

Appendix A

Questionnaire of the survey on the life and local environment

A: Life satisfaction

A1. Generally speaking, are you satisfied with your present life? Please put a circle on only one item.

1. Highly satisfied. 2. Satisfied. 3. Slightly satisfied. 4. Neither satisfied nor dissatisfied 5. Slightly dissatisfied. 6. Dissatisfied. 7. Highly dissatisfied.

A2. What do you find of your health condition? Please put a circle on only one item.

1. I find myself very fine. 2. I find myself rather fine. 3. I do not find myself very fine. 4. I do not find myself fine.

A3. Answer the following questions on your content with your present life. Please put a circle on the only one figure in the option.

- 1) domestic life
- 2) economic situation
- 3) job (including domestic duties)
- 4) companionship with your friends, neighbours and relatives
- 5) leisure activities
- 6) participation to community activities like PTA, town association, volunteer activities

Option: 1. Highly satisfied. 2. Satisfied. 3. Slightly satisfied. 4. Neither satisfied nor dissatisfied 5. Slightly dissatisfied. 6. Dissatisfied. 7. Highly dissatisfied.

A4. Answer the following questions. Please put a circle on one figure in each option.

- 1) How often do you have a chat with your neighbours?

1. Very frequently. 2. From time to time. 3. Scarcely. 4. Not at all.
- 2) How often do you enjoy travelling, festivals, sports etc. with your neighbours as a group activity?
 1. Very frequently. 2. From time to time. 3. Scarcely. 4. Not at all.
- 3) Have you anybody who makes you at ease and relaxed?
 1. Yes. 2. Neither yes nor no. 3. No.
- 4) Have you anybody who agrees to your ideas and behaviour, and supports you?
 1. Yes. 2. Neither yes nor no. 3. No.
- 5) Have you anybody whom you can share your most private feelings with?
 1. Yes. 2. Neither yes nor no. 3. No.
- 6) Do you think you are a useful member of the society and needed by others?
 1. Yes. 2. Neither yes nor no. 3. No.
- 7) Do you make efforts for reducing wastes and recycling used goods?
 1. Yes. 2. Neither yes nor no. 3. No.
- 8) Do you feel low recently?
 1. Yes. 2. Neither yes nor no. 3. No.
- 9) Do you find your life dreary and hopeless?
 1. Yes. 2. Neither yes nor no. 3. No.
- 10) Are you without self-confidence in something or other?
 1. Yes. 2. Neither yes nor no. 3. No.

A5. This is for those over 40 years old inclusive. If you are younger than 40 years, please go to the question B.

Here are some statements about life in general that people feel differently about. Would you read each statement in the list and answer every question on the list?

- 1) As I grow older, things seem worse than I thought they would be.
- 2) I have got more of the breaks in life than most of the people I know.
- 3) This is the dreariest time of my life.
- 4) I am just as happy as when I was younger.
- 5) These are the best years of my life.
- 6) Most of the things I do are boring or monotonous.
- 7) The things I do are as interesting to me as they ever were.
- 8) As I look back on my life, I am fairly well satisfied.
- 9) I have made plans for things I'll be doing a month or a year from

1. it is not a convenient place.
2. I cannot find kind neighbours.
3. the area is short of life.
4. there is a short of green.
5. the educational environment is bad.
6. I cannot find a lot of good jobs.
7. there are not good medical institutions.
8. the facilities of local office are not well organised.
9. the area is noisy.
10. the area is malodorous.
11. the air is dirty.
12. of other reasons ()

B2. Do you want to keep on living in the area from now on? Or do you wish to move out if you can? Please put a circle on one of the answers from the point of view of your residential area, not of your residence. This does not mean that you really do it.

1. I want to live here throughout my life.
2. I do not want to move out particularly.
3. I want move out if possible.
4. I want move out as soon as possible.
5. No idea.
6. Others.

(B2-1) Why is that? Please write freely.

C: U.S. bases and their problems

C1. When you are at home, how do you find the noises from the U.S. bases such as aircraft noise? Are they annoying? Please put a circle on the only one figure in the option.

1. Very annoying.
2. Pretty annoying.
3. A little annoying.
4. Not very annoying.
5. Not annoying.

C2. When you are at school or in the college, how do you find the noises from the U.S. bases such as aircraft noise? Are they annoying? Please put a circle on the only one figure in the option.

1. Very annoying.
2. Pretty annoying.
3. A little annoying.
4. Not very annoying.
5. Not annoying.

C3. Is there any place where you hear aircraft noise and other noise from US bases more frequently in your daily life than at home, at school or in the

office? Please put a circle on the only one figure in the option.

1. Yes, there is. (Go to the following questions.)
2. No, there is not. (Go to the question C4)

Questions to those who put a circle on "yes".

1) Where is it? ()

2) How loud is the noise from bases? Please put a circle on the only one figure in the option.

1. very loud. 2. pretty loud. 3. a little loud. 4. not very loud. 5. not loud.

C4. To what extent are you disturbed by aircraft noise and noise from bases? Please put a circle on the only one figure in the option of the items of disturbance.

Noises

- 1) disturb sleep.
- 2) jam conversation.
- 3) jam telephone use.
- 4) jam listening to TV, radio and CD etc.
- 5) interrupt watching TV.
- 6) interfere with work.
- 7) interrupt reading and thinking.
- 8) disturb rest.
- 9) is annoying.

I am

- 10) scared by aircraft noise.
- 11) scared because the noise reminds me of the war.
- 12) afraid of danger of traffic accident because the noises mask alarm-whistles

Write freely if there are some others.

