YES
2 NO
3 HARD TO TELL
4 DO NOT KNOW

J2V722 CONFIRM RELATION WITH SPOUSE 383

Value Label

1 LIVING TOGETHER/SEPARATE
2 DIVORCED/WIDOWED/UNMARRIED

J2V723 CONFIRM CHILDREN AND GRANDCHILDREN 384

Value Label

1 HAVE CHILDREN/GRANDCHILDREN
2 NO CHILDREN/GRANDCHILDREN

J2V211 WILLING TO LISTEN - SPOUSE 385

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | SOME |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | NOTHING TO LISTEN |
| 7 | NOT WANT TELL |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V212 WILLING TO LISTEN - CHILDREN 386

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | SOME |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | NOTHING TO LISTEN |
| 7 | NOT WANT TELL |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V213 WILLING TO LISTEN - RELATIVES & OTHERS 387

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | SOME |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | NOTHING TO LISTEN |
| 7 | NOT WANT TELL |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V214 WHO MOST WILLING TO LISTEN 388

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | SPOUSE | 9 | BROTHER |
| 1 | SON | 10 | SISTER |
| 2 | DAUGHTER | 11 | PARENT |
| 3 | SON-IN-LAW | 12 | OTHER RELATIVE |
| 4 | DAUGHTER IN LAW | 13 | NO ONE |
| 5 | GRANDSON | 14 | NOT TELL ANYONE |
| 6 | GRANDDAUGHTER | 15 | DO NOT KNOW |
| 7 | FRIEND | 88 | NO ANSWER |
| 8 | NEIGHBOR | 99 | NOT APPLICABLE |

J2V215 WHO SECOND MOST WILLING TO LISTEN 389

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | SPOUSE | 9 | BROTHER |
| 1 | SON | 10 | SISTER |
| 2 | DAUGHTER | 11 | PARENT |
| 3 | SON-IN-LAW | 12 | OTHER RELATIVE |
| 4 | DAUGHTER IN LAW | 13 | NO ONE |
| 5 | GRANDSON | 14 | NOT TELL ANYONE |
| 6 | GRANDDAUGHTER | 15 | DO NOT KNOW |
| 7 | FRIEND | 88 | NO ANSWER |
| 8 | NEIGHBOR | 99 | NOT APPLICABLE |

J2V216 MAKE YOU FEEL LOVED - SPOUSE 390

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | SOME |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V217 MAKE YOU FEEL LOVED - CHILDREN 391

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | SOME |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V218 MAKE YOU FEEL LOVED - RELATIVES & OTHERS 392

Value Label

1 GREAT DEAL
2 QUITE A BIT
3 SOME
4 A LITTLE
5 NOT AT ALL
6 DO NOT KNOW
9 NOT APPLICABLE

J2V219 SATISFIED EMOTIONAL SUPPORT - SPOUSE 393

Value Label

1 VERY SATISFIED
2 SATISFIED
3 NOT SATISFIED
4 NO NEED
5 DO NOT KNOW
9 NOT APPLICABLE

J2V220 SATISFIED EMOTIONAL SUPPORT - CHILDREN 394

Value Label

1 VERY SATISFIED
2 SATISFIED
3 NOT SATISFIED
4 NO NEED
5 DO NOT KNOW
9 NOT APPLICABLE

J2V221 SATISFIED EMOTIONAL SUPPORT - RELATIVES & OTHERS 395

Value Label

1 VERY SATISFIED
2 SATISFIED
3 NOT SATISFIED
4 NO NEED
5 DO NOT KNOW
9 NOT APPLICABLE

J2V222 AVAILABLE SICK CARE - SPOUSE 396

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V223 AVAILABLE SICK CARE - CHILDREN 397

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V224 AVAILABLE. SICK CARE - RELATIVES & OTHERS 398

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V225 WHO COUNT ON MOST FOR SICK CARE 399

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | SPOUSE | 8 | NEIGHBOR |
| 1 | SON | 9 | BROTHER |
| 2 | DAUGHTER | 10 | SISTER |
| 3 | SON-IN-LAW | 11 | PARENT |
| 4 | DAUGHTER IN LAW | 12 | OTHER RELATIVE |
| 5 | GRANDSON | 13 | NO ONE |
| 6 | GRANDDAUGHTER | 14 | DO NOT KNOW |
| 7 | FRIEND | 88 | NO ANSWER |

J2V226 WHO COUNT ON SECOND MOST FOR CARE 400

Value Label

| | | | |
|---|---|---|---|
| 0 | SPOUSE | 8 | NEIGHBOR |
| 1 | SON | 9 | BROTHER |
| 2 | DAUGHTER | 10 | SISTER |
| 3 | SON-IN-LAW | 11 | PARENT |
| 4 | DAUGHTER IN LAW | 12 | OTHER RELATIVE |
| 5 | GRANDSON | 13 | NO ONE |
| 6 | GRANDDAUGHTER | 14 | DO NOT KNOW |
| 7 | FRIEND | 88 | NO ANSWER |

J2V227 FREQUENCY OF RECEIVING CARE 401

Value Label

1 ALWAYS
2 MOST TIME
3 SOMETIME
4 A LITTLE
5 NOT AT ALL
6 NO NEED CARED
7 DO NOT KNOW

J2V228 FINANCIAL SUPPORT - CHILDREN 402

Value Label

1 A LOT
2 SO SO
3 CANT SAY
4 NOT VERY MUCH
5 CANT EXPECT
6 SHOULD NOT EXPECT
7 DO NOT KNOW
9 NOT APPLICABLE

J2V229 FINANCIAL SUPPORT - RELATIVES & OTHERS 403

Value Label

1 A LOT
2 SO SO
3 CANT SAY
4 NOT VERY MUCH
5 CANT EXPECT
6 SHOULD NOT EXPECT
7 DO NOT KNOW
9 NOT APPLICABLE

J2V230 FREQUENCY RECEIVING FINANCIAL SUPPORT 404

| Value | Label |
|---|---|
| 1 | ALWAYS |
| 2 | MOST TIME |
| 3 | SOMETIMES |
| 4 | SELDOM |
| 5 | NEVER |
| 6 | NO NEED |
| 7 | DO NOT KNOW |

J2V231 SATISFIED INSTRUMENTAL SUPPORT - SPOUSE 405

| Value | Label |
|---|---|
| 1 | VERY SATISFIED |
| 2 | SATISFIED |
| 3 | NOT SATISFIED |
| 4 | NO NEED |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V232 SATISFIED INSTRUMENTAL SUPPORT - CHILDREN 406

| Value | Label |
|---|---|
| 1 | VERY SATISFIED |
| 2 | SATISFIED |
| 3 | NOT SATISFIED |
| 4 | NO NEED |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V233 SATISFIED INSTRUMENTAL SUPPORT - REL. & OTHERS 407

| Value | Label |
|---|---|
| 1 | VERY SATISFIED |
| 2 | SATISFIED |
| 3 | NOT SATISFIED |
| 4 | NO NEED |
| 5 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V234 TOO MANY DEMANDS ON YOU - SPOUSE 408

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V235 TOO MANY DEMANDS ON YOU - CHILDREN 409

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V236 TOO MANY DEMANDS ON YOU - RELATIVES & OTHERS 410

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V237 CRITICAL OF YOU - SPOUSE 411

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V238 CRITICAL OF YOU - CHILDREN 412

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V239 CRITICAL OF YOU - RELATIVES & OTHERS 413

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V240 TOO PROTECTIVE - SPOUSE 414

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V241 TOO PROTECTIVE - CHILDREN 415

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V242 TOO PROTECTIVE - RELATIVES & OTHERS 416

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V243 FINANCIAL BURDEN ON YOU - CHILDREN 417

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V244 FINANCIAL BURDEN ON YOU - RELATIVES & OTHERS 418

| Value | Label |
|---|---|
| 1 | GREAT DEAL |
| 2 | QUITE A BIT |
| 3 | CANT SAY EITHER |
| 4 | A LITTLE |
| 5 | NOT AT ALL |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V724 LISTEN TO SPOUSE 419

| Value | Label |
|---|---|
| 1 | ALWAYS |
| 2 | MOST TIME |
| 3 | SOMETIMES |
| 4 | SELDOM |
| 5 | NEVER |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V725 LISTEN TO CHILD, CHILD-IN-LAW, GRANDCHILD 420

| Value | Label |
|---|---|
| 1 | ALWAYS |
| 2 | MOST TIME |
| 3 | SOMETIMES |
| 4 | SELDOM |
| 5 | NEVER |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V246 LISTEN TO RELATIVES & OTHERS 421

| Value | Label |
|---|---|
| 1 | ALWAYS |
| 2 | MOST TIME |
| 3 | SOMETIMES |
| 4 | SELDOM |
| 5 | NEVER |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V726 KIND TO SPOUSE 422

| Value | Label |
|---|---|
| 1 | ALWAYS |
| 2 | MOST TIME |
| 3 | SOMETIMES |
| 4 | SELDOM |
| 5 | NEVER |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V727 KIND TO CHILD, CHILD-IN-LAW, GRANDCHILD 423

| Value | Label |
|---|---|
| 1 | ALWAYS |
| 2 | MOST TIME |
| 3 | SOMETIMES |
| 4 | SELDOM |
| 5 | NEVER |
| 6 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V248 KIND TO RELATIVES & OTHERS 424

Value Label

1 ALWAYS
2 MOST TIME
3 SOMETIMES
4 SELDOM
5 NEVER
6 DO NOT KNOW
9 NOT APPLICABLE

J2V249 KIND ENOUGH TO PEOPLE AROUND YOU 425

Value Label

1 AGREE
2 SOMEWHAT AGREE
3 DISAGREE
4 DO NOT KNOW

J2V728 USEFUL FOR SPOUSE 426

Value Label

1 GREAT DEAL
2 QUITE A BIT
3 CANT SAY EITHER
4 A LITTLE
5 NOT AT ALL
6 DO NOT KNOW
9 NOT APPLICABLE

J2V729 USEFUL FOR CHILD, CHILD-IN-LAW, GRANDCHILD 427

Value Label

1 GREAT DEAL
2 QUITE A BIT
3 CANT SAY EITHER
4 A LITTLE
5 NOT AT ALL
6 DO NOT KNOW
9 NOT APPLICABLE

J2V251 USEFUL FOR RELATIVES & OTHERS 428

Value Label

1 GREAT DEAL
2 QUITE A BIT
3 CANT SAY EITHER
4 A LITTLE
5 NOT AT ALL
6 DO NOT KNOW
9 NOT APPLICABLE

J2V252 USEFUL ENOUGH FOR PEOPLE AROUND YOU 429

Value Label

1 AGREE
2 SOMEWHAT AGREE
3 DISAGREE
4 DO NOT KNOW

J2V267 SATISFIED WITH LIFE TODAY 430

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V254 AS MUCH PEP AS LAST YEAR 431

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V255 FEEL LONELY 432

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V256 LITTLE THINGS BOTHER YOU 433

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V257 SATISFIED WITH CONTACT WITH OTHERS 434

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V258 AS GET OLDER YOU GET LESS USEFUL 435

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V259 WORRY SO MUCH CAN NOT SLEEP 436

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V260 AS YOU GET OLDER, THINGS ARE BETTER 437

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V261 LIFE IS NOT WORTH LIVING 438

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V262 AS HAPPY NOW AS WHEN YOUNGER 439

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V263 HAVE A LOT TO BE SAD ABOUT 440

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V264 AFRAID OF A LOT OF THINGS 441

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V265 GET MAD MORE THAN USED TO 442

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V266 LIFE IS HARD MOST OF TIME 443

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V253 THINGS GET WORSE AS YOU GET OLD 444

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V268 TAKE THINGS HARD 445

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V269 GET UPSET EASILY 446

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V270 NEW PROBLEM IN MARRIAGE 447

Value Label

1 YES
2 NO

J2V271 YOU GOT MARRIED 448

Value Label

1 YES
2 NO

J2V272 YOU GOT DIVORCED OR SEPARATED 449

Value Label

1 YES
2 NO

J2V273 CHILD GOT MARRIED 450

Value Label

1 YES
2 NO

J2V274 BIRTH OF GRANDCHILD 451

Value Label

1 YES
2 NO

J2V275 CHILD GOT DIVORCED 452

Value Label

1 YES
2 NO

J2V276 CHILD NEW TROUBLE MARRIAGE 453

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V277 PARENT NEW ILLNESS OR INJURY 454

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V278 YOU HAD NEW ILLNESS OR INJURY 455

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V279 SPOUSE NEW ILLNESS OR INJURY 456

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V280 SIBLING NEW ILLNESS OR INJURY 457

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V281 CHILD OR GRANDCHILD NEW ILLNESS OR INJURY 458

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V282 FRIEND NEW ILLNESS OR INJURY 459

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V283 YOU OR FAMILY HOSPITALIZED 460

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V284 BIG IMPROVEMENT IN HEALTH 461

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V285 SOMEONE CLOSE BIG IMPROVEMENT HEALTH 462

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V286 PARENT DIED 463

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V287 SPOUSE DIED 464

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V288 SIBLING DIED 465

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V289 CHILD DIED 466

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V290 GRANDCHILD DIED 467

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V291 GOOD FRIEND DIED 468

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V292 KNEW SOMEONE COMMITTED SUICIDE 469

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V293 YOU HAD PROMOTION 470

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V294 CHANGED YOUR JOB 471

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V295 YOU RETIRED 472

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V296 SPOUSE RETIRED 473

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V297 LOST JOB OR BUSINESS 474

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V298 MORE MONEY TO LIVE ON 475

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V299 LESS MONEY TO LIVE ON 476

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V300 LARGE LOAN 477

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V301 CHILD NEW TROUBLE MONEY 478

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V302 LOST HOME 479

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V303 MOVED TO DIFFERENT PLACE 480

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V304 FRIEND OR NEIGHBOR MOVED AWAY 481

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V305 FAMILY MEMBER MOVED INTO HOME 482

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V306 CHILD LEFT HOME 483

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V307 CHILD MOVED FARTHER AWAY 484

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V308 NEW CONFLICT WITH FAMILY MEMBER 485

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V309 MORE RESPONSIBILITY FOR FAMILY MEMBER 486

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V310 NEW PET 487

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2V311 LOST PET 488

Value Label

1 YES
2 NO

J2V730 LOST PLANT 489

Value Label

1 YES
2 NO

J2V312 CRIME AGAINST YOU OR PERSON AROUND YOU 490

Value Label

1 YES
2 NO

J2V313 FAMILY MEMBER ENTRANCE EXAM 491

Value Label

1 YES
2 NO

J2V314 NO STRESSFUL EVENT 492

Value Label

1 YES
2 NO

J2V315 EFFECT PROBLEM IN YOUR MARRIAGE 493

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V316 EFFECT GOT MARRIED 494

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V317 EFFECT DIVORCED OR SEPARATED 495

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V318 EFFECT CHILD MARRIED 496

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V319 EFFECT BIRTH GRANDCHILD 497

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V320 EFFECT CHILD DIVORCED 498

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V321 EFFECT CHILD TROUBLE MARRIAGE 499

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V322 EFFECT PARENT ILLNESS OR INJURY 500

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V323 EFFECT YOUR ILLNESS OR INJURY 501

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V324 EFFECT SPOUSE ILLNESS OR INJURY 502

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V325 EFFECT SIBLING ILLNESS OR INJURY 503

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V326 EFFECT CHILD OR GRANDCHILD ILLNESS OR INJURY 504

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V327 EFFECT FRIEND ILLNESS OR INJURY 505

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V328 EFFECT YOU OR FAMILY HOSPITALIZED 506

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V329 EFFECT IMPROVEMENT IN YOUR HEALTH 507

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V330 EFFECT SOMEONE CLOSE IMPROVEMENT HEALTH 508

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V331 EFFECT PARENT DIED 509

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V332 EFFECT SPOUSE DIED 510

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V333 EFFECT SIBLING DIED 511

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V334 EFFECT CHILD DIED 512

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V335 EFFECT GRANDCHILD DIED 513

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V336 EFFECT GOOD FRIEND DIED 514

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V337 EFFECT KNEW SOMEONE COMMITTED SUICIDE 515

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V338 EFFECT YOUR PROMOTION 516

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V339 EFFECT CHANGED YOUR JOB 517

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V340 EFFECT YOU RETIRED 518

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V341 EFFECT SPOUSE RETIRED 519

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V342 EFFECT LOST JOB OR BUSINESS 520

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V343 EFFECT MORE MONEY TO LIVE ON 521

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V344 EFFECT LESS MONEY TO LIVE ON 522

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V345 EFFECT LARGE LOAN 523

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V346 EFFECT CHILD TROUBLE MONEY 524

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V347 EFFECT LOST HOME 525

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V348 EFFECT MOVED TO DIFFERENT PLACE 526

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V349 EFFECT FRIEND OR NEIGHBOR MOVED 527

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V350 EFFECT FAMILY MOVED INTO HOME 528

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V351 EFFECT CHILD LEFT HOME 529

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V352 EFFECT CHILD MOVED FARTHER AWAY 530

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V353 EFFECT NEW CONFLICT FAMILY MEMBER 531

