

## Supplementary material

### **A. Let me ask you about yourself.**

#### **A1 Please indicate your gender and age. (circle one for each).**

【Gender】 1. Male                      2. Female

【Age】    1. 20~29                      2. 30~39                      3. 40~49                      4. 50~59  
              5. 60~64                      6. 65~69                      7. 70~79                      8. Over 80

#### **A2 Please answer the following questions about your occupation. (circle one)**

- |   |                                   |                             |
|---|-----------------------------------|-----------------------------|
| 1. Company employees and civil servants | 2. Self-employed profession       | 3. Agriculture and forestry |
| 4. Household chores                     | 5. Students                       | 6. Part-time job            |
| 7. Fixed year retirees                  | 8. Other (                      ) |                             |

#### **A3 Please indicate in the answer the neighborhood association where you live.**

Teraichidai, Tondabayashi City

chome
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#### **A5 Please describe your family structure. (circle one)**

- |                                |                                   |                              |
|--------------------------------|-----------------------------------|------------------------------|
| 1. Living alone                | 2. Couple                         | 3. Nuclear family households |
| 4. Three-generation households | 5. Other (                      ) |                              |

#### **A6 Please answer the following questions about your residence. (circle one)**

- |                   |              |
|-------------------|--------------|
| 1. Detached house | 2. Apartment |
|-------------------|--------------|

**B We would like to ask you a few questions about your daily activities.**

\*Looking back over the past week, please answer the following questions about your typical day.

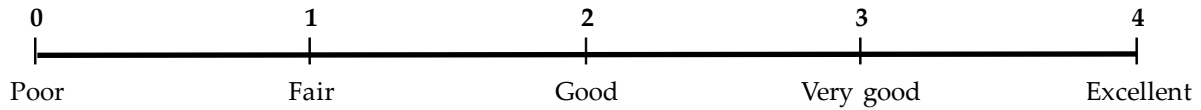
B1 How long do you perform the activities of daily living? (circle one for each)

	I don't	Less than 1 hour	1~3 hours	4~6 hours	Over 6 hours
1 Patrolling					
2 Meals					
3 Commuting to work and school					
4 Work					
5 Study					
6 Housework					
7 Care and nursing					
8 Childcare					
9 Shopping					
10 Moving					
11 Television					
12 Rest					
13 Personal development					
14 Recreational hobbies					
15 Sports					
16 Social participation activities					
17 Exchange socializing					
18 Medical treatment					
19 Sleep					

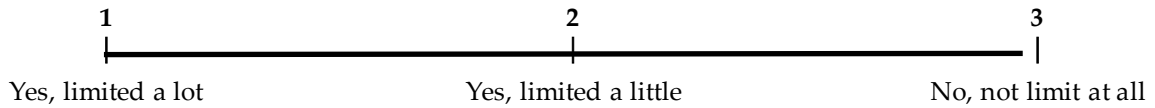
**C We would like to ask you about your health.**

\*We ask about your daily health over the past week. Please answer the questions with your first impression. (circle one for each)

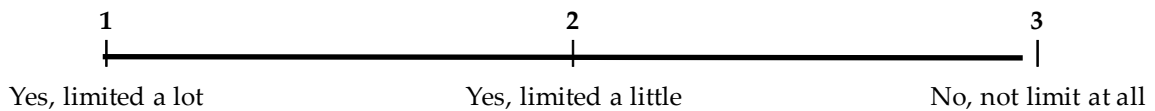
C1. In general, would you say your health is ?



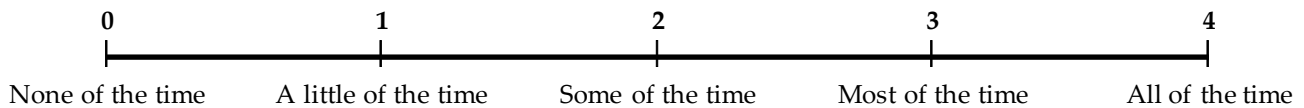
C2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf ?



