

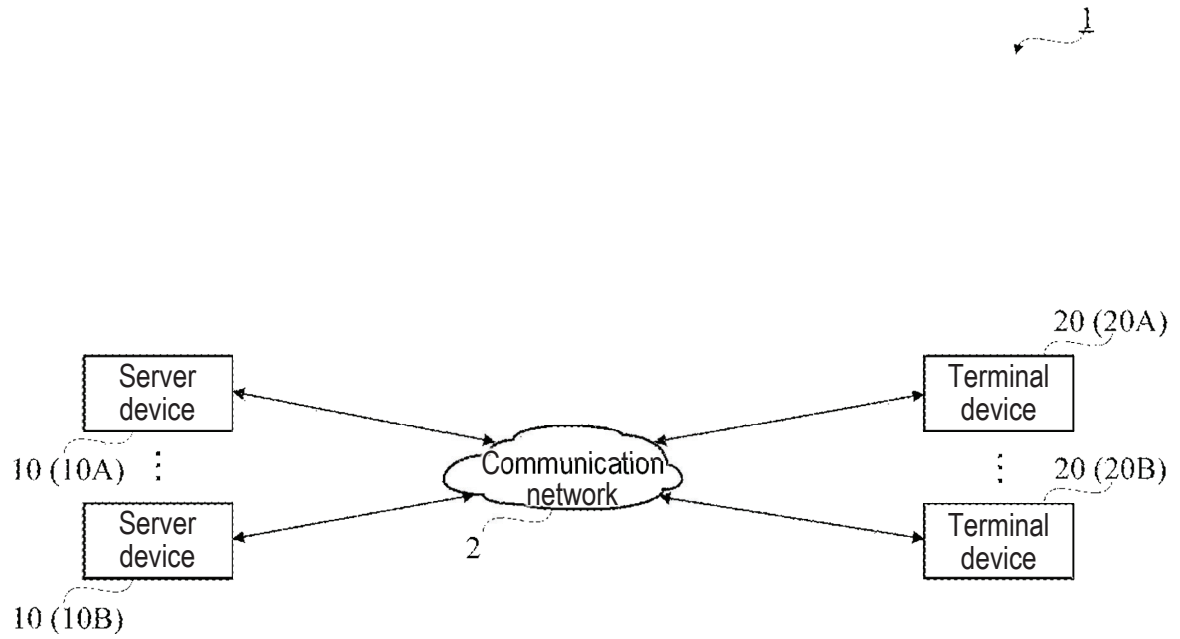
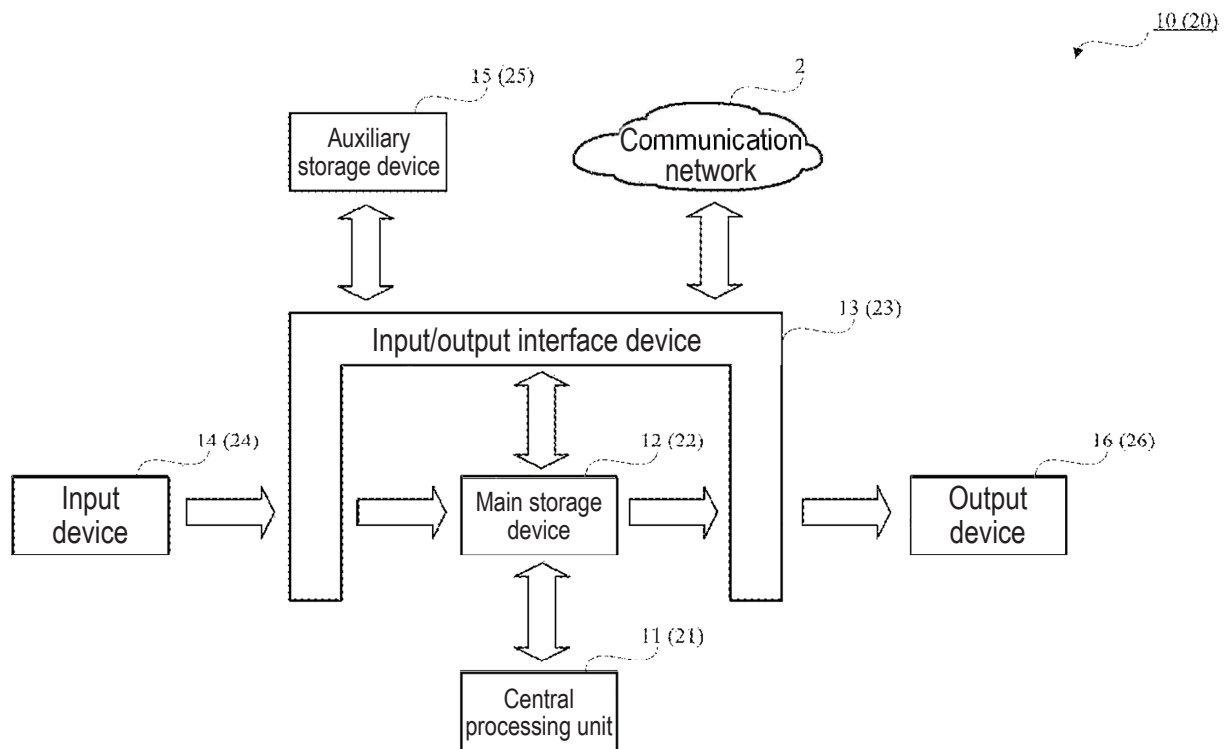
FIG. 1FIG. 1**FIG. 2**FIG. 2

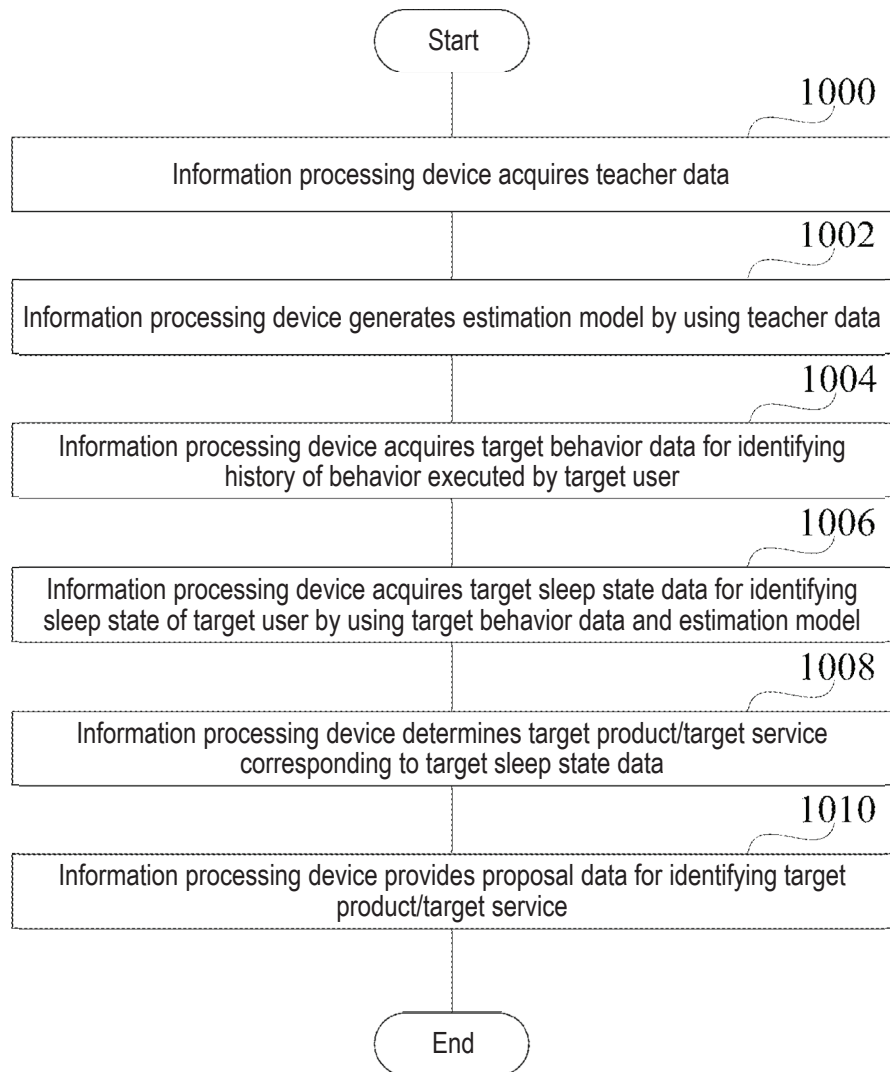
FIG. 3FIG. 3

FIG. 4

Athens insomnia scale (AIS) self-assessment of insomnia

Please select that you have experienced at least 3 times a week in the past month.