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V354 EFFECT MORE RESPONSIBILITY FAMILY MEMBER 532

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V355 EFFECT NEW PET 533

Value Label

1 BAD
2 NO EFFECT
3 GOOD
4 DO NOT KNOW
9 NOT APPLICABLE

J2V356 EFFECT LOST PET 534

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V731 EFFECT LOST PLANT 535

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V357 EFFECT CRIME AGAINST YOU OR PERSON AROUND 536

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V358 EFFECT FAMILY MEMBER ENTRANCE EXAM 537

| Value | Label |
|---|---|
| 1 | BAD |
| 2 | NO EFFECT |
| 3 | GOOD |
| 4 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V359 SUCCESS MATTER OF HARD WORK 538

| Value | Label |
|---|---|
| 1 | AGREE |
| 2 | UNCERTAIN |
| 3 | DISAGREE |
| 4 | DO NOT KNOW |

J2V360 HAVE LITTLE INFLUENCE ON WHAT HAPPENS 539

Value Label

1 AGREE
2 UNCERTAIN
3 DISAGREE
4 DO NOT KNOW

J2V361 ACCOMPLISH WHAT I DECIDE TO DO 540

Value Label

1 AGREE
2 UNCERTAIN
3 DISAGREE
4 DO NOT KNOW

J2V362 NOT ALWAYS WISE TO PLAN FAR AHEAD 541

Value Label

1 AGREE
2 UNCERTAIN
3 DISAGREE
4 DO NOT KNOW

J2V363 BOTHERED BY THINGS USUALLY DON'T BOTHER 542

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V364 NOT FEEL LIKE EATING 543

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V365 NOT SHAKE OFF BLUES 544

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V366 CANNOT KEEP MIND ON WHAT DOING 545

| Value | Label |
|---|---|
| 1 | RARELY |
| 2 | SOME OR MODERATE |
| 3 | MOST |
| 4 | DO NOT KNOW |

J2V367 FELT DEPRESSED 546

| Value | Label |
|---|---|
| 1 | RARELY |
| 2 | SOME OR MODERATE |
| 3 | MOST |
| 4 | DO NOT KNOW |

J2V368 EVERYTHING I DID WAS AN EFFORT 547

| Value | Label |
|---|---|
| 1 | RARELY |
| 2 | SOME OR MODERATE |
| 3 | MOST |
| 4 | DO NOT KNOW |

J2V369 THOUGHT LIFE HAD BEEN FAILURE 548

| Value | Label |
|---|---|
| 1 | RARELY |
| 2 | SOME OR MODERATE |
| 3 | MOST |
| 4 | DO NOT KNOW |

J2V370 FELT FEARFUL 549

| Value | Label |
|---|---|
| 1 | RARELY |
| 2 | SOME OR MODERATE |
| 3 | MOST |
| 4 | DO NOT KNOW |

J2V371 SLEEP WAS RESTLESS 550

| Value | Label |
|---|---|
| 1 | RARELY |
| 2 | SOME OR MODERATE |
| 3 | MOST |
| 4 | DO NOT KNOW |

J2V372 WAS HAPPY 551

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V373 TALKED LESS THAN USUAL 552

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V374 FELT LONELY 553

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V375 PEOPLE WERE UNFRIENDLY 554

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V376 ENJOYED LIFE 555

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V377 FELT SAD 556

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V378 FELT PEOPLE DISLIKED ME 557

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V379 COULD NOT GET GOING 558

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V732 FELT COULD DO WHAT OTHERS CAN DO 559

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V733 FELT BRIGHT FUTURE 560

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V734 CRIED, FELT LIKE CRYING 561

Value Label

1 RARELY
2 SOME OR MODERATE
3 MOST
4 DO NOT KNOW

J2V380 HAD DEPRESSIVE PERIOD OR NOT 562

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V381 GET EVEN 563

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V382 INSIST ON OWN WAY 564

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V735 LOSE TEMPER 565

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V736 MY HABITS ALL DESIRABLE 566

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V737 GOSSIP SOMETIMES 567

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V738 THERE ARE PEOPLE NEVER GET TO LIKE 568

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V383 FEEL HAVE NUMBER GOOD QUALITIES 569

| Value | Label |
|---|---|
| 1 | STRONGLY AGREE |
| 2 | SOMEWHAT AGREE |
| 3 | SOMEWHAT DISAGREE |
| 4 | STRONGLY DISAGREE |
| 5 | DO NOT KNOW |

J2V385 DO NOT HAVE MUCH TO BE PROUD OF 570

| Value | Label |
|---|---|
| 1 | STRONGLY AGREE |
| 2 | SOMEWHAT AGREE |
| 3 | SOMEWHAT DISAGREE |
| 4 | STRONGLY DISAGREE |
| 5 | DO NOT KNOW |

J2V386 ON WHOLE, SATISFIED WITH MYSELF 571

| Value | Label |
|---|---|
| 1 | STRONGLY AGREE |
| 2 | SOMEWHAT AGREE |
| 3 | SOMEWHAT DISAGREE |
| 4 | STRONGLY DISAGREE |
| 5 | DO NOT KNOW |

J2V387 AT TIMES, THINK NO GOOD AT ALL 572

| Value | Label |
|---|---|
| 1 | STRONGLY AGREE |
| 2 | SOMEWHAT AGREE |
| 3 | SOMEWHAT DISAGREE |
| 4 | STRONGLY DISAGREE |
| 5 | DO NOT KNOW |

J2V388 OWN HOUSE OR NOT 573

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2V389 SATISFACTION FINANCIAL SITUATION 574

Value Label

1 COMPLETELY SATISFIED
2 VERY SAT.
3 CANT SAY EITHER
4 NOT VERY SATISFIED
5 NOT AT ALL SATISFIED
6 DO NOT KNOW

J2V390 FINANCIAL ADEQUACY 575

Value Label

1 EXTREMELY DIFFICULTY
2 SOMEWHAT DIFFICULTY
3 UNCERTAIN
4 SLIGHTLY DIFFICULTY
5 NOT AT ALL DIFFICULTY
6 DO NOT KNOW

J2V391 FINANCIAL SITUATION COMPARED TO OTHERS 576

Value Label

1 BETTER
2 ABOUT THE SAME
3 WORSE
4 DO NOT KNOW

J2V392 ENOUGH SPENDING MONEY 577

Value Label

1 YES
2 NO
3 DO NOT KNOW

J2V393 INCOME RESPONDENT & SPOUSE 578

Value Label

1 LESS THAN 1,200,000 YEN
2 1,200,000-3,000,000
3 3,000,000-5,000,000
4 5,000,000 OR OVER
5 DO NOT KNOW
6 NO ANSWER

J2V394 INCOME HOUSEHOLD 579

| Value | Label |
|---|---|
| 1 | LESS THAN 1,200,000 YEN |
| 2 | 1,200,000 - 3,000,000 |
| 3 | 3,000,000 - 5,000,000 |
| 4 | 5,000,000 - 9,999,999 |
| 5 | 10,000,000 OR OVER |
| 6 | DO NOT KNOW |
| 7 | NO ANSWER |

J2V395 ADDRESS 580

| Value | Label |
|---|---|
| 1 | CORRECT |
| 2 | INCORRECT |
| 8 | DO NOT KNOW |

J2V396 DATE 581

| Value | Label |
|---|---|
| 1 | CORRECT |
| 2 | INCORRECT |
| 8 | DO NOT KNOW |

J2V397 DAY OF WEEK 582

| Value | Label |
|---|---|
| 1 | CORRECT |
| 2 | INCORRECT |
| 8 | DO NOT KNOW |

J2V398 MOTHERS MAIDEN NAME 583

| Value | Label |
|---|---|
| 1 | CORRECT |
| 2 | INCORRECT |
| 8 | DO NOT KNOW |

J2V399 PRIME MINISTERS NAME 584

| Value | Label |
|---|---|
| 1 | CORRECT |
| 2 | INCORRECT |
| 8 | DO NOT KNOW |

J2V400 EX-PRIME MINISTERS NAME 585

| Value | Label |
|---|---|
| 1 | CORRECT |
| 2 | INCORRECT |
| 8 | DO NOT KNOW |

J2V401 NUMBER SUBTRACTION 586

| Value | Label |
|---|---|
| 1 | CORRECT |
| 2 | INCORRECT |
| 8 | DO NOT KNOW |

J2V402 BIRTH DATE 587

| Value | Label |
|---|---|
| 1 | CORRECT |
| 2 | INCORRECT |
| 8 | DO NOT KNOW |

J2V403 AGE 588

| Value | Label |
|---|---|
| 1 | CORRECT |
| 2 | INCORRECT |
| 8 | DO NOT KNOW |

J2V404 TELEPHONE NUMBER 589

| Value | Label |
|---|---|
| 1 | HAS PHONE |
| 2 | NO PHONE |
| 8 | DO NOT KNOW |

J2V405 PRESENCE SPOUSE OR CHILDREN 590

| Value | Label |
|---|---|
| 1 | MOST OF INTERVIEW |
| 2 | ABOUT HALF OF INTERVIEW |
| 3 | INFREQUENTLY |
| 4 | NO |
| 8 | DO NOT KNOW |

J2V406 INFLUENCED BY SPOUSE OR CHILDREN 591

| Value | Label |
|---|---|
| 1 | CORRECT & INTERRUPT |
| 2 | LISTEN NOT INTERFERE |
| 3 | PAID LITTLE ATTENTION |
| 4 | NO EFFECT |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V407 ANOTHER COMPANY 592

| Value | Label |
|---|---|
| 1 | NONE |
| 2 | OTHER ADULTS |
| 3 | CHILDREN UNDER 18 |
| 4 | ADULTS & CHILDREN <18 |
| 8 | DO NOT KNOW |

J2V408 DISTRACTION CAUSED BY COMPANY 593

| Value | Label |
|---|---|
| 1 | CONSTANT |
| 2 | SOME |
| 3 | LITTLE |
| 4 | NONE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V409 RESPONDENT UNDERSTAND QUESTION 594

| Value | Label |
|---|---|
| 1 | EXCELLENT |
| 2 | GOOD |
| 3 | FAIR |
| 4 | POOR |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V410 RESPONDENT COOPERATION 595

| Value | Label |
|---|---|
| 1 | EXCELLENT |
| 2 | GOOD |
| 3 | FAIR |
| 4 | POOR |
| 8 | DO NOT KNOW |

J2V411 RESPONDENT FATIGUED 596

Value Label

1 VERY TIRING
2 LITTLE TIRING
3 NOT TIRING
8 DO NOT KNOW

J2V412 RESPONDENT ENJOYMENT 597

Value Label

1 GREAT DEAL
2 QUITE A BIT
3 SOME
4 A LITTLE
5 NOT AT ALL
8 DO NOT KNOW

J2V413 RESPONDENT DIFFICULTY REMEMBERING 598

Value Label

1 NO DIFFICULTY
2 LITTLE DIFFICULTY
3 SOME DIFFICULTY
4 A LOT DIFFICULTY
5 COULD NOT DO
8 DO NOT KNOW

J2V414 RESPONDENT DIFFICULTY HEARING 599

Value Label

1 NO DIFFICULTY
2 LITTLE DIFFICULTY
3 SOME DIFFICULTY
4 A LOT DIFFICULTY
5 COULD NOT DO
8 DO NOT KNOW

J2V415 REQUEST REPETITION QUESTIONS 600

Value Label

1 YES
2 NO
8 DO NOT KNOW
9 NOT APPLICABLE

J2V416 STRAINED AND OR WATCH LIPS 601

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V417 FAILED IF NOT WATCH LIPS 602

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2V418 LENGTH OF INTERVIEW 603

| Value | Label | Value | Label |
|---|---|---|---|
| 1 | LESS THAN 30 MINUTES | 9 | 100-109 |
| 2 | 30-39 | 10 | 110-119 |
| 3 | 40-49 | 11 | 120-129 |
| 4 | 50-59 | 12 | 130-139 |
| 5 | 60-69 | 13 | 140-149 |
| 6 | 70-79 | 14 | 150-159 |
| 7 | 80-89 | 15 | 160 & OVER |
| 8 | 90-99 | 88 | DO NOT KNOW |

**PROXY RESPONDENTS**
(Note: System missing are subjects in the main or nonresponse files.)

J2PR001 BRANCH CODE 604

J2PR002 PSU CODE 605

J2PR003 RESPONSE ID 606

J2PR004 AREA CHARACTERISTIC 607

Value Label

13 HOKKAIDO SAPPORO
14 HOKKAIDO GREATER THAN 200K
15 HOKKAIDO GREATER THAN 100K
16 HOKKAIDO LESS THAN 100K
17 HOKKAIDO TOWN/VILLAGE
23 TOHOKU SENDAI
24 TOHOKU GREATER THAN 200K
25 TOHOKU GREATER THAN 100K
26 TOHOKU LESS THAN 100K
27 TOHOKU TOWN/VILLAGE
31 KANTO TOKYO
32 KANTO YOKOHAMA
33 KANTO KAWASAKI
34 KANTO GREATER THAN 200K
35 KANTO GREATER THAN 100K
36 KANTO LESS THAN 100K
37 KANTO TOWN/VILLAGE
44 HOKURIKU GREATER THAN 200K
45 HOKURIKU GREATER THAN 100K
46 HOKURIKU LESS THAN 100K
47 HOKURIKU TOWN/VILLAGE
54 TOZAN GREATER THAN 200K
55 TOZAN GREATER THAN 100K
56 TOZAN LESS THAN 100K
57 TOZAN TOWN/VILLAGE
62 TOKAI NAGOYA
64 TOKAI GREATER THAN 200K
65 TOKAI GREATER THAN 100K
66 TOKAI LESS THAN 100K
67 TOKAI TOWN/VILLAGE
71 KINKI OSAKA
72 KINKI KYOTO
73 KINKI KOBE
74 KINKI GREATER THAN 200K
75 KINKI GREATER THAN 100K
76 KINKI LESS THAN 100K
77 KINKI TOWN/VILLAGE
83 CHUGOKU HIROSHIMA
84 CHUGOKU GREATER THAN 200K
85 CHUGOKU GREATER THAN 100K
86 CHUGOKU LESS THAN 100K
87 CHUGOKU TOWN/VILLAGE
94 SHIKOKU GREATER THAN 200K
95 SHIKOKU GREATER THAN 100K
96 SHIKOKU LESS THAN 100K
97 SHIKOKU TOWN/VILLAGE
102 KITAKYUSHU KITAKYUSHUSHI
103 KITAKYUSHU FUKUOKA
104 KITAKYUSHU GREATER THAN 200K
105 KITAKYUSHU GREATER THAN 100K
106 KITAKYUSHU LESS THAN 100K
107 KITAKYUSHU TOWN/VILLAGE
114 MINAMIKYUSHU GREATER THAN 200K
115 MINAMIKYUSHU GREATER THAN 100K
116 MINAMIKYUSHU LESS THAN 100K
117 MINAMIKYUSHU TOWN/VILLAGE

J2PR005 NEW RESPONDENTS/SAME ADDRESS OR MOVED 608

Value Label

1 NEW/SAME ID AS W1
2 DIFFICULTY ID FROM W1

J2PR006 BRANCH CODE OF W1 609

| Value | Label |
|---|---|
| 99 | NOT APPLICABLE |

J2PR007 PSU CODE OF W1 610

| Value | Label |
|---|---|
| 999 | NOT APPLICABLE |

J2PR008 RESPONSE ID OF W1 611

| Value | Label |
|---|---|
| 99 | NOT APPLICABLE |

J2PR009 MOVED TO WHERE/NOT MOVED 612

| Value | Label |
|---|---|
| 1 | SAME ADDRESS |
| 2 | MOVED SAME STREET |
| 3 | MOVED SAME PSU |
| 4 | MOVED SAME PREFECTURE |
| 5 | MOVED OUT PREFECTURE |

J2PR010 REASON FOR PROXY: ILLNESS 613

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2PR011 REASON FOR PROXY: DEAFNESS MUTENESS 614

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2PR012 REASON FOR PROXY: SENILITY. NO COMPREHENSION 615

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2PR013 REASON FOR PROXY: EMOTIONAL INSTABILITY 616

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2PR014 REASON FOR PROXY: UNABLE TO RESPOND - OLD AGE 617

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2PR015 REASON FOR PROXY: SUBJECT REFUSED MID-INTERVIEW 618

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2PR016 REASON FOR PROXY: FAMILY REFUSED 619

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2PR017 REASON FOR PROXY: LONG OR TEMPORARY ABSENCE 620

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |

J2PR018 PROXY: RELATION TO SUBJECT 621

| Value | Label |
|---|---|
| 1 | SPOUSE |
| 2 | SON |
| 3 | DAUGHTER |
| 4 | DAUGHTER IN LAW |
| 5 | SON IN LAW |
| 6 | GRANDCHILD |
| 7 | OTHER RELATIVE |
| 8 | NEIGHBOR |
| 9 | OTHER |
| 88 | DO NOT KNOW |

J2PR019 REIGNING EMPEROR AT BIRTH 622

| Value | Label |
|---|---|
| 1 | MEIJI |
| 2 | TAISHO |
| 3 | SHOWA |
| 8 | DO NOT KNOW |

J2PR020 YEAR OF BIRTH 623

J2PR021 MONTH OF BIRTH 624

J2PR022 AGE OF RESPONDENT 625

J2PR023 EDUCATION OF RESPONDENT 626

| Value | Label | Value | Label |
|---|---|---|---|
| 1 | NOT GO | 11 | 10 YEARS |
| 2 | 1 YEAR | 12 | 11 YEARS |
| 3 | 2 YEARS | 13 | 12 YEARS |
| 4 | 3 YEARS | 14 | 13 YEARS |
| 5 | 4 YEARS | 15 | 14 YEARS |
| 6 | 5 YEARS | 16 | 15 YEARS |
| 7 | 6 YEARS | 17 | 16 YEARS |
| 8 | 7 YEARS | 18 | 17 YEARS and more |
| 9 | 8 YEARS | 19 | DO NOT KNOW |
| 10 | 9 YEARS | | |

J2PR024 PRESENT OCCUPATION OF RESPONDENT 627

| Value | Label |
|---|---|
| 1 | WORKING NOW |
| 2 | SICK LEAVE |
| 3 | FAMILY BUS. |
| 4 | UNEMPLOYED |
| 5 | RETIRED |
| 6 | DISABLED |
| 7 | HOUSEWORK |
| 8 | OTHER |

J2PR025 MARITAL STATUS OF SUBJECT 628

| Value | Label |
|---|---|
| 1 | MARRIED |
| 2 | LIVE APART |
| 3 | DIVORCED |
| 4 | DIED |
| 5 | UNMARRIED |
| 6 | DO NOT KNOW |