Option:

1. Always. 2. Often. 3. Occasionally. 4. Seldom. 5. Never.

C5. When is the time of a day you are disturbed much by the aircraft noise from the bases? Please put circles on all the items you think appropriate.

1. Early in the morning, 0–7 hours. 2. Morning, 7–9 hours. 3. Daytime, 9–17 hours. 4. Late afternoon, 17–19 hours. 5. Evening, 19–22 hours. 6. Nighttime, 22–24 hours. 7. Not disturbed.

C6. What are the noises from the bases you are annoyed by? Please put single circles on the items you find annoying and put double circles on

- 4) As a whole, are you satisfied with the sound-insulation programme?
Please put a circle on only one.
1. Very much satisfied. 2. Satisfied. 3. Slightly satisfied. 4. Neither satisfied nor dissatisfied. 5. Slightly dissatisfied. 6. Dissatisfied. 7. Very much dissatisfied.
- C9. Do you have the following anxiety? Please put a circle on one category of each item.
- 1) Aircraft crash accident: 1. Very much. 2. Pretty much. 3. A little. 4. Not very much. 5 Not at all.
- 2) Drop of objects from aircraft: 1. Very much. 2. Pretty much. 3. A little. 4. Not very much. 5 Not at all.
- 3) Explosion of explosives and combustibles such as fuel tank in the base: 1. Very much. 2. Pretty much. 3. A little. 4. Not very much. 5 Not at all.
- 4) Involvement in war: 1. Very much. 2. Pretty much. 3. A little. 4. Not very much. 5 Not at all.

D: Sleep

The followings are questions about your "sleep in the last one month."

- D1. Have you kept regular hours of rising and bed-time on weekdays in the last one month? Please put a circle on one for each hour.
- Hour of rising 1. Regular. 2. Slightly irregular. 3. Pretty irregular. 4. Very irregular.
- Bed-time 1. Regular. 2. Slightly irregular. 3. Pretty irregular. 4. Very irregular.
- D2. Do you habitually feel sleepy when you wake up in the morning? Please put a circle on only one.
1. I don't feel sleepy. 2. I feel sleepy a little. 3. I feel pretty sleepy. 4. I feel very sleepy.
- D3. Do you sometimes find difficulty in going to sleep in bed? Please put a circle on only one.
1. I do more than three times a week. 2. I do once or twice a week. 3. I do once or twice a month. 4. I scarcely do. 5. I don't at all.
- D4. Do you sometimes wake up in the night and find difficulty in going to sleep afterwards? Please put a circle on only one.
1. I do more than three times a week. 2. I do once or twice a week. 3. I do once or twice a month. 4. I scarcely do. 5. I don't at all.

- D5. Do you sometimes wake up too early in the morning? Please put a circle on only one.
1. I do more than three times a week.
 2. I do once or twice a week.
 3. I do once or twice a month.
 4. I scarcely do.
 5. I don't at all.
- D6. Do you sometimes feel in the morning that you did not sleep well all night long? Please put a circle on only one.
1. I do more than three times a week.
 2. I do once or twice a week.
 3. I do once or twice a month.
 4. I scarcely do.
 5. I don't at all.
- D7. Before you go to bed, do you sometimes get anxious worrying "Don't I sleep well tonight also?" Please put a circle on only one.
1. I do more than three times a week.
 2. I do once or twice a week.
 3. I do once or twice a month.
 4. I scarcely do.
 5. I don't at all.
- D8. Sometimes you might not go to sleep easily or you might wake up in the night or you might feel in the morning you did not sleep well in the previous night. What is your condition after you get up when you didn't sleep well?
1. Different from usual. (Please put a circle on any items appropriate listed below.)
 2. Same as usual. (Go to the question D9)
- List of items:
1. I don't find any particular problem.
 2. I make more mistakes than usual when I study and work.
 3. As I feel sleepy, I cannot do anything with dispatch.
 4. I am apt to take an unintentional siesta or a nap.
 5. I don't feel better.
 6. I feel heavy in the system.
 7. Others. ()
- D9. How many times do you usually visit the toilet in a night (after going to bed till rising)? Please put a circle on only one.
1. None.
 2. 1 or 2 times.
 3. More than 3 times.
- D10. Is your sleep sometimes disturbed during night due to the following noises? Please put a circle on one category appropriate for each item.
- 1) Noises made by the person(s) sleeping in the same room.
 - 2) Voice of animals like dogs, fowls etc.
 - 3) Road traffic noise.
 - 4) Aeroplane noise and/or helicopter noise.
 - 5) Noise of engine tuning and testing of aircraft.
 - 6) Noises from bars and restaurant and karaoke sounds.
 - 7) Construction noise.

Please write any noises or sounds disturbing your sleep.

() ()

1. I am disturbed many times a week. 2. I am disturbed once or twice a week. 3. I am disturbed once or twice a month. 4. I am scarcely disturbed. 5. I am not disturbed at all.

E: About yourself

Please fill in the list.

Name _____ Male / Female

Date of birth _____ Age _____

Height _____ Weight _____

Address _____

Phone number _____

Occupation _____

Work place _____

Marriage (unmarried / married / divorced / separation by death)

Length of residence in the present place _____ years

Type of residential house (reinforced concrete / wooden / prefabricated / blocks & wood)

Year of building (19)

F: Free statement

Would you write anything whatever you might think about which is related to the contents of this questionnaire?