1	Does it take you a while to get into bed and actually sleep?	0	Sleeping is easier than usual
		1	It took a little longer than usual
		2	It took a lot longer than usual
		3	It took a lot more time than usual, or couldn't sleep at all
2	Did you wake up during sleep at night?	0	It wasn't a problem
		1	There are times like that a little bit
		2	There are quite often
		3	Serious condition, or couldn't sleep at all
3	Have you ever woken up earlier than you wanted to wake up and been unable to fall asleep since?	0	Never been like that
		1	Woke up a little early
		2	Woke up pretty early
		3	Woke up much earlier, or couldn't sleep at all
4	Do you have enough sleep, including sleeping at night and taking naps?	0	Enough
		1	A little lacking
		2	Quite lacking
		3	Not enough, or couldn't sleep at all
5	How do you feel about your sleep quality overall?	0	Satisfied
		1	A little dissatisfied
		2	Quite dissatisfied
		3	Very dissatisfied, or couldn't sleep at all
6	How is your day feeling?	0	Always the same
		1	A little depressed
		2	Pretty depressed
		3	Quite depressed
7	How is your physical and mental activity throughout the day?	0	Always the same
		1	A little deteriorated
		2	Pretty deteriorated
		3	Quite deteriorated
8	Are there times during the day when you feel sleepy?	0	Not at all
		1	Sometimes
		2	Often
		3	Very often
Total		1 to 3 points: sleep well 4 to 5 points: slightly suspect insomnia 6 points or more: high likelihood of insomnia	

FIG. 4

FIG. 5A

You will be asked about your usual sleeping habits over the past month. Please answer all of the following questions as accurately as possible, considering the days and nights of most days in the past month.

Q.1

In the past month, what time did you usually go to bed?

Bedtime

(1.AM 2.PM) About __:__

Q.2

In the past month, how long did it take you to fall asleep in bed?

About minutes

Q.3

What time did you usually wake up in the past month?

Waking time

(1.AM 2.PM) About __:__

Q.4

How many hours did you actually sleep during the past month? This may be different from the amount of time you spend in bed.

Sleeping time

Daily average:

About __ hours __ minutes

During the past month, how often have you had trouble sleeping for the following reasons?

Circle the one that suits you best.

Q.5a

Never fell asleep within 30 minutes of getting into bed

0. None

1. Less than once in a week

2. Once or twice in a week

3. Three times or more in a week

Q.5b

Woke up during the night or early in the morning

0. None

1. Less than once in a week

2. Once or twice in a week

3. Three times or more in a week

Q.5c

Woke up go to the bathroom

0. None

1. Less than once in a week

2. Once or twice in a week

3. Three times or more in a week

Q.5d

Difficulty breathing

0. None

1. Less than once in a week

2. Once or twice in a week

3. Three times or more in a week

Q.5e

Coughing or snoring a lot

0. None

1. Less than once in a week

2. Once or twice in a week

3. Three times or more in a week

Q.5f

Felt very cold

0. None

1. Less than once in a week

2. Once or twice in a week

3. Three times or more in a week

FIG. 5B

Q.5g Felt very hot 0. None 1. Less than once in a week 2. Once or twice in a week 3. Three times or more in a week Q.5h Nightmare dream 0. None 1. Less than once in a week 2. Once or twice in a week 3. Three times or more in a week Q.5i Felt pain 0. None 1. Less than once in a week 2. Once or twice in a week 3. Three times or more in a week Q.5j If there is a reason other than the above, please write in the space below. Reason For this reason, how often have you had trouble sleeping in the past month? 0. None 1. Less than once in a week 2. Once or twice in a week 3. Three times or more in a week	Q.6 How would you rate your sleep quality overall over the past month? 1: Very good 2: Pretty good 3: Pretty bad 4: Very bad Q.7 During the past month, how often have you taken medication to help you sleep (Medication prescribed by a doctor or medication purchased from a pharmacy)? 0. None 1. Less than once in a week 2. Once or twice in a week 3. Three times or more in a week Q.8 In the past month, how often have you had trouble staying awake in situations where you should not fall asleep, such as while driving, eating, or engaging in social activities? 0. None 1. Less than once in a week 2. Once or twice in a week 3. Three times or more in a week Q.9 In the past month, to what extent have you had trouble maintaining the motivation needed to perform certain tasks? 0: No problem 1: Very little problem 2: A little problem 3: Serious problem
Total score	

FIG. 5C

Nippon Rinsho Vol 66, Suppl 2, 2008

Table 2 Pittsburgh sleep quality index

Quality of sleep (C1)	
Q.6 Subjective evaluation of sleep quality over the past month	
Quite good,	0 points
Pretty good,	1 point
Pretty bad,	2 point
Quite bad,	3 point
Score of C1 <u>points</u>	
Time to sleep (C2)	
(1) Q.2 Time taken from going to bed to falling asleep in the past month	
Less than 16 minutes,	0 points
More than 16 minutes but less than 31 minutes,	1 point
More than 31 minutes and less than 61 minutes,	2 points
Exceeded 61 minutes,	3 points
Score of C2(1) <u>points</u>	
(2) Q.5A For the past month, you have had difficulty sleeping because you were unable to fall asleep within 30 minutes after getting to bed.	
None,	0 points
Less than once a week,	1 point
One or twice a week,	2 points
More than 3 times a week,	3 points
Score of C2(2) <u>points</u>	
Score of C2(1) + C2(2) <u>points</u>	
0 points,	0 points
1 to 2 points,	1 point
3 to 4 points,	2 points
5 to 6 points,	3 points
Score of C2 <u>points</u>	
Sleep time (C3)	
Q.4 Actual sleep time in the past month	
Exceeded 7 hours,	0 points
More than 6 hours but equal to or less than 7 hours,	1 point
Equal to or more than 5 hours but equal to or less than 6 hours,	2 points
Less than 5 hours,	3 points
Score of C3 <u>points</u>	
Sleep efficiency (C4)	
(1) Q.4 In the past month, actual sleep time	hour
(2) Q.3 In the past month, time in bed (bed time - wake up time)	hour
(3) Calculate sleep efficiency (%), actual sleep time (1)/time in bed (2) x 100(%)	
85% or more,	0 points
75% or more but less than 85%,	1 point
65% or more but less than 75%,	2 points
Less than 65%,	3 points
Score of C4 <u>points</u>	