J2PR026 TOTAL NUMBER IN HOUSEHOLD 629

J2PR027 POSITION OF RESPONDENT 630

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | RESPONDENT | 6 | PARENT |
| 1 | SPOUSE | 7 | PARENT-IN-LAW |
| 2 | CHILD | 8 | SIBLING |
| 3 | CHILDS SPOUSE | 9 | OTHER |
| 4 | GRANDCHILD | 99 | NOT APPLICABLE |
| 5 | GRANDCHILD SPOUSE | | |

J2PR028 AGE OF RESPONDENT (RESIDENT REGISTRY) 631

J2PR029 SEX OF RESPONDENT 632

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |

J2PR030 HEAD OF FAMILY OR NOT 633

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |

J2PR031 POSITION OF FAMILY MEMBER2 634

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | RESPONDENT | 6 | PARENT |
| 1 | SPOUSE | 7 | PARENT-IN-LAW |
| 2 | CHILD | 8 | SIBLING |
| 3 | CHILDS SPOUSE | 9 | OTHER |
| 4 | GRANDCHILD | 88 | DO NOT KNOW |
| 5 | GRANDCHILD SPOUSE | 99 | NOT APPLICABLE |

J2PR032 AGE OF FAMILY MEMBER2 635

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2PR033 SEX OF FAMILY MEMBER2 636

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2PR034 HEAD OF FAMILY OR NOT MEMBER2 637

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2PR035 POSITION OF FAMILY MEMBER3 638

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | RESPONDENT | 6 | PARENT |
| 1 | SPOUSE | 7 | PARENT-IN-LAW |
| 2 | CHILD | 8 | SIBLING |
| 3 | CHILDS SPOUSE | 9 | OTHER |
| 4 | GRANDCHILD | 99 | NOT APPLICABLE |
| 5 | GRANDCHILD SPOUSE | | |

J2PR036 AGE OF FAMILY MEMBER3 639

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2PR037 SEX OF FAMILY MEMBER3 640

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2PR038 HEAD OF FAMILY OR NOT MEMBER3 641

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2PR039 POSITION OF FAMILY MEMBER4 642

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2PR040 AGE OF FAMILY MEMBER4 643

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2PR041 SEX OF FAMILY MEMBER4 644

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2PR042 HEAD OF FAMILY OR NOT MEMBER4 645

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2PR043 POSITION OF FAMILY MEMBER5 646

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2PR044 AGE OF FAMILY MEMBER5 647

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2PR045 SEX OF FAMILY MEMBER5 648

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2PR046 HEAD OF FAMILY OR NOT MEMBER5 649

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2PR047 POSITION OF FAMILY MEMBER6 650

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | RESPONDENT | 6 | PARENT |
| 1 | SPOUSE | 7 | PARENT-IN-LAW |
| 2 | CHILD | 8 | SIBLING |
| 3 | CHILDS SPOUSE | 9 | OTHER |
| 4 | GRANDCHILD | 99 | NOT APPLICABLE |
| 5 | GRANDCHILD SPOUSE | | |

J2PR048 AGE OF FAMILY MEMBER6 651

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2PR049 SEX OF FAMILY MEMBER6 652

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2PR050 HEAD OF FAMILY OR NOT MEMBER6 653

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2PR051 POSITION OF FAMILY MEMBER7 654

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2PR052 AGE OF FAMILY MEMBER7 655

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2PR053 SEX OF FAMILY MEMBER7 656

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2PR054 HEAD OF FAMILY OR NOT MEMBER7 657

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2PR055 POSITION OF FAMILY MEMBER8 658

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2PR056 AGE OF FAMILY MEMBER8 659

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2PR057 SEX OF FAMILY MEMBER8 660

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2PR058 HEAD OF FAMILY OR NOT MEMBER8 661

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2PR059 POSITION OF FAMILY MEMBER9 662

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | RESPONDENT | 6 | PARENT |
| 1 | SPOUSE | 7 | PARENT-IN-LAW |
| 2 | CHILD | 8 | SIBLING |
| 3 | CHILDS SPOUSE | 9 | OTHER |
| 4 | GRANDCHILD | 99 | NOT APPLICABLE |
| 5 | GRANDCHILD SPOUSE | | |

J2PR060 AGE OF FAMILY MEMBER9 663

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2PR061 SEX OF FAMILY MEMBER9 664

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2PR062 HEAD OF FAMILY OR NOT MEMBER9 665

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2PR063 POSITION OF FAMILY MEMBER10 666

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2PR064 AGE OF FAMILY MEMBER10 667

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2PR065 SEX OF FAMILY MEMBER10 668

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2PR066 HEAD OF FAMILY OR NOT MEMBER10 669

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2PR067 POSITION OF FAMILY MEMBER11 670

| Value | Label |
|---|---|
| 0 | RESPONDENT |
| 1 | SPOUSE |
| 2 | CHILD |
| 3 | CHILDS SPOUSE |
| 4 | GRANDCHILD |
| 5 | GRANDCHILD SPOUSE |
| 6 | PARENT |
| 7 | PARENT-IN-LAW |
| 8 | SIBLING |
| 9 | OTHER |
| 99 | NOT APPLICABLE |

J2PR068 AGE OF FAMILY MEMBER11 671

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2PR069 SEX OF FAMILY MEMBER11 672

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2PR070 HEAD OF FAMILY OR NOT MEMBER11 673

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2PR071 POSITION OF FAMILY MEMBER12 674

| Value | Label | Value | Label |
|---|---|---|---|
| 0 | RESPONDENT | 6 | PARENT |
| 1 | SPOUSE | 7 | PARENT-IN-LAW |
| 2 | CHILD | 8 | SIBLING |
| 3 | CHILDS SPOUSE | 9 | OTHER |
| 4 | GRANDCHILD | 99 | NOT APPLICABLE |
| 5 | GRANDCHILD SPOUSE | | |

J2PR072 AGE OF FAMILY MEMBER12 675

| Value | Label |
|---|---|
| 888 | DO NOT KNOW |
| 999 | NOT APPLICABLE |

J2PR073 SEX OF FAMILY MEMBER12 676

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2PR074 HEAD OF FAMILY OR NOT MEMBER12 677

| Value | Label |
|---|---|
| 0 | NO |
| 1 | YES |
| 9 | NOT APPLICABLE |

J2PR075 HIGH BLOOD PRESSURE 678

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2PR076 DIABETES 679

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2PR077 HEART DISEASES 680

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2PR078 STROKE 681

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2PR079 CANCER 682

| Value | Label |
|---|---|
| 1 | YES |
| 2 | SUSPECTED |
| 3 | NO |
| 4 | DO NOT KNOW |

J2PR080 RESPIRATORY DISEASE 683

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2PR081 BROKEN BONES 684

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2PR082 ARTHRITIS NEURALGIA RHEUMATISM 685

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2PR083 CHRONIC BACK PAIN 686

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2PR084 LIVER OR GALL BLADDER DISEASES 687

| Value | Label |
|---|---|
| 1 | YES |
| 2 | NO |
| 3 | DO NOT KNOW |

J2PR085 DIFFICULTY SHOP PERSONAL ITEMS 688

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR086 DIFFICULTY MANAGING MONEY 689

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR087 DIFFICULTY USING TELEPHONE 690

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR088 DIFFICULTY BATHING YOURSELF 691

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR089 DIFFICULTY CLIMBING FEW STAIRS 692

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR090 DIFFICULTY WALKING FEW BLOCKS 693

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR091 DIFFICULTY DOING HEAVY HOME WORK 694

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR092 DIFFICULTY TAKING BUS OR TRAIN 695

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR093 CONTINENT PAST YEAR 696

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR094 DIFFICULTY STANDING 2 HOURS 697

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR095 DIFFICULTY STOOPING, CROUCHING, KNEELING 698

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR096 DIFFICULTY REACHING UP OVER YOUR HEAD 699

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR097 DIFFICULTY USING FINGERS TO GRASP OR HANDLE 700

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR098 DIFFICULTY LIFTING OR CARRYING 25 LBS 701

| Value | Label |
|---|---|
| 1 | NO DIFFICULTY |
| 2 | LITTLE DIFFICULTY |
| 3 | SOME DIFFICULTY |
| 4 | A LOT DIFFICULTY |
| 5 | UNABLE TO DO |
| 6 | DO NOT KNOW |

J2PR099 PRESENT HEALTH STATUS 702

| Value | Label |
|---|---|
| 1 | EXCELLENT |
| 2 | VERY GOOD |
| 3 | GOOD |
| 4 | FAIR |
| 5 | POOR |
| 6 | DO NOT KNOW |

J2PR100 TELEPHONE NUMBER 703

| Value | Label |
|---|---|
| 1 | HAS PHONE |
| 2 | NO PHONE |

J2PR101 LENGTH OF INTERVIEW 704

J1ID 705

J2ID 706

**NONRESPONSE QUESTIONNAIRE**

(Note: System missing are subjects in the main or proxy files except for 1 nonresponse subject with system missing values for all variables except J2NR04)

J2NR01 J2 BRANCH CODE 707

J2NR02 J2 PSU CODE 708

J2NR03 J2 RESPONSE ID 709

J2NR04 PANEL OR NEW 710

| Value | Label |
|---|---|
| 1 | PANEL |
| 2 | SSYP |

J2NR05 COMPLETE OR NOT 711

| Value | Label |
|---|---|
| 1 | RECOVERED |
| 2 | NONRESPONSE |

J2NR06 REGION 712

| Value | Label |
|---|---|
| 1 | HOKKAIDO |
| 2 | TOHOKU |
| 3 | KANTO |
| 4 | HOKURIKU |
| 5 | TOSAN |
| 6 | TOKAI |
| 7 | KINKI |
| 8 | CHUGOKU |
| 9 | SHIKOKU |
| 10 | KITAKYUSHU |
| 11 | MINAMIKYUSHU |

J2NR07 CITY SIZE 713

| Value | Label |
|---|---|
| 1 | SIZE 1 (TOKYO & OSAKA) |
| 2 | SIZE 2 |
| 3 | SIZE 3 |
| 4 | GREATER THAN 200,000 |
| 5 | GREATER THAN 100,000 |
| 6 | LESS THAN 100,000 |
| 7 | TOWN & VILLAGE |

J2NR08 REIGNING EMPEROR AT BIRTH 714

| Value | Label |
|---|---|
| 1 | MEIJI |
| 2 | TAISHO |
| 3 | SHOWA |

J2NR09 YEAR OF BIRTH 715

J2NR10 MONTH OF BIRTH 716

J2NR11 SEX 717

| Value | Label |
|---|---|
| 1 | MALE |
| 2 | FEMALE |

J2NR12 AGE OF RESPONDENT 718

J2NR13 REASON NONRESPONSE 719

| Value | Label | Value | Label |
|---|---|---|---|
| 1 | MOVED | 9 | DECEASED |
| 2 | HOSPITALIZED | 10 | ILLNESS |
| 3 | LONG ABSENCE | 11 | SENILE |
| 4 | SHORT ABSENCE | 12 | HEARING PROBLEM |
| 5 | ADDRESS UNKNOWN | 13 | INCOMPLETE QUESTIONNAIRE |
| 6 | REFUSED BY RESPONDENTS | 14 | OTHER |
| 7 | REFUSED BY FAMILY | 15 | BLANK QUESTIONNAIRE |
| 8 | SUBJECT INAPPROPRIATE | | |

J2NR14 PROXY INTERVIEW DONE 720

| Value | Label |
|---|---|
| 1 | DONE |
| 2 | NO PROXY |
| 9 | NOT APPLICABLE (RECOVERED) |

J2NR15 J1 BRANCH CODE 721

| Value | Label |
|---|---|
| 99 | NOT APPLICABLE |

J2NR16 J1 PSU CODE 722

| Value | Label |
|---|---|
| 999 | NOT APPLICABLE |

J2NR17 J1 RESPONSE ID 723

| Value | Label |
|---|---|
| 99 | NOT APPLICABLE |

J2NR18 DIED ERA 724

| Value | Label |
|---|---|
| 1 | MEIJI |
| 2 | TAISHO |
| 3 | SHOWA |
| 4 | HEISEI |
| 8 | DO NOT KNOW |
| 9 | NOT APPLICABLE |

J2NR19 DIED YEAR 725

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2NR20 DIED MONTH 726

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

J2NR21 DIED DAY 727

| Value | Label |
|---|---|
| 88 | DO NOT KNOW |
| 99 | NOT APPLICABLE |

**SAMPLE INFORMATION**

SAMPLE SAMPLE SOURCE 728

| Value | Label |
|---|---|
| 1 | 1987 ORIGINAL SAMPLE |
| 2 | 1990 SUPPLEMENT |

W1RTYPE W1 RESPONSE TYPE 729

| Value | Label |
|---|---|
| 1 | MAIN SURVEY |

W2RTYPE W2 RESPONSE TYPE 730

| Value | Label |
|---|---|
| 0 | NONRESPONDENT SURVEY |
| 1 | MAIN SURVEY |
| 2 | PROXY |

National Survey of the Older Adults Proxy Interview

November, 1990
University of Michigan Institute of Gerontology
Tokyo Metropolitan Institute of Gerontology
Central Research Services

| Date of Interview | Time of Interview | Length of Interview |
|---|---|---|
| Month/Day | Beginning hrs. min.<br>End hrs. min. | min. |

| Branch No. | Site No. | Subject No. | Name of Interviewer | Name of Supervisor |
|---|---|---|---|---|
| | | | | |

(1) Verification of [branch office, site and subject number]

1. In Left-hand column 1 entry only
2. In both left and right hand column 2 entries

Record the branch office, site and subject number (right column) from the pervious survey

| branch office number | | site number | | | subject number | |
|---|---|---|---|---|---|---|
| | | | | | | |

(2) Verification of [address]

1. Same address as at time of previous survey
2. Moved within same street or block as at time of previous survey
3. Moved within same district, city, town, or village as at time of previous survey
4. Moved within same prefecture as at time of previous survey
5. Moved out of prefecture as at time of previous survey

(3) (Reasons why the respondent him or herself could not be interviewed and a proxy interview was conducted).

1. Illness
2. Deafness Muteness
3. Senility. No comprehension
4. Emotional instability
5. Subject unable to respond due to old age
6. Subject refused mid-interview. Unable to continue
7. Family member refuses to allow subject to be interviewed
8. Unable to meet subject due to long absence or temporary absence

(4) (Proxy respondent)
Among your family members, who knows a lot about (subject's name) daily life? Please tell me about his/her daily life. First, what is your relationship to him/her?

| | | |
|---|---|---|
| 1. Spouse | 4. Daughter-in-law | 7. Other relative |
| 2. Son | 5. Son-in-law | (specify _____) |
| 3. Daughter | 6. Grandchild | 8. Neighbor 9. Other (specify _____) |

*Interviewer note: Be sure to read the following statement to the subject before the interview:*

In this survey, I am going to ask you about various things. It is not necessary to force yourself to answer anything you do not want to answer. Furthermore, your answer will be kept strictly confidential, and will never be communicated to anyone else, so please answer the questions freely. Also, for the purpose of comparing our research questions with those in the American Survey, I may ask you about some personal matters, so please bear with me.

**Family Structure**

To begin with, I would like to ask you several things about _____(Subject's name) and his her family.

*Q1. Interviewer Confirmation (record date of birth from name roster)*

| 1<br>Meiji | 2<br>Taisho | 3<br>Showa | Year | Month | Day | Age |
|---|---|---|---|---|---|---|

Q2. Altogether, how many years did _____(Subject's name) attend school?

1. Didn't attend
2. 1 year
3. 2 years
4. 3 years
5. 4 years
6. 5 years
7. 6 years
8. 7 years
9. 8 years
10. 9 years
11. 10 years
12. 11 years
13. 12 years
14. 13 years
15. 14 years
16. 15 years
17. 16 years
18. 17 years or more
19. Don't know

Q3. (Answer sheet 1) Does he/she presently have a job in which he/she is earning income, or is he/she looking for a job, or has he/she already retired, or is he/she engaged in housework? Please choose the answer that fits his/her situation.

1. Working now
2. Temporarily laid off due to sickness, etc.
3. Unpaid family employee
4. Looking for work, unemployed
5. Retired
6. Can't work due to disability
7. Engaged in housework, retired from housework
8. Other (specify _____)

Q4. (Answer sheet 3) Is he or she married at present? Or, is he or she divorced or separated? Please answer from among the following.

1. Married (Including separations due to hospitalization, institutionalization, and living apart for work).
2. Separated
3. Divorced
4. Widowed
5. Never married
6. Don't know

Q5. At present, including _____ (subject's name), how many persons are living with him or her?

_____people

Q6. (1) Please tell me the relation to _____ (subject's name), age, and sex of each person living with him or her.

(2) Of the family members you just listed, who is the head of the household?

| | Relation | After code | Age | Sex<br>1 Male<br>2 Female | Head of Household<br>1=yes |
|---|---|---|---|---|---|
| 1 | Respondent himself/herself | -0- | | 1. Male 2. Female | |
| 2 | Respondent's_____ | | | 1. Male 2. Female | |
| 3 | Respondent's_____ | | | 1. Male 2. Female | |
| 4 | Respondent's_____ | | | 1. Male 2. Female | |
| 5 | Respondent's_____ | | | 1. Male 2. Female | |
| 6 | Respondent's_____ | | | 1. Male 2. Female | |
| 7 | Respondent's_____ | | | 1. Male 2. Female | |
| 8 | Respondent's_____ | | | 1. Male 2. Female | |
| 9 | Respondent's_____ | | | 1. Male 2. Female | |
| 10 | Respondent's_____ | | | 1. Male 2. Female | |
| 11 | Respondent's_____ | | | 1. Male 2. Female | |
| 12 | Respondent's_____ | | | 1. Male 2. Female | |

*[Code]: 1 spouse, 2 Child, 3 Child's spouse, 4 Grandchild, 5 Grandchild's spouse, 6 Parent, 7 Parent-in-law, 8 Sibling, 9 Other)*

**Health Status**

Q7 I would like to ask you some questions about _____ (subject's name) health.