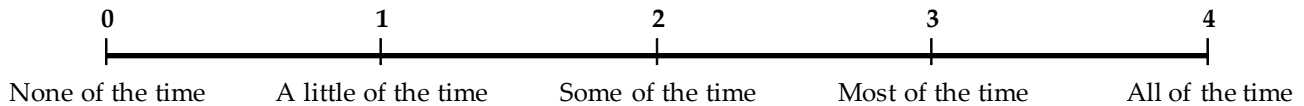
C3. Climbing several flights of stairs ?



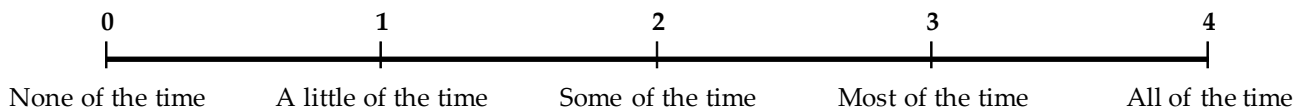
C4. Accomplished less than you would like ?



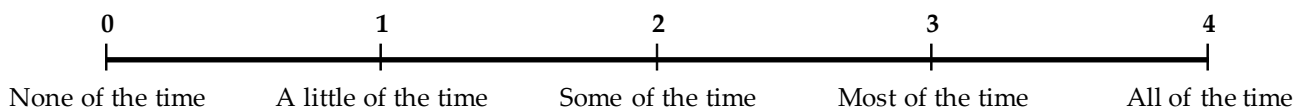
C5. Were limited in the kind of work or other activities ?



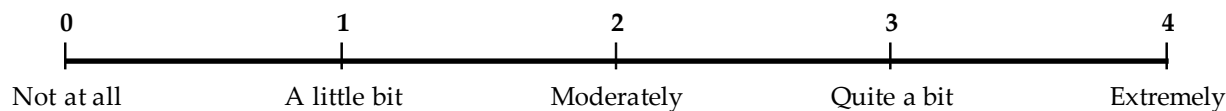
C6. Accomplished less than you would like ?



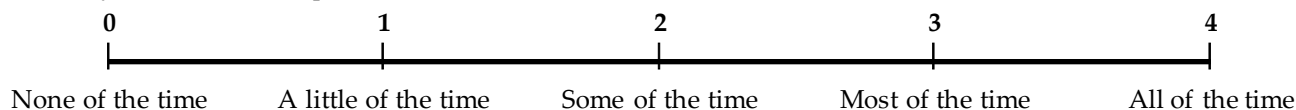
C7. Did work or other activities less carefully than usual ?



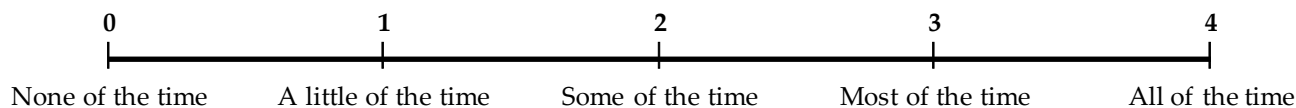
C8. During the past 4 weeks , how much did pain interfere with your normal work (including both work outside the home and housework)? ?



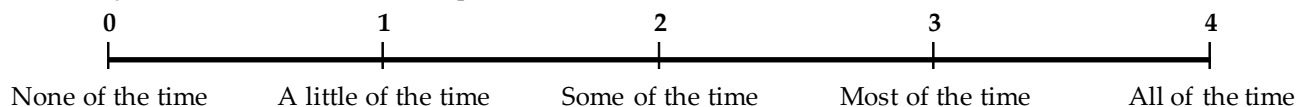
C9. Have you felt calm and peaceful? ?



C10. Did you have a lot of energy? ?



C11. Have you felt downhearted and depressed? ?



C12. During the past 4 weeks , how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.) ?