Nippon Rinsho Vol 66, Suppl 2, 2008

Table 2 Pittsburgh sleep quality index

Difficulty sleeping (C5)	
The reasons for difficulty sleeping for one month (Q. 5b to 5j) are scored as follows:	
None,	0 points
Less than once a week,	1 point
One or twice a week,	2 points
More than 3 times a week,	3 points
Score of Q.5b <u>points</u>	
Score of Q.5c	points
Score of Q.5d	points
Score of Q.5e	points
Score of Q.5f	points
Score of Q.5g	points
Score of Q.5h	points
Score of Q.5i	points
Score of Q.5j	points
Total score from Q. 5b to 5j <u>points</u>	
0 points,	0 points
1 to 9 points,	1 point
10 to 18 points,	2 points
19 to 27 points,	3 points
Score of C5 <u>points</u>	
Use of sleeping pills (C6)	
Q.7 Frequency of use of sleeping pills in the past month	
None,	0 points
Less than once a week,	1 point
One or twice a week,	2 points
More than 3 times a week,	3 points
Score of C6 <u>points</u>	
Difficulty in waking up during the day (C7)	
(1) Q.8 Excessive daytime sleepiness in the past month	
None,	0 points
Less than once a week,	1 point
One or twice a week,	2 points
More than 3 times a week,	3 points
Score of C7(1) <u>points</u>	
(2) Q. 9 Sustained motivation in the past month	
No problems at all,	0 points
Only a few problems,	1 point
Some problems,	2 points
Very big problems,	3 points
Score of C7(1)+C7(2) <u>points</u>	
0 points,	0 points
1 to 2 points,	1 point
3 to 4 points,	2 points
5 to 6 points,	3 points
Score of C7 <u>points</u>	
Pittsburgh sleep quality index overall score (PSQIG): 0 to 21 points	
Total points from C1 to C7 (C1 + C2 + C3 + C4 + C5 + C6 + C7)	PSQIG point
(Yuriko DOI: Sleep Disorders Treatment Guidelines, P 228-229, 2002.)	

FIG. 5C

FIG. 6A

Sleep type diagnosis by 3DSS (three-dimensional sleep scale) check sheet

For the following questions, please select the answer that best applies within the past month. Please answer about your average daily life without thinking about special cases. Please click on the appropriate answer

	Very applicable	Somewhat applicable	Not very applicable	Not applicable at all
1. Weekday sleep time is less than 6 hours	☐	☐	☐	☐
2. Actually, you want to sleep more, but you don't sleep as much as you want to	☐	☐	☐	☐
3. Bedtime rarely changes regardless of weekdays and holidays	☐	☐	☐	☐
4. Wake-up time rarely changes regardless of weekdays and holidays	☐	☐	☐	☐
5. Eat a proper breakfast every day	☐	☐	☐	☐
6. When lie down to sleep, cannot fall asleep for more than 30 minutes	☐	☐	☐	☐
7. Wake up more than twice in the late night	☐	☐	☐	☐
8. If wake-up more than 2 hours earlier than scheduled wake-up time, cannot fall asleep after that time	☐	☐	☐	☐
9. Can't feel like got a good night's sleep	☐	☐	☐	☐
10. Feel anxious because you can't sleep	☐	☐	☐	☐
11. Immediately after waking up, strong drowsiness and fatigue remain	☐	☐	☐	☐
12. Feel sleepy not only during the day but also in the morning or evening	☐	☐	☐	☐
13. Take a nap or a short nap	☐	☐	☐	☐
14. In terms of "morning type" and "evening type," you are "morning type"	☐	☐	☐	☐
15. Wake-up time on weekdays is...				
(1) Around 6 A.M. or earlier than 6 A.M.	☐	☐	☐	☐
(2) Around 6:30 A.M.	☐	☐	☐	☐
(3) Around 7 A.M.	☐	☐	☐	☐
(4) Later than 7 A.M.	☐	☐	☐	☐

FIG. 6A

FIG. 6B

3DSS check sheet

3DSS (Three-Dimensional Sleep Scale) is a scale that grasps an individual's sleep habits from three aspects: "phase (rhythm)", "quality", and "quantity". In today's 24-hour society, since irregular sleep and nocturnal sleep patterns have become problems, it is necessary to evaluate problems related to phase (rhythm). The unique feature of 3DSS is that it scores these three aspects simultaneously and individually, making it possible to immediately determine which area has a problem.

For the following questions, please select the answer that best applies within the past month. Please answer about your average daily life without thinking about special cases. Please circle the number that applies to you.

	Very applicable	Somewhat applicable	Not very applicable	Not applicable at all	Phase	Quality	Quantity
1 Weekday sleep time is less than 6 hours	☐	☐	☐	☐			
2 Actually, you want to sleep more, but you don't sleep as much as you want to	☐	☐	☐	☐			
3 Bedtime rarely changes regardless of weekdays and holidays	☐	☐	☐	☐			
4 Wake-up time rarely changes regardless of weekdays and holidays	☐	☐	☐	☐			
5 Eat a proper breakfast every day	☐	☐	☐	☐			
6 When lie down to sleep, cannot fall asleep for more than 30 minutes	☐	☐	☐	☐			
7 Wake up more than twice in the late night	☐	☐	☐	☐			
8 If wake-up more than 2 hours earlier than scheduled wake-up time, cannot fall asleep after that time	☐	☐	☐	☐			
9 Can't feel like got a good night's sleep	☐	☐	☐	☐			
10 Feel anxious because you can't sleep	☐	☐	☐	☐			
11 Immediately after waking up, strong drowsiness and fatigue remain	☐	☐	☐	☐			
12 Feel sleepy not only during the day but also in the morning or evening	☐	☐	☐	☐			
13 Take a nap or a short nap	☐	☐	☐	☐			
14 In terms of "morning type" and "evening type," you are "morning type"	☐	☐	☐	☐			
15 Wake up time on weekdays is...							
[3] → Around 6 A.M. or earlier than 6 A.M.	☐	☐	☐	☐			
[2] → Around 6:30 A.M.							
[1] → Around 7 A.M.							
[0] → Later than 7 A.M.							

Just add up the numbers you circled. → **Total score**

Please circle the total score. ↓

	Warning			Caution			Good		
Phase	☐	☐	☐	☐	☐	☐	☐	☐	☐
Quality	☐	☐	☐	☐	☐	☐	☐	☐	☐
Quantity	☐	☐	☐	☐	☐	☐	☐	☐	☐

Explanations and advices are on the back

FIG. 6B

FIG. 7

1. Please rate the current (i.e., last 2 weeks) **SEVERITY** of your insomnia problem(s).

	None	Mild	Moderate	Severe	Very
Difficulty falling asleep:	0	1	2	3	4
Difficulty staying asleep:	0	1	2	3	4
Problem waking up too early:	0	1	2	3	4

2. How **SATISFIED**/dissatisfied are you with your current sleep pattern?

Very Satisfied					Very Dissatisfied
0	1	2	3	4	

3. To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g., daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.).

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
0	1	2	3	4

4. How **NOTICEABLE** to others do you think your sleeping problem is in terms of impairing the quality of your life?

Not at all Noticeable	Barely	Somewhat	Much	Very Much Noticeable
0	1	2	3	4

5. How **WORRIED**/distressed are you about your current sleep problem?

Not at all	A Little	Somewhat	Much	Very Much
0	1	2	3	4

Guidelines for Scoring/Interpretation:

Add scores for all seven items (1a+1b+1c+ 2+3+4+5) =

Total score ranges from 0-28

0-7 = No clinically significant insomnia

8-14 = Subthreshold insomnia

15-21 = Clinical insomnia (moderate severity)

22-28 = Clinical insomnia (severe)

FIG. 7

FIG. 8A

Munich ChronoType Questionnaire (MCTQ)

I work (go to school) regularly. This includes, for example, students or housewives.

Yes ☐ I work for (1 ☐, 2 ☐, 3 ☐, 4 ☐, 5 ☐, 6 ☐, 7 ☐) days a week

No ☐

If your answer is "yes, for 7 days" or "no", compare the normal "days with work" and "days without work" to see if your sleep schedule will not change anyway. Think about it. On "work (school) days," your behavior, especially your sleep schedule, is greatly influenced by social constraints rather than your internal desires. Please fill out the MCTQ questionnaire with this in mind.