(1) (High Blood Pressure) At present, does he or she have high blood pressure?

1 Yes 2 No 3 DK

(2) (Diabetes) Does he or she have diabetes?

1 Yes 2 No 3 DK

(3) (Heart Disease) Does he or she have heart disease?

1 Yes 2 No 3 DK

(4) (Stroke) In the past year, has he or she experienced apoplexy, cerebral hemorrhage, or subarachnoid bleeding?

1 Yes 2 No 3 DK

(5) (Cancer) Has he or she ever been told that he or she had cancer or a malignant tumor?

1 Yes 2 Suspected 3 No 4 DK

(6) (respiratory Disease) In the past year, has he or she had bronchitis, emphysema, asthma, pneumonia, or other respiratory diseases?

1 Yes 2 No 3 DK

(7) (Broken Bones) In the past year, has he or she had any broken bones or bone fractures?

1 Yes 2 No 3 DK

(8) (Arthritis, Neuralgia, Rheumatism) At present, does he or she have arthritis, neuralgia, or rheumatism?

1 Yes 2 No 3 DK

(9) (Chronic Back Pain) At present, does he or she have chronic back pain?

1 Yes 2 No 3 DK

(10) (Disease of the Liver or Gall Bladder) At present, does he or she have liver or gall bladder disease?

1 Yes 2 No 3 DK

Q8. (Answer sheet 15): Now I'll ask you about his or her daily activities. Tell me if he or she can do each of the following things without assistance, or is it difficult. *[Interviewer Note: Even if he/she has not done such a thing, ask if he/she had to do it, could he/she do it?]*

| Because of a health or physical problem, do you have any difficulty.... | Can do entirely without help | Slightly difficult | Fairly difficult | Extremely difficult | Cannot do at all | DK |
|---|---|---|---|---|---|---|
| 1. going out shopping for personal items, medicines, etc? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. depositing and withdrawing money from your savings, paying bills, and managing financial matters? | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. making telephone calls? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. taking a bath? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. climbing 2-3 flights of stairs? | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. walking about 200-300 meters? | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. doing work around the house that requires strength (e.g. shoveling snow, removing and washing windows, etc.?) | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. going out alone, riding a bus or subway? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Dressing or undressing yourself? | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Eating? | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Getting out of bed, getting up or sitting down in chairs, etc.? | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Going out of the house? | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. Going to the lavatory (in your own home) and relieving yourself? | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Dusting furniture, taking out the garbage, changing light bulbs, or other light housework? | 1 | 2 | 3 | 4 | 5 | 6 |

Q9. *(Answer sheet 17)* On the whole, how is _____ (subject's name) health at the present time? Which of these fits his/her situation best?

| 1. | 2. | 3. | 4. | 5. | 6. |
|---|---|---|---|---|---|
| Perfectly healthy | Fairly healthy | Okay | Not very healthy | Not at all healthy | Don't know |

The interview is now finished. Thank you very much for your cooperation. If it's not too much of an inconvenience, could you tell me your telephone number? It will be used to confirm that my visit took place, and though I don't think it will happen, if I find that I have accidentally missed some information, I can ask you about it by phone. Please do not worry, it will not cause you any trouble.

1 Has phone Telephone number_____ 2 No phone

[Length of Interview]

1. Less than 10 minutes
2. 10-14 minutes
3. 15-19 minutes
4. 20-24 minutes
5. 25-29 minutes
6. 30-34 minutes
7. 35-39 minutes
8. 40 minutes or more

# National Survey of the Older Adults

November, 1990
University of Michigan Institute of Gerontology
Tokyo Metropolitan Institute of Gerontology
Central Research Services

| Date of Interview | Time of Interview | Length of Interview |
|---|---|---|
| Month/Day | Beginning hrs. min.<br>End hrs. min. | min. |

| Branch No. | Site No. | Subject No. | Name of Interviewer | Name of Supervisor |
|---|---|---|---|---|
| | | | | |

(1) Verification of [branch office, site and subject number]

1. In Left-hand column 1 entry only
2. In both left and right hand column 2 entries

Record the branch office, site and subject number (right column) from the pervious survey

| branch office number | | site number | | | subject number | |
|---|---|---|---|---|---|---|
| | | | | | | |

(2) Verification of [address]

1. Same address as at time of previous survey
2. Moved within same street or block as at time of previous survey
3. Moved within same district, city, town, or village as at time of previous survey
4. Moved within same prefecture as at time of previous survey
5. Moved out of prefecture as at time of previous survey

(3) Verification of [serial number of questionnaire (B) (cream-colored)]

(serial number)

| | |
|---|---|
| | |

(Interviewers verification) Circle 5 questions from Q47 through Q101 on this survey with the same serial numbers from (_____-1) to (_____-5) to indicate when you will ask questions on questionnaire B.

Interviewer note: Be sure to read the following statement to the subject before the interview:

In this survey, I am going to ask you about various things. It is not necessary to force yourself to answer anything you do not want to answer. Furthermore, your answer will be kept strictly confidential, and will never be communicated to anyone else, so please answer the questions freely. Also, for the purpose of comparing our research questions with those in the American Survey, I may ask you about some personal matters, so please bear with me.

**Family Structure**

To begin with, I would like to ask you several things about you and your family.

Q1. Could you please tell me the date and year of your birth? How old are you?

| 1<br>Meiji | 2<br>Taisho | 3<br>Showa | Year | Month | Day | Age |
|---|---|---|---|---|---|---|

*[Interviewer Note: Record date of birth from name roster]*

| Meiji | Taisho | Showa | Year | Month | Day |
|---|---|---|---|---|---|

*[Interviewer entry]* - Birth right/wrong
- Age right/wrong

Q2. Altogether, how many years did you attend school?

1. Didn't attend
2. 1 year
3. 2 years
4. 3 years
5. 4 years
6. 5 years
7. 6 years
8. 7 years
9. 8 years
10. 9 years
11. 10 years
12. 11 years
13. 12 years
14. 13 years
15. 14 years
16. 15 years
17. 16 years
18. 17 years or more
19. Don't know

Q3. *(Answer sheet 1)* Do you presently have a job in which you are earning income, are you looking for a job, have you already retired, or are you engaged in housework? Please choose the answer that fits your situation.

1. Working now *(Go to Q4)*
2. Temporarily laid off due to sickness, etc.*(Go to Q4)*
3. Unpaid family employee *(Go to Q4)*
4. Looking for work, unemployed *(Go to Q9)*
5. Retired *(Go to Q9)*
6. Can't work due to disability *(Go to Q9)*
7. Engaged in housework, or retired from housework *(Go to Q9)*
8. Other (specify_____) *(Go to Q4)*

Q4. (1) Are you self-employed?

1) Yes 2) No

(2) What do you make in your work or your place of business or what kind of business is it? Please tell me in detail.

[ ]

(3) Please tell me in detail about the content of your work. What is your most important duty at work? (Please describe concretely such as accountant, selling groceries, manager of apartment house, carpenter, sewing kimono, milk deliverer, etc.)

[ ]

(4) Do you hold a position at your work?

[ ]

(5) *(Interviewer Entry)* Based on the answer to (1)-(4), refer to the occupation list and enter the appropriate occupation and code number.

[ ]

Occupation Name Occupation Code

_____ _____

Q5. How many months were you employed during the past 12 months? Please include paid vacation and sick leave, but do not include unpaid leave.

| | | | |
|---|---|---|---|
| 1. 1 month | 5. 5 months | 9. 9 months | 13. Didn't work *(Go to Q8)* |
| 2. 2 months | 6. 6 months | 10. 10 months | 14. Can't remember |
| 3. 3 months | 7. 7 months | 11. 11 months | |
| 4. 4 months | 8. 8 months | 12. 12 months (1 year) | |

Q6. How many days a week do you work?

1. 1 day 2. 2 days 3. 3 days 4. 4 days 5. 5 days 6. 6 days 7. 7 days 8. Irregular

*[Interviewer Note: If respondent has 2 days off a week 3 times a month, record it as 5 days a week (5). If respondent has 2 days off a week once or twice a month, record it as 6 days a week (6)].*

Q7. How many hours a day do you work?

___ Hour(s) X It varies

Q8. *(Answer sheet 2)* How satisfied are you with your work? Please choose from among the following?

| | | | | |
|---|---|---|---|---|
| 1. Very satisfied | 2. Fairly well satisfied | 3. Can't say either | 4. Not very satisfied | 5. Not at all satisfied |

*(To all respondents)*

Q9. Up till now, have you ever retired from a job or changed your job? Have you ever handed over your own business to a successor? (To subjects who are not working now) Up till now, have you ever worked for pay?

| | | |
|---|---|---|
| 1. Yes | 2. No | 3. I've never worked for pay |
| *(Go to SQ1)* | *(Go to Q10)* | *(Go to Q10)* |

SQ1. When was the last time you resigned from a job?

1. Taisho
2. Showa ____Year ____Month X Can't remember
3. Heisei

SQ2. Before that had you ever retired or resigned from a job?

1. Yes 2. No *(Go to Q10)*

SQ3. When was that?

1. Taisho
2. Showa ____Year ____Month X Can't remember
3. Heisei

Q10. *Interviewer Confirmation*
*1 Has job now, if Q3 is 1, 2, 3, 8 (Go to SQ)*
*2 Has no job now, if Q3 is 4, 5, 6, 7 (Go to Q11)*

SQ. Is your present job the one you have worked at the longest up till now?

1. Yes *(Go to Q12)*
2. No *(Go to next question)*

Q11. I would like to ask you about the job you have worked at the longest.

(1) Were you self-employed?

1. Yes
2. No
3. I have never worked for pay *(Go to Q12)*

(2) What did you make in your work or the place of business where you worked the longest? Or what kind of work did you do? Please tell me in detail.

[ ]

(3) Did you hold a position at work? *(To subjects who answer affirmatively)* What would you call the highest position you held at work?

[ ]

(4) Please tell me in detail about the content of the work that you did. What were your most important duties? Please describe concretely such as accountant, selling groceries, manager of apartment house, carpenter, sewing kimono, milk deliverer, etc.)

[ ]

(5) *(Interviewer entry)* Based on the answer to 1-4, refer to the occupation list and enter the appropriate occupation and code number.

Occupation Name _____ Occupation Code _____

Q12. *(Answer sheet 3)* Next, I would like to ask you about your family. Are you married at present? Or are you divorced or separated? Please answer from among the following.

1. Married *(Including separations due to hospitalization, institutionalization, and living apart for work) (Go to Q13)*
2. Separated *(Go to Q13)*
3. Divorced *(Go to Q14)*
4. Widowed *(Go to Q14)*
5. Never married *(Go to Q23)*
6. Don't know *(Go to Q23)*

Q13. (1) When were you married?
*[Interviewer Note: if subject has been married twice or more, ask about the present spouse]*

1. Taisho
2. Showa ____Year ____Month X Can't remember
3. Heisei

(2) How many children do you have? It doesn't matter whether children live with you or separate from you.

_____Children * None

*(Skip to Q15)*

Q14 (1) When were you married?
*[Interviewer Note: If subject has been married twice or more, ask about the present spouse]*.

1. Taisho
2. Showa ____Year ____Month X Can't remember
3. Heisei

(2) *(To subjects who are divorced) When were you divorced?*
*(To subjects who are widowed)* When did your husband/wife die?

1. Taisho
2. Showa ____Year ____Month X Can't remember
3. Heisei

(3) How many children do you have? It doesn't matter whether children live with you or separate from you. _____ children * None

*(If you have reached this point, skip to Q23)*

*(Ask only subjects who presently have a spouse. For other subjects, skip to Q23)*

Q15 *(Answer sheet 4)* Next, I would like to ask you about your husband's/wife's work. Does your husband/wife have a job in which he/she is earning income, or is he/she looking for a job, or has he/she already retired? Please choose an appropriate answer from the following.

1. Working now *(Go to Q16)*
2. On leave from work due to illness, etc. *(Go to Q16)*
3. Family business - receive no salary *(Go to Q16)*
4. Looking for work, unemployed *(Skip to Q21)*
5. Retired *(Skip to Q21)*
6. Cannot work due to handicap *(Skip to Q21)*
7. Housework, retired from house work *(Skip to Q21)*
8. Other (specify) *(Go to Q16)*

Q16. (1) Is your husband/wife self-employed?

1. Yes 2. No

(2) What does your husband/wife make in his/her work or his/her place of business? Or what kind of things does your husband/wife do? Please tell me in detail.

[ ]

(3) Please tell me in detail about the content of your husband's/wife's work. What is his/her most important duty? (Please describe the work concretely such as accountant, selling groceries, manager of apartment house, carpenter, sewing kimono, milk deliverer, etc.)

[ ]

(4) What would you call your husband's/wife's position at work?

[ ]

(5) *(Interviewer Entry)* Based on the answers to Q16 1-4, refer to the occupation list and enter the appropriate occupation and code number.

Occupation Name Occupation Code

_____ _____

Q17. About how many months altogether did your husband/wife work during the past 12 months? Please include paid vacations and sick leave, but do not include unpaid leave, during the past 12 months.

| | | | |
|---|---|---|---|
| 1. 1 month | 5. 5 months | 9. 9 months | 13. Didn't work *(Go to Q20)* |
| 2. 2 months | 6. 6 months | 10. 10 months | 14. Can't remember |
| 3. 3 months | 7. 7 months | 11. 11 months | |
| 4. 4 months | 8. 8 months | 12. 12 months (1 year) | |

Q18. How many days a week does your husband/wife work?

| | | | |
|---|---|---|---|
| 1. 1 day | 3. 3 days | 5. 5 days | 7. 7 days |
| 2. 2 days | 4. 4 days | 6. 6 days | 8 Irregular |

*[Interviewer Note: If he/she has 2 days off a week 3 times a month, record it as 5 days a week. If he/she has 2 days off a week twice or once a month, record it as 6 days a week].*

Q19. How many hours a day does your husband/wife work?

_____Hours per day 1. Irregular 2. Don't know

Q20. Is the job your husband/wife worked at the longest the same as or different from his/her present job?

1. Same job *(Go to Q22)*
2. Different *(Go to Q21)*
3. Don't know *(Go to Q22)*

*(Ask the following to subjects who selected (4)-(7) in Q15 or (2) in Q20)*

Q21. I would like to ask you about the job your husband/wife worked at the longest.

(1)Was your husband/wife self-employed?

1. Yes 2. No 3. he/she has never worked for pay *(Go to Q22)*

(2) What was made on the job or in the company where your husband/wife worked the longest? Or what kind of work did he/she do? Please tell me in detail.

[ ]

(3) Did he/she hold a position at work? *(To subjects who answer affirmatively).* What would you call the highest position you held at work?

[ ]

(4) Please tell me in detail about the content of your husband's/wife's work. What was his/her most important duties? (Please describe concretely such as accountant, selling groceries, manager of apartment house, carpenter, sewing kimono, milk deliverer, etc.)

[ ]

(5) *(Interviewer entry)* Based on the answers of Q21(1)-(4), refer to the occupation list and enter the appropriate occupation and code number.

Occupation Name Occupation Code

_____ _____

Q22. Altogether, how many years did your husband/wife attend school?

1. Did not attend
2. 1 year
3. 2 years
4. 3 years
5. 4 years
6. 5 years
7. 6 years
8. 7 years
9. 8 years
10. 9 years
11. 10 years
12. 11 years
13. 12 years
14. 13 years
15. 14 years
16. 15 years
17. 16 years
18. 17 years or more
19. Don't know

*(To all respondents)*

Q23. At present, including yourself, how many persons are living with you?

_____people

Q24. (1) Please tell me the relation, age, and sex of each person living with you.

(2) Of the family members you just listed, who is the head of the household?

| | Relation | After code | Age | Sex<br>1 Male<br>2 Female | Head of Household<br>1=yes |
|---|---|---|---|---|---|
| 1 | Respondent himself/herself | -0- | | 1. Male 2. Female | |
| 2 | Respondent's_____ | | | 1. Male 2. Female | |
| 3 | Respondent's_____ | | | 1. Male 2. Female | |
| 4 | Respondent's_____ | | | 1. Male 2. Female | |
| 5 | Respondent's_____ | | | 1. Male 2. Female | |
| 6 | Respondent's_____ | | | 1. Male 2. Female | |
| 7 | Respondent's_____ | | | 1. Male 2. Female | |
| 8 | Respondent's_____ | | | 1. Male 2. Female | |
| 9 | Respondent's_____ | | | 1. Male 2. Female | |
| 10 | Respondent's_____ | | | 1. Male 2. Female | |
| 11 | Respondent's_____ | | | 1. Male 2. Female | |
| 12 | Respondent's_____ | | | 1. Male 2. Female | |

*[Code]: 1 Spouse, 2 Child, 3 Child's spouse, 4 Grandchild, 5 Grandchild's spouse, 6 Parent, 7 Parent-in-law, 8 Sibling, 9 Other*

*[Interviewer Note: Ask subjects living with adult children (20 years and older) according to Q24].*

Q25. Up till now, has there ever been a time when you lived only with your spouse or by yourself? *[Interviewer Note: do not include time when couple lived alone before birth of a child]*.

1. Yes *(Go to SQ)* 2. No *(Go to Q26)*

SQ Then, when did you begin to live with your child again?

In 1. Showa
2. Heisei ____Year ____Month X Don't know

*(To all respondents)*
Q26. At present, do you have any children living separately from you? Please include married children, adopted children, or children-in-law.

1. Yes *(Go to next question)* 2. No *(Go to Q27)*

SQ1. How many children are living separately from you? *[Interviewer Note: Confirm number of children by referring to Q13 (2), Q14 (3), or Q24 (1).]*

_____ children * None

SQ2. How many of these children live within one hour's distance from your home?

_____ children * None

*(Ask all subjects)*
Q27. How many grandchildren do you have? It doesn't matter whether they live with you or not. *[Interviewer Note: Do not include great-grandchildren]*.

_____ children * None

*[Interviewer Note: If you find the respondent is having difficulty in answering questions, skip to Q105-Q113 that deal with memory]*.

**Social Integration - 1**

Q28. *[Interviewer confirmation--Refer to Q26 and record the following]*

1. Have no children living separately *(Skip to Q29)*
2. Have one child living separately
3. Have two or more children living separately

SQ1. *(Answer Sheet 5)* I would like to ask you about your children who are living separately. Altogether, how often do you meet one another, exchange phone calls, or write letters to them? Which of the following fits your situation?

1. More than once a week
2. About once a week
3. 2 or 3 times a month
4. About once a month
5. Less than once a month
6. Never
7. Don't know

SQ2. *(Answer sheet 5)* How often do you meet, exchange phone calls with, and write letters to, the child to whom you are closest? Which of the following fits your situation?

1. More than once a week
2. About once a week
3. 2 or 3 times a month
4. About once a month
5. Less than once a month
6. Never
7. Don't know

*(To all subjects)*

Q29. How many close friends do you have whom you can confide in and talk to about your personal thoughts and worries?

_____ friend(s) * None X Don't know

Q30. About how many neighbors do you know well enough to visit each other's homes?

_____ neighbor(s) * None X Don't know

Q31. *(Answer sheet 5)* About how many times do you visit each other's homes, meet, or go out with friends, neighbors, or relatives?

1. More than once a week
2. About once a week
3. 2 or 3 times a month
4. About once a month
5. Less than once a month
6. Never
7. Don't know

Q32. *(Answer Sheet 6)* On the average, how many times a week do you talk on the telephone with friends, neighbors, and relatives? Which of the following fits your situation?

1. More than once a week
2. About once a week
3. 2 or 3 times a month
4. About once a month
5. Less than once a month
6. Never
7. Don't know

Q33. Altogether, how many clubs or groups, such as neighborhood associations, self-governing councils, senior citizens clubs, business associations, religious groups, or similar organizations do you belong to?

_____ organization(s) * None *(Go to Q34)* X Don't know *(Go to Q34)*

SQ1. *(Answer sheet 7)* About how many times do you attend meetings of these groups? Which of the following fits your situation?

1. More than once a week
2. About once a week
3. 2 or 3 times a month
4. About once a month
5. Less than once a month
6. Never
7. Don't know

SQ2. How many positions do you hold in these groups?

_____ position(s)

1. 10 or more * None 3. Don't know

**State of Health**

Now I would like to ask you some questions about your health.

**High Blood Pressure**

Q34. At present, do you have high blood pressure?

1. Yes *(Go to SQ1)*
2. No *(Go to Q35)*
3. Don't know *(Go to SQ1)*

SQ1. Were you told you have high blood pressure by a doctor, nurse, public health nurse, or some other medical specialist?

1. Yes
2. Suspected
3. No *(Go to Q35)*

SQ2. When were you first told this?

1. Less than a year ago
2. 1 year ago or more but less than 3 years ago
3. 3 years ago or more but less than 5 years ago
4. 5 years ago or more
5. Can't remember

SQ3. In the past year, how many times did you visit the doctor for high blood pressure? Include your visits only for receiving medicine or pills, and consultations by telephone.

_____ time(s) * None X Can't remember

SQ4. In the past year, how many days were you hospitalized for high blood pressure?

_____ day(s) * Never X Can't remember

SQ5. At present, are you taking blood pressure medicine prescribed by a doctor?

1. Yes
2. No

SQ6. *(Answer sheet 8)* In the past 3 months, have you had any physical disorder or pain due to high blood pressure?

1. Very much 2. Some 3. A little 4. None 5. Don't know

SQ7. *(Answer sheet 8)* In the past 3 months, how much have you worried about your high blood pressure?

1. Very much 2. Some 3. A little 4. Not at all 5. Don't know

SQ8. How much is your daily life hindered by your high blood pressure? *(To subjects who respond affirmatively, ask the following:)* Is your daily life hindered slightly or considerably?

1. Not at all hindered
2. Slightly hindered
3. Considerably hindered
4. Don't know

**Diabetes**

Q35. Do you have diabetes?

1. Yes *(Go to SQ1)* 2. No *(Go to Q36)* 3. Don't know *(Go to SQ1)*

SQ1. Have you been told by a doctor, nurse, public health nurse, or by some other medical specialist that you have diabetes, that your blood sugar is high, or that there was sugar in your urine?

1. Yes 2. Suspected 3. No *(Go to Q36)*

SQ2. When were you first told this?

1. Less than a year ago
2. 1 year ago or more but less than 3 years ago
3. 3 years ago or more but less than 5 years ago
4. 5 years ago or more
5. Can't remember

SQ3. In the past year, how many times did you visit the doctor for diabetes? Include your visits only for receiving medicine and consultation by telephone.

_____ time(s) * None X Can't remember

SQ4. In the past year, how many days have you been hospitalized for diabetes?

_____day(s) * Never X Can't remember

SQ5. At present, are you taking diabetes medicine prescribed by a doctor?

1. Yes 2. No

SQ6. *(Answer sheet 8)* In the past 3 months, have you had any physical disorder or pain due to diabetes?

1. Very much 2. Some 3. A little 4. None 5. Don't know

SQ7. *(Answer sheet 8)* In the past 3 months, how much have you worried about your diabetes?

1. Very much 2. Some 3. A little 4. Not at all 5. Don't know

SQ8. How much is your daily life hindered by your diabetes? *(To subjects who respond affirmatively, ask the following:)* Is your daily life hindered slightly or considerably?

1. Not at all hindered
2. Slightly hindered
3. Considerably hindered
4. Don't know

SQ9. In the past month, how many days have you spent in bed the whole day or almost the whole day due to diabetes?

_____ day(s) * None X Can't remember

**Heart Disease**

Q36. Do you have heart disease?

1. Yes 2. No *(Go to Q37)* 3. Don't know

SQ1. Have you been told by a doctor, nurse, public health nurse, or by some other medical specialist that you have heart disease?

1. Yes 2. Suspected 3. No *(Go to Q37)*

SQ2. *(Answer sheet 9)* What kind of heart disease were you diagnosed as having?

1. Angina pectoris
2. Valvular disease
3. Hardening of the arteries
4. Myocardial infarction
5. Cardiomyopathy
6. Hypertrophy of the heart
7. Heart failure
8. Irregular pulse
9. Other (specify_____)
10. Don't know

SQ3. When was your heart disease first diagnosed?

1. Less than a year ago
2. 1 year ago or more but less than 3 years ago
3. 3 years ago or more but less than 5 years
4. 5 years ago or more
5. Can't remember

SQ4. In the past year, how many times did you visit the doctor for heart disease? Include your visits only for receiving medicine and consultation by telephone.

_____ time(s) * None X Can't remember

SQ5. In the past year, how many days have you been hospitalized for heart disease?

_____ day(s) * Never X Can't remember

SQ6. At present, are you taking heart disease medicine prescribed by a doctor?

1. Yes 2. No

SQ7. *(Answer sheet 8)* In the past 3 months, have you had any physical disorder or pain due to heart disease?

1. Very much 2. Some 3. A little 4. None 5. Don't know

SQ8. *(Answer sheet 8)* In the past 3 months, how much have you worried about your heart disease?

1. Very much 2. Some 3. A little 4. Not at all 5. Don't know

SQ9. How much is your daily life hindered by your heart disease? *(To subjects who respond affirmatively, ask the following):* Is your daily life hindered slightly or considerably?

1. Not at all hindered 2. Slightly hindered 3. Considerably hindered 4. Don't know

SQ10. In the past month, how many days have you spent in bed the whole day or almost the whole day due to heart disease?

_____ day(s) * None X Can't remember

**Stroke**

Q37. In the past year, have you experienced apoplexy, cerebral hemorrhage, or subarachnoid bleeding?

1. Yes *(Go to SQ1)* 2. No *(Go to Q38)* 3. Don't know *(Go to SQ1)*

SQ1. Have you been told by a doctor that you have apoplexy, cerebral hemorrhage, or subarachnoid bleeding?

1. Yes 2. Suspected 3. No *(Go to Q38)*

SQ2. When were you first told this?

1. Less than a year ago
2. 1 year ago or more but less than 3 years ago
3. 3 years ago or more but less than 5 years ago
4. 5 years ago or more
5. Can't remember

SQ3. In the past year, how many times did you visit the doctor for stroke? Include your visits only for receiving medicine and consultation by telephone.

_____ time(s) * None X Can't remember

SQ4. In the past year, how many days have you been hospitalized for stroke?

_____ day(s) * Never X Can't remember

SQ5. At present, are you taking stroke medicine prescribed by a doctor?

1. Yes 2. No

SQ6. *(Answer sheet 8)* In the past 3 months, have you had any physical disorder or pain due to stroke?

1. Very much 2. Some 3. A little 4. None 5. Don't know

SQ7. *(Answer sheet 8)* In the past 3 months, how much have you worried about your stroke?

1. Very much 2. Some 3. A little 4. Not at all 5. Don't know

SQ8. How much is your daily life hindered by your stroke? *(To subjects who respond affirmatively, ask the following):* Is your daily life hindered slightly or considerably?

1. Not at all hindered 2. Slightly hindered 3. Considerably hindered 4. Don't know

SQ9. In the past month, how many days have you spent in bed the whole day or almost the whole day due to stroke?

_____ day(s) * None X Can't remember

**Cancer**

Q38. Have you ever been told by a doctor that you had cancer or a malignant tumor?

1. Yes *(Go to SQ1)* 2. Suspected *(Go to SQ1)* 3. No *(Go to Q39)*

SQ1. *(Answer sheet 10)* What kind of malignant tumor was it?

1. lung cancer
2. breast cancer
3. cancer of the large intestine, small intestine, rectum, or anus
4. leukemia
5. skin cancer
6. cancer of the larynx, tongue, or other cancer inside the mouth
7. stomach cancer, esophagus cancer
8. cancer of the urethra, cancer of the prostate
9. cancer of the uterus
10. lymphatic cancer
11. pancreatic cancer, liver cancer
12. gall bladder cancer
13. other (specify_____)
14. Don't know

SQ2. When were you first told this?

1. Less than a year ago
2. 1 year ago or more but less than 3 years ago
3. 3 years ago or more but less than 5 years ago
4. 5 years ago or more
5. Can't remember

SQ3. In the past year, how many times did you visit the doctor for cancer? Include your visits only for receiving medicine and consultations by telephone.

_____time(s) * None X Can't remember

SQ4. In the past year, how many days have you been hospitalized for cancer?

_____ day(s) * Never X Can't remember

SQ5. At present, are you taking cancer medicine prescribed by a doctor?

1. Yes 2. No

SQ6. *(Answer sheet 8)* In the past 3 months, have you had any physical disorder or pain due to cancer?

1. Very much 2. Some 3. A little 4. None 5. Don't know

SQ7. *(Answer sheet 8)* In the past 3 months, how much have you worried about your cancer?

1. Very much 2. Some 3. A little 4. Not at all 5. Don't know

SQ8. How much is your daily life hindered by your cancer? *(To subjects who respond affirmatively, ask the following):* Is your daily life hindered slightly or considerably?

1. Not at all hindered 2. Slightly hindered 3. Considerably hindered 4. Don't know

SQ9. In the past month, how many days have you spent in bed the whole day or almost the whole day due to a malignant tumor?

_____ day(s) * None X Can't remember

**Respiratory Disease**

Q39. In the past year, have you had bronchitis, emphysema, asthma, pneumonia, or other respiratory diseases?

1. Yes *(Go to SQ1)* 2. No *(Go to Q40)* 3. Don't know *(Go to SQ1)*

SQ1. Have you been told by a doctor that you have respiratory disease?

1. Yes 2. Suspected 3. No *(Go to Q40)*

SQ2. In the past year, how many times did you visit the doctor for respiratory disease? Include your visits only for receiving medicine and consultations by telephone.

_____time(s) * None X Can't remember

SQ3. In the past year, how many days have you been hospitalized for respiratory disease?

_____ day(s) * Never X Can't remember

SQ4. At present, are you taking medicine for respiratory disease prescribed by a doctor?

1. Yes 2. No

SQ5. *(Answer sheet 8)* In the past 3 months, have you had any physical disorder or pain due to respiratory disease?

1. Very much 2. Some 3. A little 4. None 5. Don't know

SQ6. *(Answer sheet 8)* In the past 3 months, how much have you worried about your respiratory disease?

1. Very much 2. Some 3. A little 4. Not at all 5. Don't know

SQ7. How much is your daily life hindered by your respiratory disease? *(To subjects who respond affirmatively, ask the following):* Is your daily life hindered slightly or considerably?

1. Not at all hindered
2. Slightly hindered
3. Considerably hindered
4. Don't know

SQ8. In the past month, how many days have you spent in bed the whole day or almost the whole day due to respiratory disease?

_____ day(s) * None X Can't remember

**Broken Bones**

Q40. In the past year, have you had any broken bones or bone fractures?

| 1. Yes | 2. No | 3. Don't know |
|---|---|---|
| *(Go to SQ1)* | *(Go to Q41)* | *(Go to SQ1)* |

SQ1. Have you been told by a doctor, nurse, public health nurse, or by some other medical specialist that you had a broken bone or bone fractures?

| 1. Yes | 2. Suspected | 3. No |
|---|---|---|
| | | *(Go to Q41)* |

SQ2. Which bone was it?

| | |
|---|---|
| 1. hand (palm, finger) | 5. thigh |
| 2. wrist | 6. back or spine |
| 3. arm | 7. pelvis (hip) |
| 4. leg (from the knee down) | 8. other (specify_____) |

SQ3. In the past year, how many times did you visit the doctor for a broken bone? Include your visits for only receiving medicine or telephone consultation.

_____ time(s) * None X Can't remember

SQ4. In the past year, how many days have you been hospitalized for a broken bone?

_____ day(s) * Never X Can't remember

SQ5. At present, are you taking medicine for a broken bone prescribed by a doctor?

1. Yes 2. No

SQ6. *(Answer sheet 8)* In the past 3 months, have you had any physical disorder or pain due to broken bones?

1. Very much 2. Some 3. A little 4. Not at all 5. Don't know

SQ7. *(Answer sheet 8)* In the past 3 months, how much have you worried about your broken bones?

1. Very much 2. Some 3. A little 4. Not at all 5. Don't know

SQ8. How much is your daily life hindered by your broken bones? *(To subjects who respond affirmatively, ask the following):* Is your daily life hindered slightly or considerably?

| | |
|---|---|
| 1. Not at all hindered | 3. Considerably hindered |
| 2. Slightly hindered | 4. Don't know |

SQ9. In the past month, how many days have you spent in bed the whole day or almost the whole day due to broken bones?

_____ day(s) * None X Can't remember

**Arthritis, Neuralgia, Rheumatism**

Q41. At present, do you have arthritis, neuralgia, or rheumatism?

1. Yes *(Go to SQ1)* 2. No *(Go to Q42)* 3. Don't know

SQ1. Have you been told by a doctor, nurse, public health nurse, or by some other medical specialist that you have arthritis, neuralgia or rheumatism?

1. Yes 2. Suspected 3. No *(Go to Q42)*

SQ2. When were you first told this?

1. Less than a year ago
2. 1 year ago or more but less than 3 years ago
3. 3 years ago or more but less than 5 years ago
4. 5 years ago or more
5. Can't remember

SQ3. In the past year, how many times did you visit the doctor for arthritis, neuralgia, or rheumatism? Include your visits only for receiving medicine or consultation by telephone.

_____ time(s) * None X Can't remember

SQ4. In the past year, how many days have you been hospitalized for arthritis, neuralgia, or rheumatism?

_____ day(s) * Never X Can't remember

SQ5. At present, are you taking medicine for arthritis, neuralgia, or rheumatism prescribed by a doctor?

1. Yes 2. No

SQ6. *(Answer sheet 8)* In the past 3 months, have you had any physical disorder or pain due to arthritis, neuralgia, or rheumatism?

1. Very much 2. Some 3. A little 4. None 5. Don't know

SQ7. *(Answer sheet 8)* In the past 3 months, how much have you worried about your arthritis, neuralgia, or rheumatism?

1. Very much 2. Some 3. A little 4. Not at all 5. Don't know

SQ8. How is your daily life hindered by arthritis, neuralgia, or rheumatism? *(To subjects who respond affirmatively, ask the following):* Is it hindered slightly or considerably?

1. Not at all hindered
2. Slightly hindered
3. Considerably hindered
4. Don't know

SQ9. In the past month, how many days have you spent in bed the whole day or almost the whole day due to arthritis, neuralgia, or rheumatism?

_____ day(s) * None X Can't remember

**Chronic Back Pain**

Q42. At present, do you have chronic back pain?

1. Yes *(Go to SQ1)* 2. No *(Go to Q43)* 3. Don't know *(Go to SQ1)*

SQ1. How long have you suffered from back pain?

_____year(s) _____month(s) Can't remember

SQ2. In the past year, how many times did you visit the doctor for chronic back pain? Include your visits only for receiving medicine and consultation by telephone.

_____ time(s) * None X Can't remember

SQ3. In the past year, how many days have you been hospitalized for chronic back pain?

_____ day(s) * Never X Can't remember

SQ4. At present, are you taking back pain medicine prescribed by a doctor?

1. Yes 2. No

SQ5. *(Answer sheet 8)* In the past 3 months, have you had any physical disorder or pain due to chronic back pain?

1. Very much 2. Some 3. A little 4. None 5. Don't know

SQ6. *(Answer sheet 8)* In the past 3 months, how much have you worried about your chronic back pain?