Please use 24-hour units (23:00, not 11:00 PM)



Work (school) days

Fig. 1: I go to bed at ____.

Fig. 2: Please be careful as some people may stay up for a while after going to bed.

Fig. 3: I actually get ready to get to sleep (lights out) at ____.

Fig. 4: I need ____ minutes until I sleep.

Fig. 5: I wake up at ____.

Fig. 6: I get up in ____ minutes after waking up.

I use an alarm clock on days when I have work (school) to do. Yes ☐ No ☐

The only person who answered "yes": I usually wake up before the alarm clock rings.

Yes ☐ No ☐

A day without work (school)

Fig. 1: I go to bed at ____.

Fig. 2: Please be careful as some people may stay up for a while after going to bed.

Fig. 3: I actually get ready to get to sleep (lights out) at ____.

Fig. 4: I need ____ minutes until I sleep.

Fig. 5: I wake up at ____.

Fig. 6: I get up in ____ minutes after waking up.

The reason I wake up (fig. 5) is because I use the alarm clock. Yes ☐ No ☐

There are certain reasons why you **can't choose** your own sleep schedule on days when you don't have work.

Yes ☐ (If you answered "yes": Children/pets ☐ Hobby ☐ Etc. ☐ Example: _____)

No ☐

FIG. 8A

FIG. 8B

Time spent outdoors

On average, I spend the following time outdoors (without a roof over my head) per day.

Day with work (school) ___ hours ___ minutes

Day without work (school) ___ hours ___ minutes

Regarding work (school)

For the past 3 months I worked as a shift worker.

No ☐ Yes ☐

My work (school) schedule usually

Starts at ___:___

Ends at ___:___

My work (school) schedule is

Very flexible ☐

Quite flexible ☐

Not flexible ☐

Not flexible at all ☐

When traveling to work (school)

I am in a closed vehicle (for example, car, bus, train, subway) ☐

I am not in a closed vehicle (for example, walking, bicycle) ☐

Work at home ☐

When **going to** work (school), I need ___ hour(s) ___ minutes to commute (to school).

When **coming back from** work (school), I need ___ hour(s) ___ minutes to commute (to school).

Stimulant

Please pay attention to the following points:

Please answer some questions with the amount "per day," and other questions with the amount "per week" or "per month."

Please write down the **approximate or average amount**

	Per day/week/month
I smoke ___ cigarettes.	Per ☐ ☐ ☐
I drink ___ bottles of beer.	Per ☐ ☐ ☐
I drink ___ glasses of wine.	Per ☐ ☐ ☐
I drink ___ glasses of distilled alcohol/whiskey/gin.	Per ☐ ☐ ☐
I drink ___ cup(s) of coffee.	Per ☐ ☐ ☐
I drink ___ cup(s) of black tea.	Per ☐ ☐ ☐
I drink ___ cup(s) of caffeinated beverage (soft drink).	Per ☐ ☐ ☐
I take sleeping pills ___.	Per ☐ ☐ ☐

FIG. 8B

FIG. 9

		Score identified by sample property data	Score identified by sample property data
		THRESHOLD A1 (6 points) or more	Less than threshold A1 (6 points)
Value identified by sample rhythm data	Threshold B1 (1 hour) or more	Sleep category 10	Sleep category 20
Value identified by sample rhythm data	Less than threshold B1 (1 hour)	Sleep category 11	Sleep category 21

FIG. 9

FIG. 10

		Score identified by sample property data Threshold A2 (8 POINTS) or more	Score identified by sample property data Threshold A1 (6 POINTS) OR more, less than threshold A2 (8 Points)	Score identified by sample property data Less than threshold A1 (6 points)
Value identified by sample rhythm data	Threshold B2 (3 hours) or more	Sleep category 300	Sleep category 100	Sleep category 200
Value identified by sample rhythm data	Threshold B1 (1 hour) or more, less than threshold B2 (3 HOURS)	Sleep category 301	Sleep category 101	Sleep category 201
Value identified by sample rhythm data	Less than threshold B1 (1 HOUR)	Sleep category 302	Sleep category 102	Sleep category 202

FIG. 10**FIG. 11**

Target sleep state data	Target product/target service		
Target property data	Class V1	Class V2	Class V3
	Product P1	Product P2, product P3	Product P4, service S1
Target rhythm data	Class W1	Class W2	Class W3
	Product P5, product P6	Product P7, service S2	Product P8, service S1
Target time data	Class X1	Class X2	Class X3
	Product P2	Service S3, service S4	Product P9, Product P10
Target sleep category data	Class Y1	Class Y2	Class Y3
	Service S5	Product P11, service S6	Service S7, Service S8

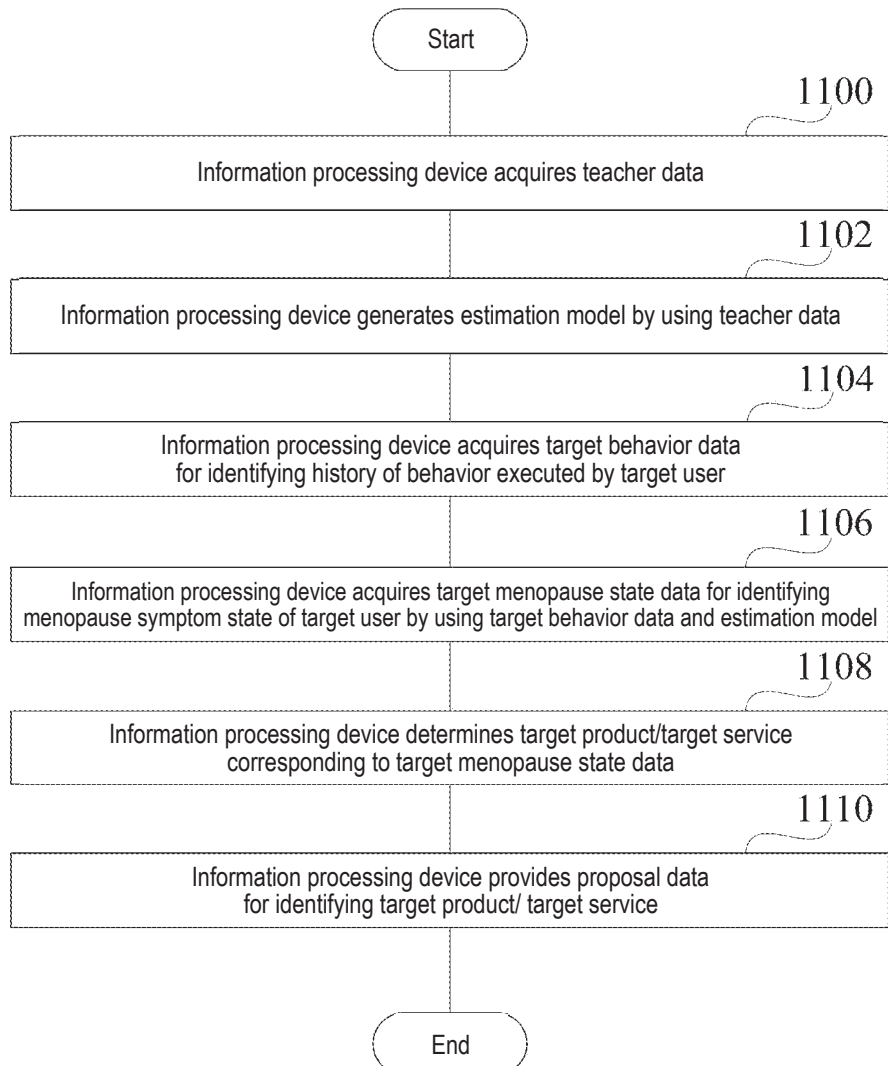
FIG. 11**FIG. 12****FIG. 12**

FIG. 13

Depending on the degree of the symptom, circle it, enter a score, and check based on the total score. If any of the symptoms is strong, please circle it.