1. Very much 2. Some 3. A little 4. Not at all 5. Don't know

SQ7. How much is your daily life hindered by your chronic back pain? *(To subjects who respond affirmatively, ask the following):* Is it hindered slightly or considerably?

1. Not at all hindered
2. Slightly hindered
3. Considerably hindered
4. Don't know

SQ8. In the past month, how many days have you spent in bed the whole day or almost the whole day due to chronic back pain?

_____ day(s) * None X Can't remember

**Disease of the Liver or Gall Bladder**

Q43. At present, do you have liver or gall bladder disease?

1. Yes *(Go to SQ1)* 2. No *(Go to Q44)* 3. Don't know *(Go to SQ1)*

SQ1. Have you ever been told by a doctor that you had liver or gall bladder disease?

1. Yes 2. Suspected 3. Don't know *(Go to Q44)*

SQ2. *(Answer sheet 11)* Specifically, what kind of disease is it?

1. acute hepatitis
2. chronic hepatitis
3. cirrhosis
4. gall bladder inflammation
5. gall stones
6. abscess of the liver
7. other diseases of the liver and gall bladder (specify)
8. Don't know

SQ3. How old were you when you were told by a doctor that you had this disease?

_____ year(s) old X Can't remember

SQ4. In the past year, how many times did you visit the doctor for liver or gall bladder disease? Include your visits only for receiving medicine and consultations by telephone.

_____ time(s) * None X Can't remember

SQ5. In the past year, how many days have you been hospitalized for liver or gall bladder disease?

_____ days * Never X Can't remember

SQ6. At present, are you taking liver or gall bladder disease medicine prescribed by a doctor?

1. Yes 2. No

SQ7. *(Answer sheet 8)* In the past 3 months, have you had any physical disorder or pain due to liver or gall bladder disease?

1. Very much 2. Some 3. A little 4. None 5. Don't know

SQ8. *(Answer sheet 8)* In the past 3 months, how much have you worried about your liver or gall bladder disease?

1. Very much 2. Some 3. A little 4. Not at all 5. Don't know

SQ9. How much is your daily life hindered by your liver or gall bladder disease? *(To subjects who respond affirmatively, ask the following):* Is it hindered slightly or considerably?

1. Not at all hindered 2. Slightly hindered 3. Considerably hindered 4. Don't know

SQ10. In the past month, how many days have you spent in bed the whole day or almost the whole day due to liver or gall bladder disease?

_____ day(s) * None X Can't remember

Q44. Do you wear eyeglasses including reading glasses or contact lenses?

1 Yes [ASK (1)] 2 No [ASK (2)]

(1) *(Answer sheet 12)*
With your eyeglasses or contact lenses how well can you see?

1 Can see extremely well
2 Can see well
3 Can see so-so
4 Cannot see very well
5 Cannot see at all
6 Don't know

(2) *(Answer sheet 12)*
How well can you see?

1 Can see extremely well
2 Can see well
3 Can see so-so
4 Cannot see very well
5 Cannot see at all
6 Don't know

Q45. Do you use a hearing aid?

1 Yes [ASK (1)] 2 No [ASK (2)]

(1) *(Answer sheet 13)*
With your hearing aid, how well can you hear?

1 Can hear extremely well
2 Can hear well
3 Can hear so-so
4 Cannot hear very well
5 Cannot hear at all
6 Don't know

(2) *(Answer sheet 12)*
How well can you hear?

1 Can hear extremely well
2 Can hear well
3 Can hear so-so
4 Cannot hear very well
5 Cannot hear at all
6 Don't know

**State of Health and Physical Handicaps**

Q46. (1) *(Answer sheet 14 [1])* Are you presently suffering from any of the following illnesses? *(Ask about 1-13 one by one).*

(2) *(Answer sheet 14 [2])*

*(If "yes", ask the following for that illness):* To what degree is_____ (read the name of the illness) a hindrance in your daily life--absolutely no hindrance? A slight hindrance? A considerable hindrance? Which is appropriate for your condition?

| | (1) Has illness or not | | | (2) Degree of hindrance in daily life | | | |
|---|---|---|---|---|---|---|---|
| | Yes | No | DK | None | Slight | Considerable | DK |
| (1) Cataracts | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (2) Glaucoma | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (3) Detached retina or other diseases of the retina | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (4) Parkinson's disease | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (5) Anemia | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (6) Phlebitis or other diseases of the veins in the leg | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (7) Stomach or intestinal ulcers | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (8) Kidney disease | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (9) Disease of the thyroid | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (10) Gout | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (11) Tuberculosis | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (12) Bedsores, ulcers of the feet, serious burns, or other diseases of the skin | 1 | 2 | 3 | 1 | 2 | 3 | 4 |
| (13) (Only ask males) Diseases of the prostate gland (difficult or painful urination, etc.) | 1 | 2 | 3 | 1 | 2 | 3 | 4 |

Q47. *(Answer sheet 15):* I would like to ask you some questions about your daily life. Can you perform the activities I describe without the help of another person, or is it difficult? Please answer each question. *[Interviewer Note: Even if a respondent has not done such a thing, ask the respondent, if he/she had to do it, whether he/she could do it.]*

*[Questionnaire (B)] Ask from (1-1) to (14-1).*
*If the respondent says YES, skip the question.*

| Because of a health or physical problem, do you have any difficulty.... | Can do entirely without help | Slightly difficult | Fairly difficult | Extremely difficult | Cannot do at all | DK |
|---|---|---|---|---|---|---|
| 1. going out shopping for personal items, medicines, etc? (1-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. depositing and withdrawing money from your savings, paying bills, and managing financial matters? (2-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. making telephone calls? (3-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. taking a bath? (4-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. climbing 2-3 flights of stairs? (5-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. walking about 200-300 meters? (6-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. doing work around the house that requires strength (e.g. shoveling snow, removing and washing windows, etc.?) (7-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. going out alone, riding a bus or subway? (8-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Dressing or undressing yourself? (9-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Eating? (10-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Getting out of bed, getting up or sitting down in chairs, etc.? (11-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Going out of the house? (12-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. Going to the lavatory (in your own home) and relieving yourself? (13-1) | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Dusting furniture, taking out the garbage, changing light bulbs, or other light housework? (14-1) | 1 | 2 | 3 | 4 | 5 | 6 |

Q48. Within the last year have you ever had an incident where you were unable to reach the lavatory in time?

1. Yes 2. No

Q49. *(Answer sheet 16)* Can you do the following without assistance or any aids such as a cane or support? Or is it difficult? Please answer each question. *[Interviewer Note: Even if a respondent has not done such a thing, ask the respondent if he/she had to do it, could he/she do it.?]*

*[Questionnaire B] Ask from (15-1) to (22-1).*
*If the respondent says YES, skip the question.*

| | Can do entirely without help | Slightly difficult | Extremely difficult | Cannot do at all | DK |
|---|---|---|---|---|---|
| 1. Stand continuously for about 15 minutes? (15-1) | 1 | 2 | 3 | 4 | 5 |
| 2. Stand continuously for about 2 hours? (16-1) | 1 | 2 | 3 | 4 | 5 |
| 3. Squat and get down on your knees? (17-1) | 1 | 2 | 3 | 4 | 5 |
| 4. Stretch out your hand and reach for some-thing above your head? (18-1) | 1 | 2 | 3 | 4 | 5 |
| 5. Grasp something with your fingers and use your fingers freely? (19-1) | 1 | 2 | 3 | 4 | 5 |
| 6. Lift and carry a heavy weight such as 10 kg of rice? (20-1) | 1 | 2 | 3 | 4 | 5 |
| 7. Engage in strenuous sports such as swimming, tennis, skiing, jogging, volleyball, etc.? (21-1) | 1 | 2 | 3 | 4 | 5 |
| 8. Run short distance (20-30m)? (22-1) | 1 | 2 | 3 | 4 | 5 |

Q50. In the past 2 weeks, have you been laid up in bed due to an illness or injury?

1. Yes (Go to next question) 2. No (Go to Q51)

SQ. In the past 2 weeks, how many days have you stayed in bed for half a day or more due to an illness or injury?

_____ day(s) X Don't know

Q51. *(Answer sheet 17)* On the whole, how is your health at the present time? Which of these fits your situation best? *[Questionnaire B] Ask (23-1)*

| 1. Perfectly healthy | 2. Fairly healthy | 3. Okay | 4. Not very healthy | 5. Not at all healthy | 6. Don't know |
|---|---|---|---|---|---|

Q52. Compared to other people of your age, do you think your health is better, about the same or worse? *[Questionnaire B] Ask (24-1)*

1. Better 2. About the Same 3. Worse 4. Don't Know

Q53. Do you think your present state of health is better, about the same or worse, than it was a year ago?

1. Better 2. About the Same 3. Worse 4. Don't Know

Q54. On the whole, are you satisfied with your state of health? Please choose from among the following.

| 1. Extremely satisfied | 2. Moderately satisfied | 3. Can't say either | 4. Not very satisfied | 5. Not at all satisfied | 6. Don't know |
|---|---|---|---|---|---|

**Health Care Utilization**

Q55. In the past year, how many times have you had a periodical medical examination or a comprehensive medical examination in a hospital?

_____ time(s) * None X Don't know

Q56. In the past year, how many nights have you spent in the hospital for comprehensive medical examinations of one night or more?

_____ night(s) o None X Don't know

Q57. Do you have a personal physician whom you always go to whenever you have a problem with your health?

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

Q58. In the past 3 months, how many times did you visit the doctor for diagnosis or treatment of disease? Please include your visits only for receiving medicine or consultations by telephone, but do not include visits to the dentist or hospitalizations.

___ time(s) * None X Don't know

Q59. Then, in the past year, how many times did you visit the doctor? Please include your visits only for receiving medicine and consultations by telephone.

___ time(s) * None X Don't know

Q60. In the past 6 months, how many days have you been hospitalized? Please do not include hospital stay for comprehensive medical examinations only.

___ day(s) * None X Don't know

Q61. Then, in the past year, how many days have you been hospitalized?

___ day(s) * None X Don't know

Q62. In the past 3 months, have you consulted a family doctor, psychiatrist, welfare office, counseling center, or social worker because of personal or emotional problems?

1 Yes *(Go to SQ)* 2 No*(Go to Q63*)
*[Questionnaire (B) Ask (25-1)]*

SQ In the past 3 months, how many times have you consulted these kinds of people?

_____ time(s) X Can't remember / Don't know

Q63. *(Answer sheet 19)*
In the past 3 months, have you gone to any of the following specialists in traditional medicine? (M.A.)

1. Chiropractor/bonesetter
2. Herbalist
3. Acupuncturist
4. Moxa specialist
5. Massage, pressure point therapist
6. Did not go *(Go to Q64)*
7. Don't know *(Go to Q64)*

SQ. Altogether, how many times in the past 3 months did you go to these specialists?

___ time(s) X Don't know

Q64. Are you taking any of the following medications prescribed by a doctor or purchased at a drugstore? If so, do you take the medication regularly or only when you need it?
*[Interviewer Note: Elicit response by reading aloud each entry from 1-4]*

| | 1<br>Do not take | 2<br>Take Regularly | 3<br>Take when necessary | 4<br>DK |
|---|---|---|---|---|
| 1. To raise your spirits? | 1 | 2 | 3 | 4 |
| 2. Sleeping pill? | 1 | 2 | 3 | 4 |
| 3. To calm you down? | 1 | 2 | 3 | 4 |
| 4. Pain-killers? | 1 | 2 | 3 | 4 |

Q65. How tall are you without shoes on? *[Note: 1 Shaku = 30.3 cm]*

____cm or (___Shaku ___Sun) X Don't know

*[Interviewer Note: If the answer seems wrong apparently, or if the interviewer can guess, enter below]*.

*About ____cm*

Q66. About how much do you weigh? *[Interviewer Note: If the answer seems apparently wrong confirm again]*.

____kg or (____Kan) X Don't know

Q67. Including naps, how many hours a day do you sleep? *[Note: Sleep time at night is measured from the time you get into bed at night until you get out of bed the next morning]*.

___ hour(s) X Don't know

Q68. *(Answer sheet 20)* Do you often do the following activities? Please choose a suitable answer for each question from among the following.

| | Often | Sometimes | Seldom | Not at all | DK |
|---|---|---|---|---|---|
| (1) Yard work (for example gardening, planting vegetables) | 1 | 2 | 3 | 4 | 5 |
| (2) Exercise, sports | 1 | 2 | 3 | 4 | 5 |
| (3) Take a stroll or walk a considerable distance (over 1 km or ten blocks) | 1 | 2 | 3 | 4 | 5 |

Q69. *(Answer sheet 21)* Do you eat breakfast every day or sometimes? Please choose from among the following.

1 Eat every day
2 Eat almost every day
3 Eat sometimes
4 Eat rarely
5 Never eat
6 Don't know

Q70. *(Answer sheet 21)* How often do you eat in between meals? Every day, sometimes? Please choose from among the following.

1 Eat every day
2 Eat almost every day
3 Eat sometimes
4 Eat rarely
5 Never eat
6 Don't know

Q71. Do you ever drink beer, wine, or liquor? *[Interviewer Note: Include drinking once in a while]*.

1. Yes *(Go to SQ1)*
2. No *(Go to Q72)*

SQ1 During the last month, on how many days did you drink beer, wine or liquor?

___ Days/Month * Didn't drink during the last month X Don't know

SQ2 On days that you drink, how much alcohol do you consume?

*[Interviewer Note: See Exchange Below -- Exchange into Japanese Sake and enter]*.

_____._____ Go Volume exchange:

X Don't know

1 bottle of beer = Japanese sake 1 go
1 go of wine = 0.7 go of Japanese sake
2 shots of whiskey or sho chu = 1 go of sake
1 tokkuri bottle of sake at restaurant = 0.7 go of sake

SQ3. In the past year, have you experienced any of the following?

1. Have you ever drunk liquor and lost consciousness or lost your memory for a certain period of time?

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

2. Have any problems arisen between yourself and your family or friends as a result of your drinking?

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

3. Have you suffered any injuries as a result of your drinking?

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

4. Have you had any problems with your health as a result of your drinking?

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

*(To all respondents)*

Q72. Do you smoke at present?

1. Yes *(Go to SQ1)* *(Ask SQ1 and SQ2)*
2. No *(Go to SQ3)* *(Ask SQ3 to SQ5)*

SQ1. How many years have you been smoking?

___ year(s)  X Don't know

SQ2. On the average, how many cigarettes a day do you smoke? *[Interviewer Note: count a pipe as one cigarette]*.

___ cigarettes  X Don't know

SQ3. Have you ever smoked tobacco regularly?

1. Yes
2. No *(Go to Q73)*

SQ4. How many years did you smoke?

__ year(s)  X Don't know

SQ5. When you smoked, on the average about how many cigarettes a day did you smoke? *[Interviewer Note: count a pipe as one cigarette]*.

___ cigarettes  X Don't know

**Life Satisfaction Measure A**

Q73. *(Answer sheet 22)* I would like to ask you how you feel about your life up till now and your life at present. Answer for each question, I think so, I can't say either, or I don't think so. *[Questionnaire (B)] Ask (26-1) to (8-2).*

| | Agree | Disagree | Cannot say either | Cannot understand the question |
|---|---|---|---|---|
| (1) I have been luckier than most of the other people I know. *Ask (26-1)* | 1 | 2 | 3 | 4 |
| (2) My life could be happier than it is now. *Ask (27-1)* | 1 | 2 | 3 | 4 |
| (3) Now is the happiest time of my life. *Ask (1-2)* | 1 | 2 | 3 | 4 |
| (4) The things I do are boring and always the same. *Ask (2-2)* | 1 | 2 | 3 | 4 |
| (5) I expect some interesting and enjoyable things in the future. *Ask (3-2)* | 1 | 2 | 3 | 4 |
| (6) Compared to when I was young, the things I am doing now are fun. *Ask (4-2)* | 1 | 2 | 3 | 4 |
| (7) I feel old and slightly tired. *Ask (5-2)* | 1 | 2 | 3 | 4 |
| (8) Looking back on my life, I am fairly well satisfied. *Ask (6-2)* | 1 | 2 | 3 | 4 |
| (9) If I could change my past, I would change it. *Ask (7-2)* | 1 | 2 | 3 | 4 |
| (10) Until now I have been able to obtain almost everything I have desired. *Ask (8-2)* | 1 | 2 | 3 | 4 |

**Social Integration - 2**

Q74. How often do you feel isolated from other people? Almost never, sometimes, often? Which of these fits your situation? *[Questionnaire (B)] ask (9-2).*

1. Never 2. Sometimes 3. Often 4. Don't know

Q75. Do you think there is anyone who understands you very well? Or do you think there is no such person? Or can't you say either? *[Questionnaire (B)] ask (10-2)*

1 I think there is
2 I don't think there is
3 I can't say either
4 Don't know

**Social Support**

*[Interviewer Note: Ascertain the following from Q12, Q24 (1), Q26, and Q27].*

(1) ___ living with spouse or separated from spouse

(2) ___divorced from spouse, widowed or never married
*(Record "spouse" columns below as NA)*

(3) ___Have children or grandchildren *(including in-laws and adopted children)*

(4) ___No children or grandchildren *(including in-laws and adopted children). (Record "children" columns below as NA)*

Next, I would like to ask you about various kinds of support you receive from your family, relatives, friends, neighbors, and others.

Q76. *(Answer sheet 23)* First, I would like to ask to what degree these different people listen to you when you are worried or troubled? Please choose from among the following.

(1) *[If respondent has no spouse, skip to (2)]* How about your husband/wife?

(2) *[If respondent has no children or grandchildren, skip to (3)]* How about your children and grandchildren? How well do they listen to you?

(3) How about your relatives, friends, and neighbors? How well do they listen to you?

| | (1)Spouse | (2)Children & children-in-law & grandchildren | (3)Other |
|---|---|---|---|
| 1) they listen very well | _____ | _____ | _____ |
| 2) they listen well | _____ | _____ | _____ |
| 3) they listen "so-so" | _____ | _____ | _____ |
| 4) they don't listen very well | _____ | _____ | _____ |
| 5) they don't listen at all | _____ | _____ | _____ |
| 6) I have no worries or troubles | _____ | _____ | _____ |
| - I don't or wouldn't talk | _____ | _____ | _____ |
| - Don' Know | _____ | _____ | _____ |
| - NA | _____ | _____ | _____ |
| *If not NA* | *[Questionnaire (B)] Ask (11-2)* | *[Questionnaire (B)] Ask (12-2)* | *[Questionnaire (B)] Ask (13-2)* |

(4) Then, who is the person who listens to your worries and troubles best? Second best? Please answer specifying their relationship to you.

First _____ Code _____ *[Questionnaire (B) Ask (14-2)*

Second _____ Code _____

*[CODE]*

| | | | |
|---|---|---|---|
| 00 | Spouse | 08 | Neighbor |
| 01 | Son | 09 | Brother |
| 02 | Daughter | 10 | Sister |
| 03 | Son-in-law | 11 | Parent |
| 04 | Daughter-in-law | 12 | Other relative |
| 05 | Grandson | 13 | No one |
| 06 | Granddaughter | 14 | Do not talk |
| 07 | Friend | 15 | DK |

Q77. *(Answer sheet 24)* Next, I would like to ask you how much the people who are close to you show you consideration and make you feel cared for? Please choose from among the following.

(1) *[If respondent has no spouse, skip to (2)]* How about your husband/wife?

(2) *[If respondent has no children or grandchildren, skip to (3)]* How about your children and grandchildren?

(3) Then, how about your relatives, friends, and neighbors?

| | (1)Spouse | (2)Children children-in-law & grandchildren | (3)Other |
|---|---|---|---|
| 1) show very much | _____ | _____ | _____ |
| 2) show much | _____ | _____ | _____ |
| 3) show "so-so" much | _____ | _____ | _____ |
| 4) cannot expect very much | _____ | _____ | _____ |
| 5) can expect nothing | | _____ | _____ |
| - Don't know | _____ | _____ | _____ |
| - NA | _____ | _____ | _____ |

| | | | |
|---|---|---|---|
| *If not NA* | *[Questionnaire (B)] Ask (15-2)* | *[Questionnaire (B)] Ask (16-2)* | *[Questionnaire (B)] Ask (17-2)* |

Q78. *(Answer sheet 25)* How satisfied are you with such emotional support you receive from those people?

(1) *[If respondent has no spouse, skip to (2)]* How about this type of emotional support from your husband/wife?

(2) *[If respondent has no children or grandchildren skip to (3)]* How about this type of emotional support from your children, children-in-law, and grandchildren?

(3) Then how about this type of emotional support from your friends, neighbors, and relatives?

| | | (1)Spouse | (2)Children and grandchildren | (3)Other |
|---|---|---|---|---|
| a) | Very satisfied | _____ | _____ | _____ |
| b) | Satisfied | _____ | _____ | _____ |
| c) | Not satisfied at all | _____ | _____ | _____ |
| - | I don't or shouldn't expect it | _____ | _____ | _____ |
| - | Don't know | _____ | _____ | _____ |
| - | N/A | _____ | _____ | _____ |
| *If Not N/A* | | *Questionnaire (B) Ask (18-2)* | *Questionnaire (B) Ask (19-2)* | *Questionnaire (B) Ask (20-2)* |

Q79. *(Answer sheet 26)* When you are ill, how much help can you expect from the people around you? Please choose from the following.

(1) *[If respondent has no spouse, skip to (2)]* How much can you count on your husband/wife?

(2) *[If respondent has no children or grandchildren, skip to (31)]* How much can you count on your children, children-in-law, and grandchildren?

(3) How much can you count on your friends, neighbors, and relatives?

| | | (1)Spouse | (2)Children and grandchildren | (3)Other |
|---|---|---|---|---|
| a) | A great deal | _____ | _____ | _____ |
| b) | Quite a bit | _____ | _____ | _____ |
| c) | Some | _____ | _____ | _____ |
| d) | A little | _____ | _____ | _____ |
| e) | Not at all | _____ | _____ | _____ |
| - | Shouldn't expect | _____ | _____ | _____ |
| - | Don't know | _____ | _____ | _____ |
| - | N/A | _____ | _____ | _____ |
| *If not N/A* | | *[Questionnaire (B)] Ask (21-1)* | *[Questionnaire (B)] Ask (22-2)* | *[Questionnaire (B)] Ask (23-2)* |

(4) Whom can you count on most, and second most, if any? Please answer specifying their relationship to you.

First_____ Code____ *[Questionnaire (B)] Ask (24-2)*

Second_____ Code____

[CODE]

| | |
|---|---|
| 00 Spouse | 08 Neighbor |
| 01 Son | 09 Brother |
| 02 Daughter | 10 Sister |
| 03 Son-in-law | 11 Parent |
| 04 Daughter-in-law | 12 Other relative |
| 05 Grandson | 13 None |
| 06 Granddaughter | 14 Don't know |
| 07 Friend | |

(5) *(Answer sheet 27)* During the past year, how often did the people around you help you when you were sick? Please choose from among the following. *[Questionnaire (B)] Ask (25-2)*

1. Helped always
2. Helped in most cases
3. Helped sometimes
4. Did not help very much
5. Did not help at all
6. Wasn't sick, did not need help
7. Don't know

Q80. *(Answer sheet 28)* When you need financial assistance, how much help can you expect from people around you? Please choose from among the following.

(1) *[If respondent has no children or grandchildren, skip to (2)]* How about your children and grandchildren? How much help can you expect from them?

(2) How about your relatives, friends, and neighbors? How much help can you expect from them?

| | (1)Children children-in-law & grandchildren | (2)Other |
|---|---|---|
| 1) can expect a great deal | _____ | _____ |
| 2) can expect a moderate amount | _____ | _____ |
| 3) can't say either | _____ | _____ |
| 4) cannot expect very much | _____ | _____ |
| 5) can expect nothing | _____ | _____ |
| - shouldn't expect | _____ | _____ |
| - don't know | _____ | _____ |
| - n/a | _____ | _____ |

*If not NA* *[Questionnaire (B)] Ask (26-2)* *[Questionnaire (B)] Ask (27-2)*

(3) *(Answer sheet 29)* During the past year, how often did these people provide you financial assistance when you needed it? *[Questionnaire (B)] Ask (1-3).*

| | | | |
|---|---|---|---|
| 1. | Always | 6. | There was no need |
| 2. | Most times | 7. | Don't know |
| 3. | Sometimes | | |
| 4. | Seldom | | |
| 5. | Never | | |

Q81. *(Answer sheet 30)* How satisfied are you with the sick care and financial assistance you get from the people around you? Please choose from the following.

(1) *[If respondent has no spouse, skip to(2)]* How about from your husband/wife?

(2) *[If respondent has no children or grandchildren, skip to (3)]* How about the kind of help you receive from your children, children-in-law, and grandchildren?

(3) How about the kind of help you receive from your friends, neighbors, and relatives?

| | (1)Spouse | (2)Children and grandchildren | (3)Other |
|---|---|---|---|
| a) Very satisfied | _____ | _____ _____ | |
| b) Satisfied | _____ | _____ _____ | |
| c) Not satisfied at all | _____ | _____ _____ | |
| - Don't expect or | | | |
| - Shouldn't expect | _____ | _____ _____ | |
| - Don't know | _____ | _____ _____ | |
| - N/A | _____ | _____ _____ | |

*If not N/A* *[Questionnaire (B)] Ask (2-3)* *[Questionnaire (B)] Ask (3-3)* *[Questionnaire (B)] Ask (4-3)*

Q82. *(Answer sheet 31).* Do you think that the people close to you make too many demands on you? Please choose from among the following.

(1) *[If respondent has no spouse, skip to (2)]* How about your husband/wife?

(2) *[If respondent has no children or grandchildren, skip to (3)]* How about your children and grandchildren?

(3) How about your friends, neighbors, and relatives?

| | | (1)Spouse | (2)Children and grandchildren | (3)Other |
|---|---|---|---|---|
| a) excessive | | _____ | _____ | _____ |
| b) somewhat excessive | | _____ | _____ | _____ |
| c) can't say | | _____ | _____ | _____ |
| d) not very many | | _____ | _____ | _____ |
| e) no, they do not | | _____ | _____ | _____ |
| - Don't know | _____ | _____ | _____ | |
| - NA | | _____ | _____ | _____ |
| *If not N/A* | | *[Questionnaire (B)] Ask (5-3)* | *[Questionnaire (B)] Ask (6-3)* | *[Questionnaire (B)] Ask (7-3)* |

Q83. *(Answer sheet 32)* Do the people around you complain about or find fault with the things you do? Please choose from among the following.

(1) *[If respondent has no spouse, skip to (2)]* How about your husband/wife?

(2) *[If respondent has no children or grandchildren, skip to (3)]* How about your children and grandchildren?

(3) Then, how about your relatives, friends, and neighbors?

| | (1)Spouse | (2)Children children-in-law & grandchildren | (3)Other |
|---|---|---|---|
| 1) a great deal | _____ | _____ | _____ |
| 2) quite a bit | _____ | _____ | _____ |
| 3) can't say | _____ | _____ | _____ |
| 4) not very much | _____ | _____ | _____ |
| 5) no, they do not | _____ | _____ | _____ |
| - Don't know | _____ | _____ | _____ |
| - NA | _____ | _____ | _____ |
| *If not N/A* | *[Questionnaire (B)] Ask (8-3)* | *[Questionnaire (B)] Ask (9-3)* | *[Questionnaire (B)] Ask (10-3)* |

Q84. *(Answer sheet 32)* Do you feel that people around you are too protective of you? Please choose from among the following.

(1) *[If respondent has no spouse, skip to (2)]* How about your husband/wife?

(2) *[If respondent has no children or grandchildren, skip to (3)]* How about your children, children-in-law, and grandchildren?

(3) How about your friends, neighbors, and relatives?

| | (1)Spouse | (2)Children and grandchildren | (3)Other |
|---|---|---|---|
| a) A great deal | _____ | _____ | _____ |
| b) Quite a bit | _____ | _____ | _____ |
| c) Some | _____ | _____ | _____ |
| d) A little | _____ | _____ | _____ |
| e) Not at all | _____ | _____ | _____ |
| - Don't know | _____ | _____ | _____ |
| - NA | _____ | _____ | _____ |
| *If not N/A* | *[Questionnaire (B)] Ask (11-3)* | *[Questionnaire (B)] Ask (12-3)* | *[Questionnaire (B)] Ask (13-3)* |

Q85. *(Answer sheet 33)* Do you think that people around you are a financial burden on you? Please choose from among the following.

(1) *[If respondent has no children or grandchildren, skip to (2)]* How much are your children, children-in-law, and grandchildren a financial burden on you?

(2) How much are your friends, neighbors, and relatives a financial burden on you?

| | (1)Children and grandchildren | (2)Other |
|---|---|---|
| a) A great deal | _____ | _____ |
| b) Quite a bit | _____ | _____ |
| c) Some | _____ | _____ |
| d) A little | _____ | _____ |
| e) Not at all | _____ | _____ |
| - Don't know _____ | _____ | |
| - NA | _____ | _____ |
| *If not N/A* | *[Questionnaire (B)] Ask (14-3)* | *[Questionnaire (B)] Ask (15-3)* |

Q86. (Answer sheet 34) Now, I would like to ask you about what you do for the people around you. When the people close to you wish to talk to you about some worry or trouble, how often do you listen to them? Which of the following fits your situation?

(1) *[If respondent has no spouse, skip to (2)]*. How about your husband/wife?

(2) *[If respondent has no children or grandchildren, skip to (3)]*. How about your children or grandchildren?

(3) Then, how about your relatives, friends, or neighbors?

| | (1) Spouse | (2)Children/children-in-law & grandchildren | (3)Other |
|---|---|---|---|
| (1) Listen always | _____ | _____ | _____ |
| (2) Listen most of the time | _____ | _____ | _____ |
| (3) Listen sometimes | _____ | _____ | _____ |
| (4) Don't listen very often | _____ | _____ | _____ |
| (5) Never Listen | _____ | _____ | _____ |
| - Don't know | _____ | _____ | _____ |
| - NA | _____ | _____ | |
| *If not N/A* | *[Questionnaire (B)] Ask (16-3)* | *[Questionnaire (B)] Ask (17-3)* | *[Questionnaire (B)] Ask (18-3)* |

Q87. *(Answer sheet 35)* When people close to you undergo some hardship, how often do you encourage and comfort them? Which of the following situations fits your situation?

(1) *[If respondent has no spouse, skip to (2)]*. How about your husband/wife?

(2) *[If respondent has no children or grandchildren, skip to (3)]*. How about your children or grandchildren?

(3) Then, how about your relatives, friends, or neighbors?

| | (1) Spouse | (2)Children/children-in-law & grandchildren | (3)Other |
|---|---|---|---|
| (1) Always | _____ | _____ | _____ |
| (2) Most of the time | _____ | _____ | _____ |
| (3) Sometimes | _____ | _____ | _____ |
| (4) Very often | _____ | _____ | _____ |
| (5) Never | _____ | _____ | _____ |
| - Don't know | _____ | _____ | _____ |
| - NA | _____ | _____ | _____ |
| *If not N/A* | *[Questionnaire (B)] Ask (19-3)* | *[Questionnaire (B)] Ask (20-3)* | *[Questionnaire (B)] Ask (21-3)* |

Q88. *(Answer sheet 36)* How adequate do you think is this type of emotional support you provide those people around you? Which of the following situations fits your situation? *[Questionnaire (B)] Ask (22-3)*

1) Adequate
2) Not quite adequate
3) Not adequate at all
4) Don't know

Q89. *(Answer sheet 37)* How useful do you feel you are to people around you?

(1) *[If respondent has no spouse, skip to (2)]*. How about to your husband/wife? Which of the following fits your situation?

(2) *[If respondent has no children or grandchildren, skip to (3)]*. How about to your children or grandchildren?

(3) Then, how about to your relatives, friends, and neighbors?

| | (1)Spouse | (2)Children and grandchildren | (3)Other |
|---|---|---|---|
| a) Very useful | _____ | _____ | _____ |
| b) Sort of useful | _____ | _____ | _____ |
| c) Can't say either | _____ | _____ | _____ |
| d) Not very useful | _____ | _____ | _____ |
| e) Not useful at all | _____ | _____ | _____ |
| - Don't Know | _____ | _____ | _____ |
| - NA | | | |
| *If not N/A* | *[Questionnaire (B)] Ask (23-3)* | *[Questionnaire (B)] Ask (24-3)* | *[Questionnaire (B)] Ask (25-3)* |

Q90. *(Answer sheet 38)* Now then, as I just asked you, how adequate do you think is the help you provide to the people around you? Which of the following fits your situation? *[Questionnaire (B)] Ask (26-3).*

1) Adequate
2) Not quite adequate
3) Not adequate at all
4) Don't know

**Morale Scale**

Q91. *(Answer sheet 39)* I would like to ask you about your feelings at present. There may be questions that are difficult to answer but please respond either "yes" or "no". *(If respondent says "don't know")* If you have to choose, which suits your situation better? *(Questionnaire (B)) Ask from (27-3) to (16-4)*

(1) Are you satisfied with your present life?
1 (a) Yes 2 (b) No 3 Don't know
*Ask (27-3)*

(2) Do you think you are as energetic now as you were last year?
1 (a) Yes (More energetic as energetic) 2 (b) No (Not as energetic) 3 Don't know
*Ask (1-4)*

(3) Do you feel lonely?
1 (a) Yes (Sometimes) 2 (b) No (Never/Seldom) 3 Don't know
*Ask (2-4)*

(4) In the past year, do you think you have become worried about trivial things?
1 (a) Yes 2 (b) No 3 Don't know
*Ask (3-4)*

(5) Are you satisfied with visits between you and your family, relatives, and friends?
1 (a) yes (Satisfied) 2 (b) No (want to meet more often) 3 Don't know
*Ask (4-4)*

(6) With increased age, do you think you become more useless than before?
1 (a) Yes (I think so) 2 (b) No (I don't think so) 3 Don't know
*Ask (5-4)*

(7) Are there times when you can't sleep because you're worried or anxious about something?
1 (a) Yes (There are) 2 (b) No (Never) 3 Don't know
*Ask (6-4)*

(8) Do you think growing old is better than you thought it would be when you were young? Worse?Same?
1 (a) Better 2 (b) Same/Worse 3 Don't know
*Ask (7-4)*

(9) Do you ever feel that life is not worth living?
1 (a) Yes 2 (b) No (Never/Not very often) 3 Don't know
*Ask (8-4)*

(10) Do you feel happier now than when you were young?
1 (a) Yes(About as happy/happier) 2 (b) No (Unhappier) 3 Don't know
*Ask (9-4)*

(11) Are there many things you feel sad about?
1 (a) Yes 2 (b) No 3 Don't know
*Ask (10-4)*

(12) Are there many things you feel anxious about?
1 (a) Yes 2 (b) No 3 Don't know
*Ask (11-4)*

(13) Do you think you get mad more often than before?
1 (a) Yes 2 (b) No 3 Don't' know
*Ask (12-4)*

(14) Do you feel that life is very hard?
1 (a) Yes 2 (b) No 3 Don't know
*Ask (13-4)*

(15) Do you feel that your life will get worse as you get older?
1 (a) Yes 2 (b) No 3 Don't know
*Ask (14-4)*

(16) Do you tend to take things hard?
1 (a) Yes 2 (b) No 3 Don't know
*Ask (15-4)*