Symptoms	Strong	Medium	Weak	None	Score
(1) Face is hot	1 0	8	3	0	
(2) Easily sweat	1 0	6	3	0	
(3) Waist and hands and feet are likely to cool	1 4	8	3	0	
(4) Breathlessness, palpitations	1 2	8	4	0	
(5) Trouble falling asleep or having light sleep	1 4	8	3	0	
(6) Easily angered, easily annoyed	1 2	8	4	0	
(7) Sometimes worry or feel depressed	7	3	3	0	
(8) Frequent headaches, dizziness, and nausea	7	3	3	0	
(9) Easily tired	7	4	2	0	
(10) Stiff shoulders, back pain, pain in hands and feet	7	3	3	0	
Total score					

Menopausal self-scoring assessment method

0 to 25 points: you are going through menopause well. Continue your current lifestyle

26 to 50 points: Pay attention to your diet and exercise, and do not overdo your lifestyle.

51 to 65 points: Recommended to see a doctor and receive life guidance, counseling, and drug treatment.

66 to 80 points: Long-term (more than half a year) planned treatment is required.

81 to 100 points: It is necessary to undergo detailed examination by each department, and in case of menopausal disorders only, long-term response from a specialist is required.

FIG. 13

FIG. 14

Target menopause state data	Target product/target service		
Target comprehensive state data	Class V1	Class V2	Class V3
	Product P10	Product P20, product P30	Product P40, service S10
Target first state data	Class W1	Class W2	Class W3
	Product P50, product P60	Product P70, service S20	Product P80, service S10
Target second state data	Class X1	Class X2	Class X3
	Product P20	Service S30, service S40	Product P90, Product P100

FIG. 14

FIG. 15

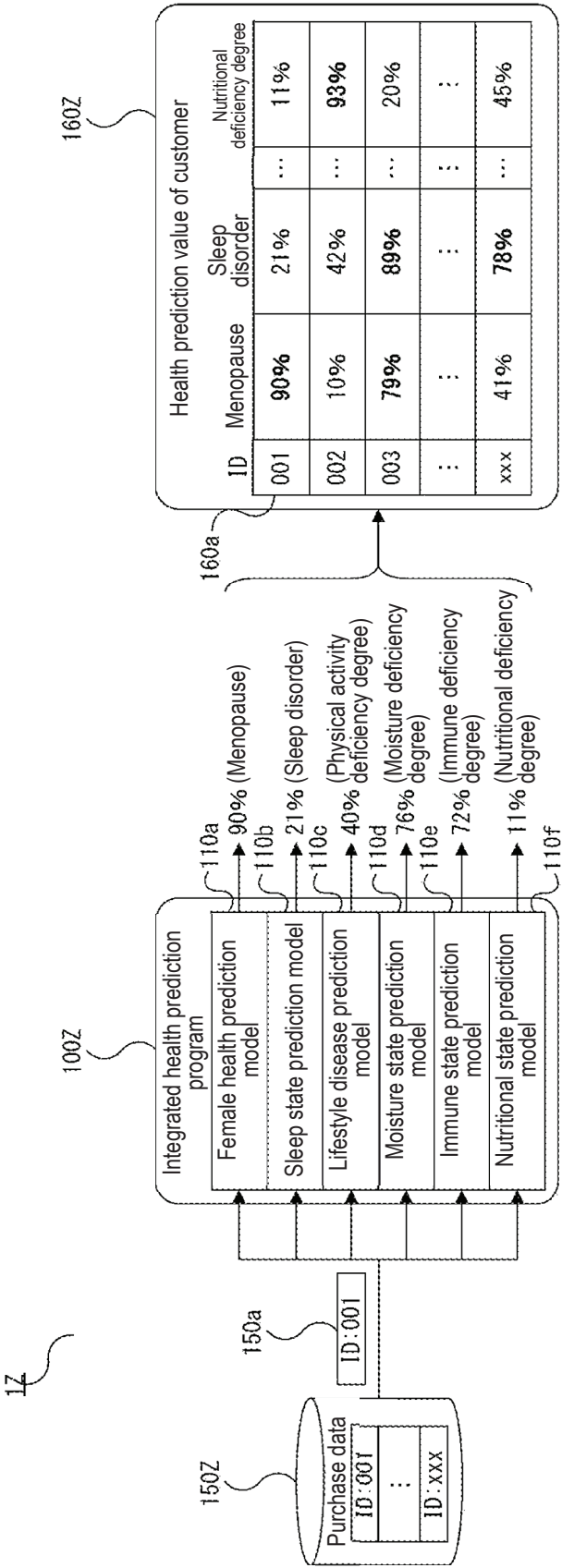


FIG. 15

FIG. 16

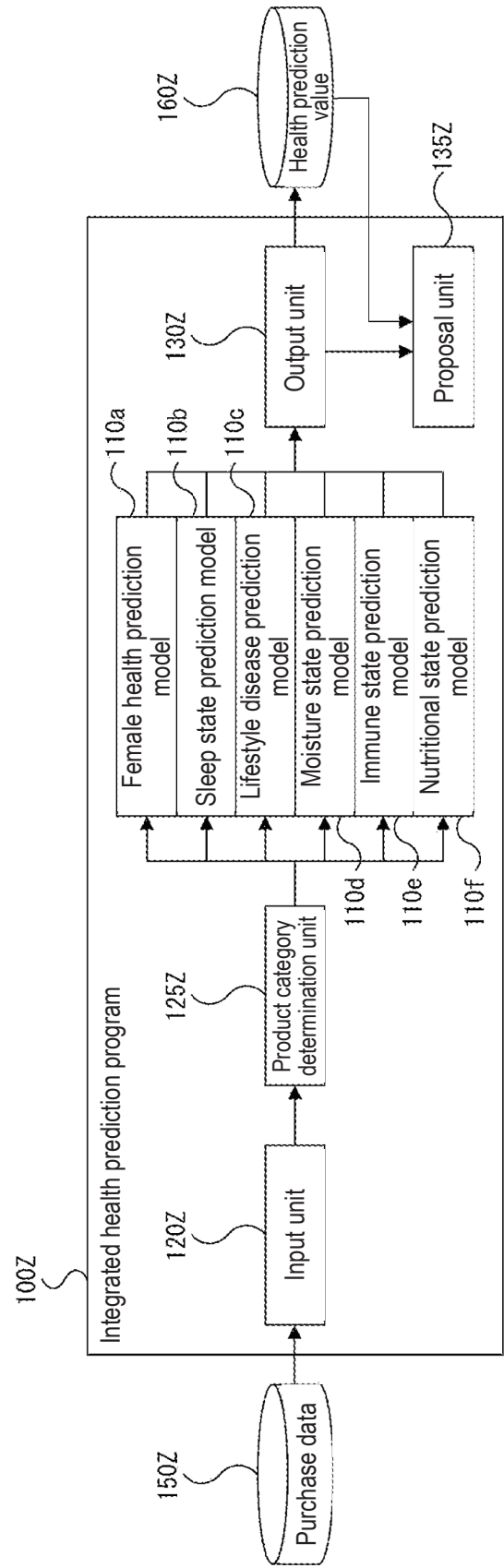


FIG. 16

FIG. 17

150Z



User ID 002	JICFS classification				Classification (Product category)	Purchase amount	Purchase quantity	Purchase count
	Large	Medium	Small	Very small				