(17) When you are worried, do you easily get flustered?
1 (a) Yes 2 (b) No 3 Don't' know
*Ask (16-4)*

**Stressful Life Events**

Q92. (1) *(Answer sheet 40(1))* Now, I have a list of events that often occur in life. Please tell me whether or not these things have happened to you in the past year. *[Ask each question 1 - 44 one at a time]*
(2) *(Answer sheet 40(2)) [If respondent answers yes, ask for each question.)* What kind of effect did _____(read the appropriate item) have on you? A negative effect? No particular effect? Can't say either? A positive effect?

| | (1) | (2) | | | |
|---|---|---|---|---|---|
| | Yes | (a) Negative Effect | (b) No Effect | (c) Positive Effect | Don't know |
| (1) New problem arose in your marriage. | 1 | 1 | 2 | 3 | 4 |
| (2) You got married. | 2 | 1 | 2 | 3 | 4 |
| (3) You were divorced or separated. | 3 | 1 | 2 | 3 | 4 |
| (4) Your child got married. | 4 | 1 | 2 | 3 | 4 |
| (5) A grandchild was born. | 5 | 1 | 2 | 3 | 4 |
| (6) Your child got divorced. | 6 | 1 | 2 | 3 | 4 |
| (7) Your child had marital problems. | 7 | 1 | 2 | 3 | 4 |
| (8) Your parent(s) became ill, their illness grew worse or they suffered an injury. | 8 | 1 | 2 | 3 | 4 |
| (9) You became ill, your illness grew worse, or you suffered an injury. | 9 | 1 | 2 | 3 | 4 |
| (10) Your spouse became ill or suffered an injury. | 10 | 1 | 2 | 3 | 4 |
| (11) Your brother or sister became ill, their illness grew worse, or they suffered an injury. | 11 | 1 | 2 | 3 | 4 |
| (12) Your child or grandchild became ill, their illness grew worse, or they suffered an injury. | 12 | 1 | 2 | 3 | 4 |
| (13) A friend became ill, a friend's illness grew worse, or a friend suffered an injury. | 13 | 1 | 2 | 3 | 4 |
| (14) You or a member of your family was hospitalized. | 14 | 1 | 2 | 3 | 4 |
| (15) Your health improved. | 15 | 1 | 2 | 3 | 4 |
| (16) A close friend's illness improved. | 16 | 1 | 2 | 3 | 4 |
| (17) Your parent(s) died. | 17 | 1 | 2 | 3 | 4 |
| (18) Your spouse died. | 18 | 1 | 2 | 3 | 4 |
| (19) A brother or sister died. | 19 | 1 | 2 | 3 | 4 |
| (20) Your child died. | 20 | 1 | 2 | 3 | 4 |
| (21) Your grandchild died. | 21 | 1 | 2 | 3 | 4 |
| (22) A close friend died. | 22 | 1 | 2 | 3 | 4 |
| (23) A person you know committed suicide, or tried to commit suicide. | 23 | 1 | 2 | 3 | 4 |

| | Yes | (a) Negative Effect | (b) No Effect | (c) Positive Effect | Don't know |
|---|---|---|---|---|---|
| (24) You rose to a higher position, you were promoted. | 24 | 1 | 2 | 3 | 4 |
| (25) You changed your job. | 25 | 1 | 2 | 3 | 4 |
| (26) You retired or quit your job. | 26 | 1 | 2 | 3 | 4 |
| (27) Your spouse retired or quit their job. | 27 | 1 | 2 | 3 | 4 |
| (28) You lost your job or your business failed. | 28 | 1 | 2 | 3 | 4 |
| (29) Income considerably increased. | 29 | 1 | 2 | 3 | 4 |
| (30) Income considerably decreased. | 30 | 1 | 2 | 3 | 4 |
| (31) You borrowed a lot of money. | 31 | 1 | 2 | 3 | 4 |
| (32) Your child had financial problems. | 32 | 1 | 2 | 3 | 4 |
| (33) You lost the home you were living in. | 33 | 1 | 2 | 3 | 4 |
| (34) You moved. | 34 | 1 | 2 | 3 | 4 |
| (35) Friend or neighbor moved. | 35 | 1 | 2 | 3 | 4 |
| (36) Your child or elderly parent(s) moved in with you. | 36 | 1 | 2 | 3 | 4 |
| (37) You child moved out of the home. | 37 | 1 | 2 | 3 | 4 |
| (38) Your child moved farther away than they were before. | 38 | 1 | 2 | 3 | 4 |
| (39) Some new trouble arose between you and your family or some old trouble grew worse. | 39 | 1 | 2 | 3 | 4 |
| (40) You had to take more responsibility for your family than before. | 40 | 1 | 2 | 3 | 4 |
| (41) you began to keep a dog, cat, etc. | 41 | 1 | 2 | 3 | 4 |
| (42) A beloved dog, cat, etc. died or was lost. | 42 | 1 | 2 | 3 | 4 |
| (43) A plant or bonsai you have cherished died or was lost. | 43 | 1 | 2 | 3 | 4 |
| (44) You or someone you know was robbed or suffered a burglary. | 44 | 1 | 2 | 3 | 4 |
| (45) You child/grandchild, you live with, took college entrance exam. | 45 | 1 | 2 | 3 | 4 |
| (1)-(45) all NA. | 46 | | | | |

**Locus of Control**

Q93. *(Answer sheet 41)* Next, I will read you several statements. Please answer each one with "I think so", "I can't say", or "I don't think so".
*[Questionnaire (B)]* *Ask from (17-4) to (20-4)*

| | (a) I think so | (b) Can't Say Either | (c) I don't think so | Don't Kno w |
|---|---|---|---|---|
| (1) Whether you succeed or not depends on your effort. Good luck or bad luck has almost nothing to do with it. *Ask (17-4)* | 1 | 2 | 3 | 4 |
| (2) You often feel that there is nothing you can do about the things that happen to you. *Ask (18-4)* | 1 | 2 | 3 | 4 |
| (3) Once I decide to do something, I can achieve almost anything. *Ask (19-4)* | 1 | 2 | 3 | 4 |
| (4) I think it is best to let everything take its own course. *Ask (20-4)* | 1 | 2 | 3 | 4 |

CES-D Scale

Q94. *(Answer sheet 42)*
Everyone sometimes feels a little down. In the past week, how often have you experienced each of the following? We are asking this questions of everyone in order to compare Japan and America. *[Questionnaire (B)] ask (21-4 to (13-5)*

| During the past week... | (a) Hardly Ever | (b) Some of theTime | (c) Often | Don't know |
|---|---|---|---|---|
| (1) I worried about things which usually do not bother me. *Ask (21-4)* | 1 | 2 | 3 | 4 |
| (2) I had poor appetite. *Ask (22-4)* | 1 | 2 | 3 | 4 |
| (3) Even though family and friends gave me encouragement I could not shake my depressed mood. *Ask (23-4)* | 1 | 2 | 3 | 4 |
| (4) I couldn't concentrate on what I was doing. *Ask (24-4)* | 1 | 2 | 3 | 4 |
| (5) I was depressed. *Ask (25-4)* | 1 | 2 | 3 | 4 |
| (6) Things that are usually no problem for me, I found an effort. *Ask (26-4)* | 1 | 2 | 3 | 4 |
| (7) I felt that my life until now was a failure. *Ask (27-4)* | 1 | 2 | 3 | 4 |
| (8) I felt afraid. *Ask (1-5)* | 1 | 2 | 3 | 4 |
| (9) Couldn't sleep well. *Ask (2-5)* | 1 | 2 | 3 | 4 |
| (10) I felt joyful. *Ask (3-5)* | 1 | 2 | 3 | 4 |
| (11) I talked less than usual. *Ask (4-5)* | 1 | 2 | 3 | 4 |
| (12) I felt lonely. *Ask (5-5)* | 1 | 2 | 3 | 4 |
| (13) I felt distant from the people around me. *Ask (6-5)* | 1 | 2 | 3 | 4 |
| (14) I felt that I had a good time. *Ask (7-5)* | 1 | 2 | 3 | 4 |
| (15) I felt sad. *Ask (8-5)* | 1 | 2 | 3 | 4 |
| (16) I felt that people disliked me. *Ask (9-5)* | 1 | 2 | 3 | 4 |
| (17) I didn't feel like doing anything. *Ask (10-5)* | 1 | 2 | 3 | 4 |
| (18) I felt that I could do what others can do. *Ask (11-5)* | 1 | 2 | 3 | 4 |
| (19) I felt that my future is bright. *Ask (12-5)* | 1 | 2 | 3 | 4 |
| (20) I cried or felt like crying. *Ask (13-5)* | 1 | 2 | 3 | 4 |

Q95. Within the past year, have you ever felt depressed, melancholy, or lost interest in things you normally enjoy doing for a week or more? *[Questionnaire (B) ask (14-5)*

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

**Social Desirability**

Q96. Next, I'd like you to tell me if the following situations I'm going to describe are applicable to you. Please answer "Yes" or "No".

(1) When someone makes me feel bad, I sometimes try to get them back rather than forgive or forget. *[Questionnaire (B) Ask (15-5).*

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

(2) I sometimes really persist in my point of view. *[Questionnaire (B) Ask (16-5)*

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

(3) Occasionally, I can't hold back my feelings, and lose my temper. *[Questionnaire (B) Ask (17-5)*

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

(4) All of my habits are desirable ones. *[Questionnaire (B) Ask (18-5)*

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

(5) Sometimes I gossip about people. *[Questionnaire (B) Ask (19-5)].*

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

(6) Among my acquaintances, there are people whom I could never get to like. *[Questionnaire (B) Ask (20-5)].*

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

**Self Esteem**

Q97. *(Answer sheet 43).* What do you think about the following? For each question, please give me the answer that is closest to your feelings.

(1) I think I have a lot of strong points. *[Questionnaire (B) Ask (21-5)].*

| 1. | 2. | 3. | 4. | 5. |
|---|---|---|---|---|
| (a) I think so | (b) If I had to choose, I think so | (c) If I had to choose, I don't think so | (d) I don't think so | Don't know |

(2) I have nothing to be proud of. *[Questionnaire (B) Ask (22-5)].*

| 1. | 2. | 3. | 4. | 5. |
|---|---|---|---|---|
| (a) I think so | (b) If I had to choose, I think so | (c) If I had to choose, I don't think so | (d) I don't think so | Don't know |

(3) On the whole, I am satisfied with myself. *[Questionnaire (B) Ask (23-5)].*

| 1. | 2. | 3. | 4. | 5. |
|---|---|---|---|---|
| (a) I think so | (b) If I had to choose, I think so | (c) If I had to choose, I don't think so | (d) I don't think so | Don't know |

(4) Sometimes, I think I'm completely worthless. *[Questionnaire (B)] Ask (24-5).*

| 1. | 2. | 3. | 4. | 5. |
|---|---|---|---|---|
| (a) I think so | (b) If I had to choose, I think so | (c) If I had to choose, I don't think so | (d) I don't think so | Don't know |

**Financial Situation**

Next, I'd like to ask you several questions about your financial situation.

Q98. Do you own the house you live in?

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

Q99. *(Answer sheet 44)* How satisfied are you (including yourself and your family) with your present financial situation? Please choose your answer from among the following. *[Questionnaire (B)] Ask (25-5).*

1 (a) Extremely satisfied 2 (b) Relatively satisfied
3 (c) Can't say either 4 (d) Not very satisfied
5 (e) Completely unsatisfied 6 Don't know

Q100. *(Answer sheet 45)* How do you manage with money at your house each month? *[Questionnaire (B)] Ask (26-5).*

1 (a) I have a very hard time 2 (b) I have a slightly hard time
3 (c) Can't say either 4 (d) I don't have a hard time
5 (e) I don't have a hard time at all 6 Don't know

Q101. Compared with other people of your age, do you think your household's financial situation is "better", "about the same", or "worse"? *[Questionnaire (B)] ask (27-5).*

1. Better 2. About the same 3. worse 4. Don't know

Q102. Do you have enough income or savings so that you always have some pocket money?

1 Yes 2 No 3 Don't know

Q103. *(Answer sheet 46)* Which of the following fits you and your spouse's joint income? If you or your spouse are receiving welfare, please include it in your annual income.

1 (a) Under 1,200,000 Yen
2 (b) 1,200,000 - 2,999,999 Yen
3 (c) 3,000,000 - 4,999,999 Yen
4 (d) 5,000,000 Yen or over
5 Don't know
6 No answer

Q104. *(Answer sheet 47)* If you add up the earnings of all the people you live with, including that of your children if you live with them, which of the following fits your collective yearly income.

1 (a) Under 1,200,000 Yen
2 (b) 1,200,000 - 2,999,999 Yen
3 (c) 3,000,000 - 4,999,999 Yen
4 (d) 5,000,000 - 9,999,999 Yen
5 (5) 10,000,000 Yen or over
6 Don't know
7 No answer

**Memory** *(Ask all respondents)*

Next, in order to test your memory, I would like to ask you several questions. Even people with excellent memories sometimes forget things. What I am going to ask you now are the questions we asked whenever we conducted the survey in the U.S.

105. Would you tell me your address?_____1. Correct 2. Incorrect

Q106. What is the date today? Please give me the year, month and day.
_____/____/____
Month Day Year 1. Correct 2. Incorrect

Q107. What day of the week is it?

1 MON 2 TUES 3 WED 4 THURS 5 FRI 6 SAT 7 SUN 1. Correct 2. Incorrect

Q108. What was your mother's maiden name?

(_____ Mother's maiden name) 1. Remembered (correct) 2. Can't remember (incorrect)

Q109 What is the name of the present prime minister of Japan?

(_____ Current prime minister) 1. Remembered (correct) 2. Can't remember (incorrect)

Q110. Do you remember the name of the person who was prime minister before the present prime minister?
(_____ previous prime minister)
1. Correct (Uno) (Nakasone or Takeshita are also correct) 2. Incorrect

Q111. Finally, I'd like you to do some computation.

Please subtract 3 from 20 and tell me the number you get. Then from this number, please subtract 3 and tell me the number you get. Then, keep subtracting 3 from each new number you get, telling me the results as you go. *[INTERVIEWER NOTE: RECORD ANSWERS STARTING AT "A". STOP WHEN THE ANSWER IS 2 OR LESS]*

__ __ __ __ __ __ 1 Correct 2 Incorrect
A B C D E F

Q112. *[Copy from Q1]*

Birth Date _____/_____/_____ 1 Correct 2 Incorrect
Month Day Year

Q113. *[Copy from Q1]*

Age _____ years old 1 Correct 2 Incorrect

*[INTERVIEWER NOTE: If you have skipped from Q27 and respondent was able to answer 5 items out of the 9 items correctly, return to Q28]*

**Telephone Number**

The interview is now finished. Thank you very much for your cooperation and your time. If it's not too much of an inconvenience, could you tell me your telephone number? It will be used to confirm that my visit took place, and though I don't think it will happen, if I find that I have accidentally missed some information, I can ask you about it by phone. Please do not worry as it will not cause you any trouble.

1 Has phone Telephone number?_____ 2 No phone

**Interviewer's Observations**

O 1. During the interview, was a spouse or adult child sitting in the same room or in the room next door?

1 Present almost the entire interview
2 Present about half the time
3 Present sometimes
4 Not present at all [SKIP TO OBSERVATION 3]

O 2. What effect did the presence of a spouse or adult child in the same room or the room next door seem to have on the respondent's answers?

1 They corrected or interrupted respondent
2 They listened intently and said nothing
3 They paid little attention to the respondent's answers
4 They seemed to have no effect

O 3. Was anyone else present in the room or in the room next door?

1 No one [SKIP TO OBSERVATION 4.]
2 Another adult
3 A minor
4 Adult and a minor

O 4. To what extent did the presence of another person in the same room or the room next door seem to distract the respondent's attention?

1 Distracted attention the whole interview
2 Distracted attention sometimes
3 Not very much
4 Not at all

O 5. Did the respondent seem to understand the questions adequately?

1 Extremely well
2 Well
3 Moderately well
4 Not very well

O 6. How cooperative was the respondent during the interview?

1 Extremely cooperative
2 Cooperative
3 Moderately cooperative
4 Not cooperative

O 7. Did the respondent look tired during the interview?

1 Looked very tired
2 Looked a little tired
3 Didn't look tired

O 8. Did the respondent seem to enjoy being interviewed?

1. Seemed to enjoy very much
2. Seemed to enjoy moderately
3. Can't say either
4. Did not seem to enjoy very much
5. Did not seem to enjoy at all

O 9. How much difficulty did the respondent have remembering things that you asked (him/her) about?

1 No Difficulty
2 A Little Difficulty
3 Some Difficulty
4 A Lot of Difficulty
5 Could Not Remember At All

O10. How much difficulty did the respondent have hearing you when you talked to (him/her)?

1 No Difficulty [STOP]
2 A Little Difficulty (Go to O11)
3 Some Difficulty (Go to O11)
4 A Lot of Difficulty (Go to O11)
5 Could Not Remember At All (Go to O11)

O11. Did you experience the following during the interview?

| | 1. Yes | 2. No |
|---|---|---|
| 1. Had to repeat questions often | ___ | ___ |
| 2. Respondent leaned forward to hear question or watched your lips intently | ___ | ___ |
| 3. Respondent couldn't answer question without watching your lips | ___ | ___ |

**Length of Interview**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Less than 30 minutes | 6 | 70 - 79 minutes | 11 | 120 - 129 minutes |
| 2 | 30 - 39 minutes | 7 | 80 - 89 minutes | 12 | 130 - 139 minutes |
| 3 | 40 - 49 minutes | 8 | 90 - 99 minutes | 13 | 140 - 149 minutes |
| 4 | 50 - 59 minutes | 9 | 100 - 109 minutes | 14 | 150 - 159 minutes |
| 5 | 60 - 69 minutes | 10 | 110 - 119 minutes | 15 | 160 or over |