User ID 001	JICFS classification				Classification (Product category)	Purchase amount	Purchase quantity	Purchase count
	Large	Medium	Small	Very small				
	:	:	:	:	:	:	:	:
	1	4	03		Soft drink	¥*, ***	*	* Times
	:	:	:	:	:	:	:	:
	2	1	21	05	Mouthwash	¥*, ***	*	* Times
	1	4	01	13	Chinese tea	¥*, ***	*	* Times
	:	:	:	:	:	:	:	:
	2	2	11	05	Body lotion	¥*, ***	*	* Times
:	:	:	:	:	:	:	:	



150a150b

FIG. 17

FIG. 18

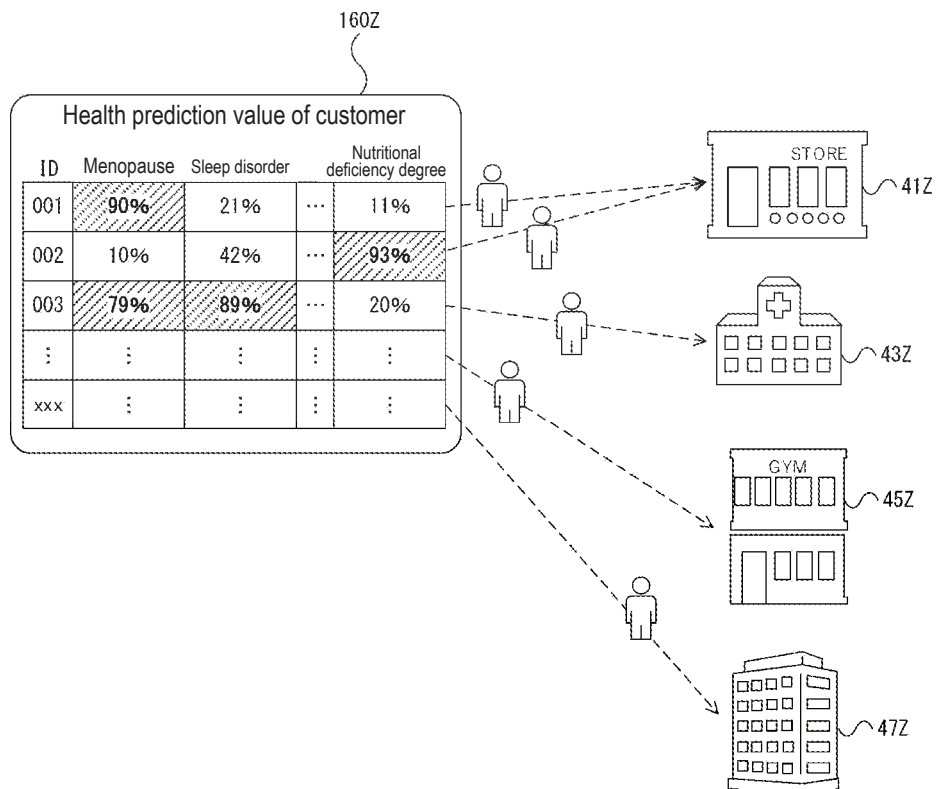


FIG. 18

FIG. 19

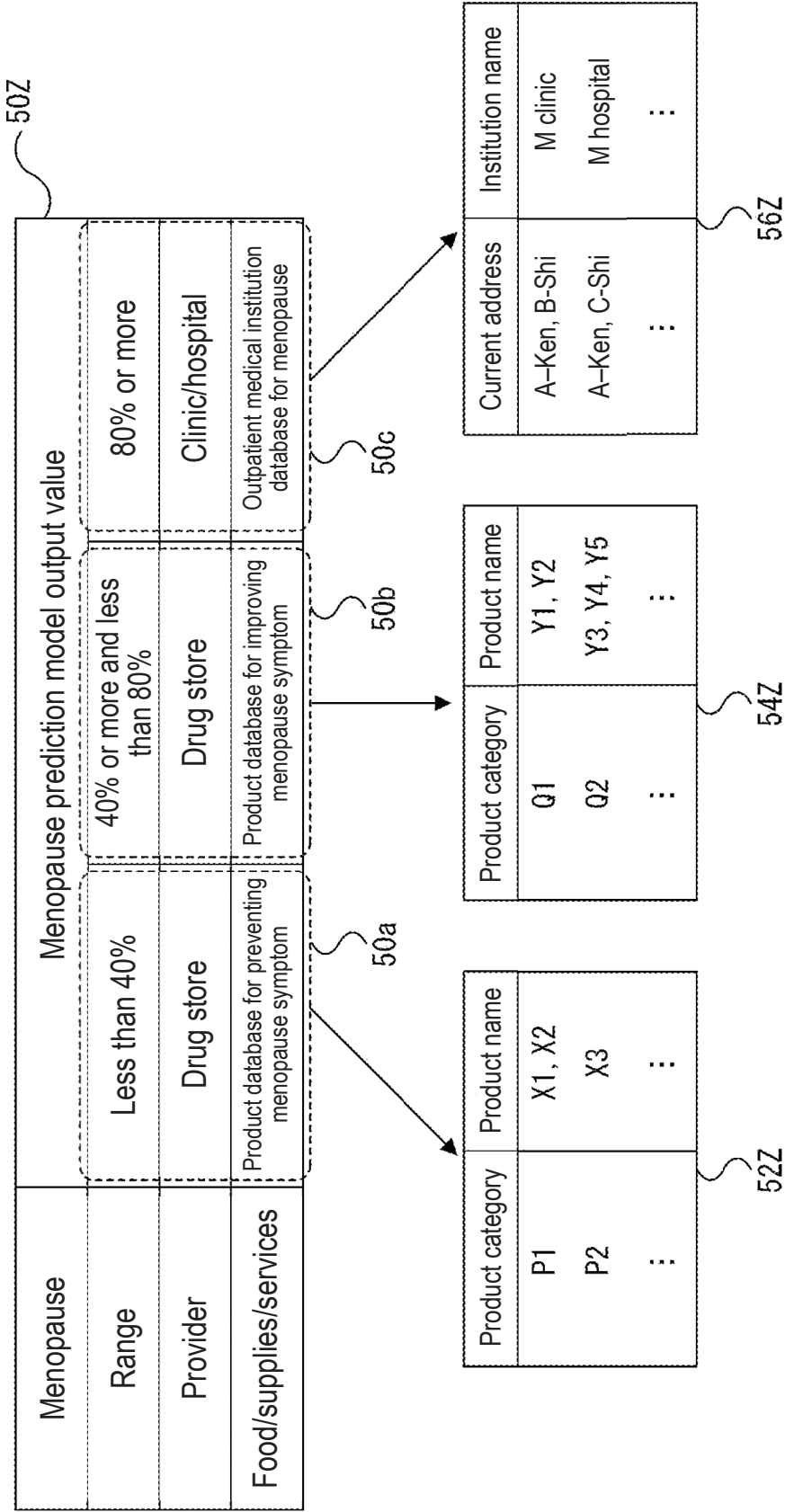


FIG. 19

FIG. 20

Physical activity deficiency degree	Lifestyle disease prediction model output value		
Range	Less than 20%	20% or more and less than 80%	80% or more
Provider	Nutritional guidance (1) E1 sports gym	Nutritional guidance (2) E2 fitness club	Nutritional guidance (3) E3 life insurance company
Food/supplies/services	Monthly plan	Per-use plan	Medical insurance product corresponding to lifestyle disease

60Z

60a

60b

60c

FIG. 20

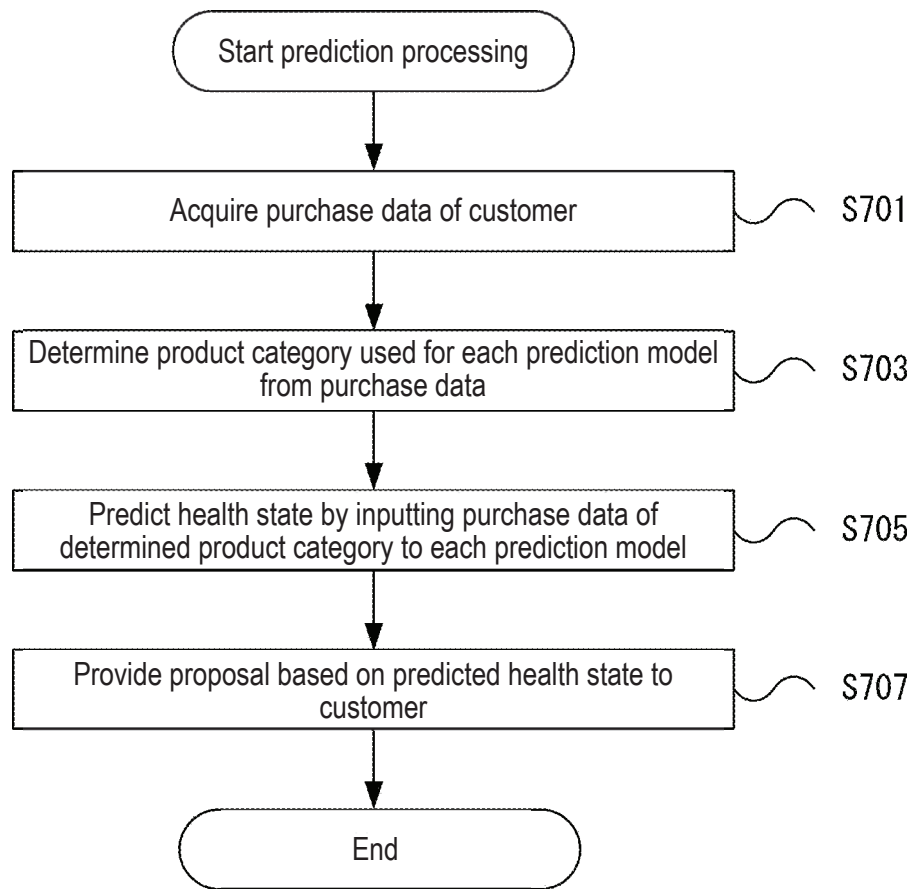
FIG. 21FIG. 21

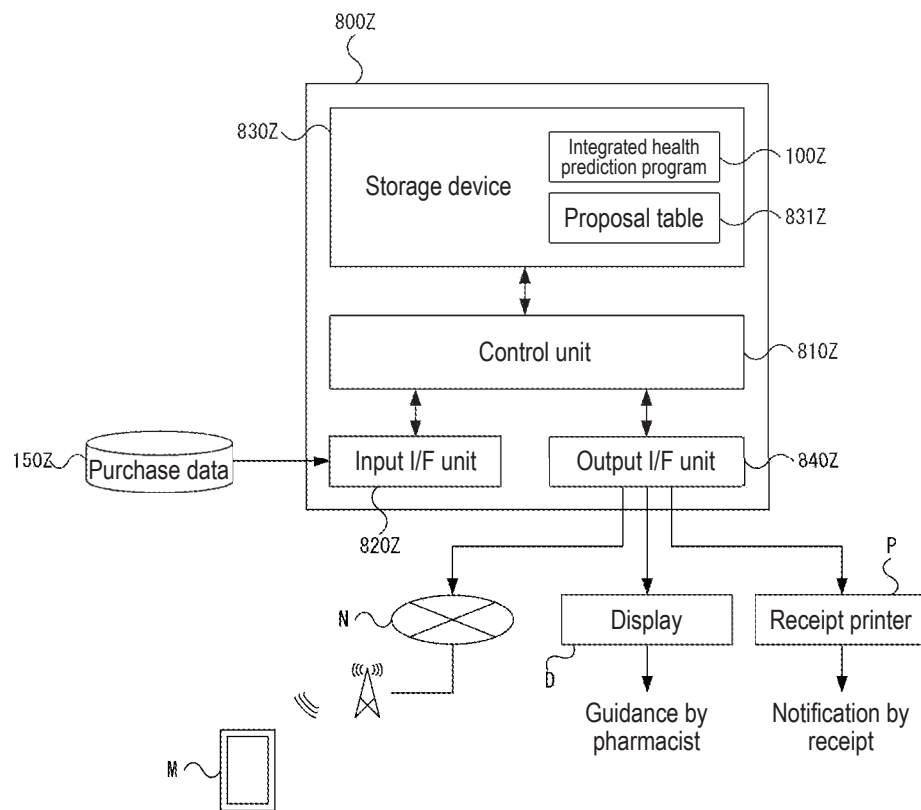
FIG. 22**FIG. 22**

FIG. 23

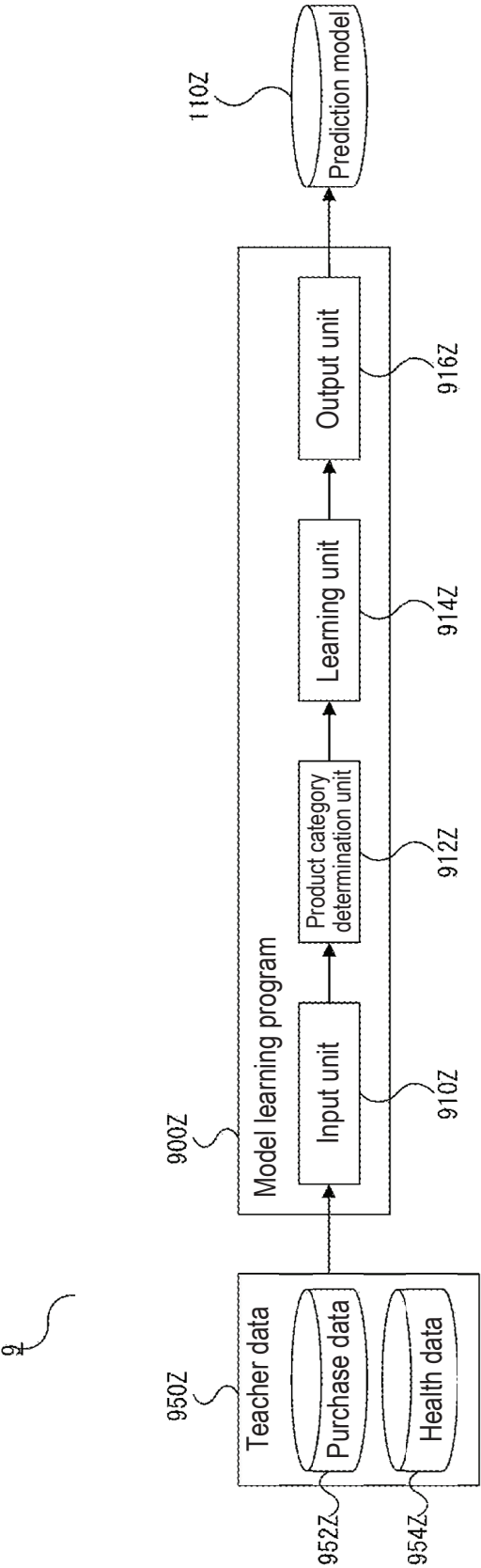


FIG. 23

FIG. 24

Product categories selected by H layer (underlined products are also selected by layers other than H layer)
Body lotions, creams, mouthwashes, anti-drowsiness agents, <u>other fresh foods</u> , <u>processed seafood products</u> , sparkling water, Chinese tea, products for stiff shoulders and back pain, soft incontinence products, <u>low-calorie sweeteners</u> , vitamin B12 main ingredient formulations, <u>women's health medicines</u>

Product categories selected by layers other than H layer
Other fresh foods, processed seafood products, low-calorie sweeteners, women's health medicines

FIG. 24

FIG. 25

Purchased product	Women's issues	Causation	Certainty
Body lotion, cream	Dry skin	During menopause, female hormones (estrogen) decrease rapidly. The entire body becomes dry, and the skin and scalp tend to dry out.	63-74 (Spots and wrinkles)
Mouthwash	Bad breath	During menopause, female hormones (estrogen) decrease rapidly. the entire body becomes dry, and thus the amount of saliva secreted decreases, making it easier to have bad breath.	50
Anti-drowsiness agents	Sleep problems, daily drowsiness	Decrease in estrogen affects increase or decrease of serotonin related to sleep. additionally, female hormones (estrogen, progesterone) are considered to cause drowsiness. When female hormones disappear, sleep rhythm is disrupted and drowsiness occurs during day.	53 (Insomnia)
Sparkling water (soft drink)	Thirst	During menopause, female hormones (estrogen) decrease rapidly. The entire body becomes dry, and mucous membranes may become dry.	40
Products for stiff shoulders and back pain	Stiff shoulders, muscle tightness	One of the menopause symptoms, many symptoms for Japanese people, a decrease in estrogen disrupts the order of the autonomic nervous system and affects blood flow.	68 (Stiff shoulders) 53 (Back pain)
Soft incontinence products/tools	Incontinence in women	A decrease in estrogen is a cause of incontinence. Decrease in estrogen loosens pelvic floor muscle and causes stress urinary incontinence during coughing and exercise.	40
Vitamin B12 main ingredient formulations	Sleep problems, stiff shoulders	Vitamin B12 is said to be good for regulating the autonomic nervous system and preventing insomnia. A lack of vitamin B12 causes anemia.	53 (Insomnia) 68 (Stiff shoulders)
Chinese tea	Coldness, anxiety, irritability	Easily available to warm the body and provide a relaxation effect.	60

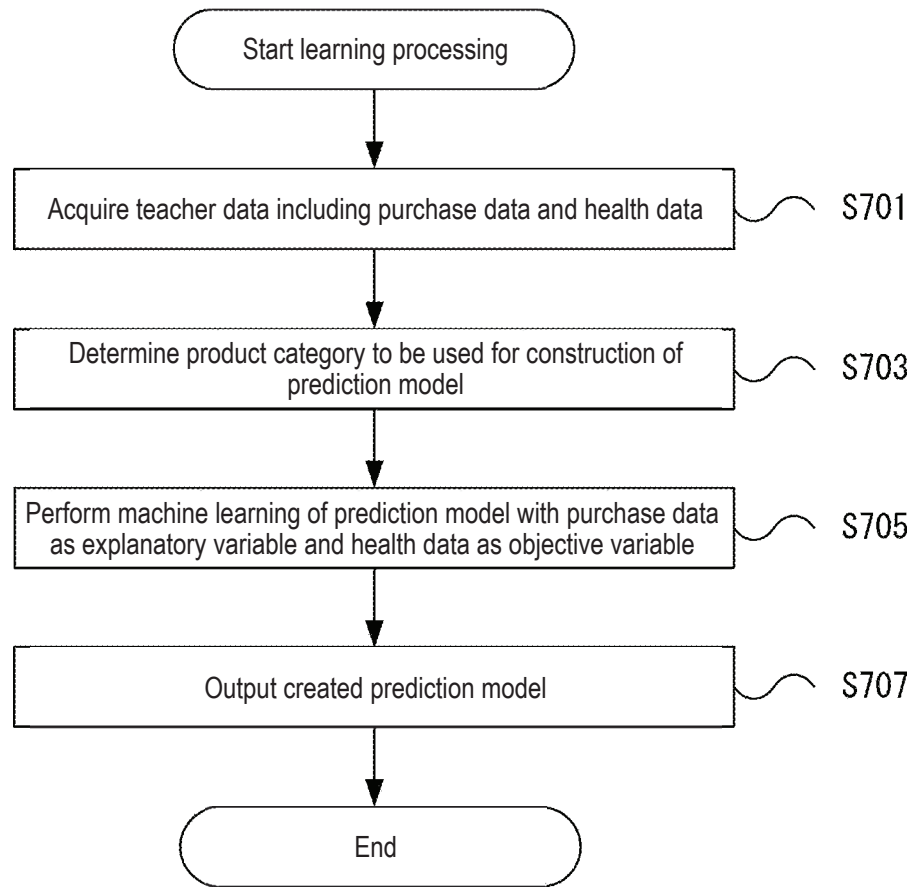
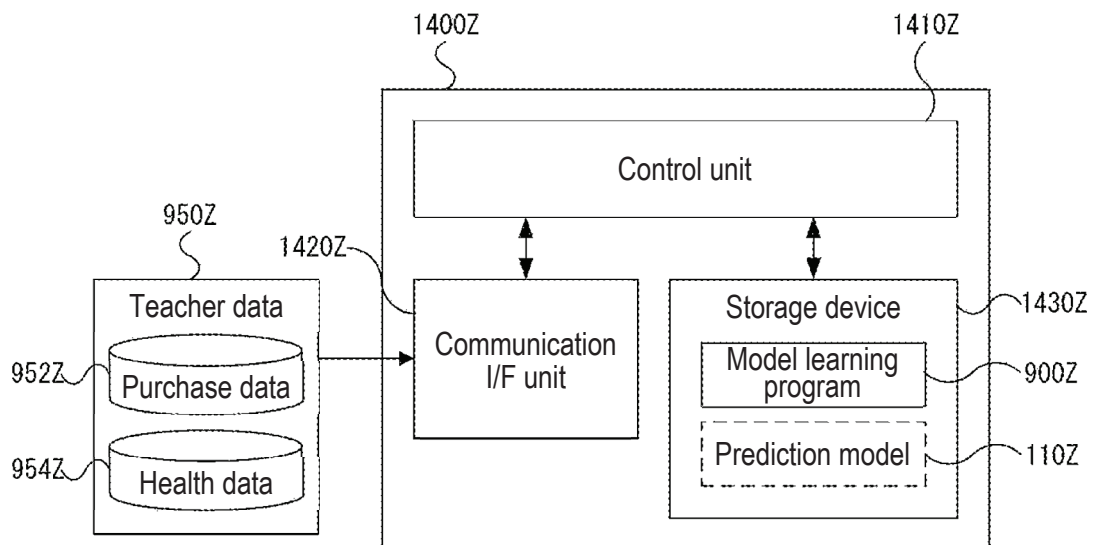
FIG. 25

FIG. 26

Menopause response product group

Characteristic product categories	Menopause symptom (consciousness of living person when purchasing)
Body lotion	Skin symptoms, dry skin due to hormonal balance (wanting moisturizing because concerned about dryness of skin due to menopause/aging)
Soft incontinence products	Urinary incontinence (selection of coping products is increasing to resolve direct concerns)
Mouthwashes, sparkling water	Thirst (dry mouth, stickiness, bad smell, wanting a clean/refreshed feeling)
Vitamin B12 main ingredient formulations	Stiff shoulders, back pain, pain in hands and feet (It is important as a daily medicine as a treatment for shoulder, back, joint pain, and the like)
Anti-drowsiness agents	Insomnia/depression, promotes drowsiness by disorder of autonomic nervous system (It is essential in situations where you cannot rest, such as work or housework, so it must be prepared)
Chinese tea	Coldness, anxiety, irritability (easily available to warm the body and provide a relaxation effect)

FIG. 26

FIG. 27FIG. 27**FIG. 28**FIG. 28