

General Statistical Survey Under
the Statistics Act



政府統計

For Enumerator Use

Prefecture	Seal		
Public Health Center Name	Seal		
Area Code	Unit Code	Household No.	

This survey will be used only for
statistical purposes. Please provide
accurate information.

2026 Annual Population and Social Security Survey

8th National Survey on Family

[Survey for Persons Aged 18 or Older (Individual Form)]

July 1, 2026

National Institute of Population and Social Security Research, Ministry of Health, Labour and Welfare
〒100-0011 Hibiya Kokusai Building 6th Floor, 2-2-3 Uchisaiwaicho, Chiyoda-ku, Tokyo
TEL (Call Center): 0120-002-984
<https://www.ipss.go.jp>

— Instructions for Completing the Survey —

1. This form asks about your circumstances as of July 1.
Each household member aged 18 or over should complete one Individual Survey.
2. Circle the numbers that apply to you, and fill in the appropriate numbers in the parentheses and squares. Only circle one number unless otherwise instructed.
3. Refer to the "Instructions for Completion" if you are unsure how to complete the survey. If you have any questions, contact the call center listed in the "Request for Survey Cooperation" you received, or ask the enumerator when they come to collect the survey.
4. For a detailed explanation of the survey, see P. 24-25.
5. This form can also be completed online. For details, see the enclosed "Instructions for Responding Online."

Portal Site of Official Statistics Online Survey (URL or QR code)

<https://www.e-survey.go.jp/>



These first questions are about yourself.

Q. 1 Which of the following describes your relationship to the head of household?

*"Spouse" includes those who have not filed a marriage certificate, but who are living together in a common-law marriage. Grandparents and siblings of the head of household's spouse (husband or wife) are included in "9. Grandparent" and "10. Sibling" respectively. Spouses of siblings are included in "11. Other relative."

1. Head of household	5. Grandchildren	9. Grandparents
2. Spouse of the head of household	6. Grandchildren's spouses	10. Siblings
3. Children	7. Parents of the head of household	11. Other relatives
4. Children's spouses	8. Parents of the spouse	12. Partners, friends, etc.
		13. Other (excluding relatives, partners, friends, etc.)

Q. 2 Provide the following information about yourself.

(1) Sex	(2) Date of birth	(3) Health condition	
1. Male 2. Female	1. Taisho 2. Showa 3. Heisei 4. Calendar year Year () Month ()	1. Good 2. Fairly good 3. Normal	4. Fairly poor 5. Poor
(4) Highest level of education completed (or currently enrolled)			
1. Elementary school / Junior high school (new system) 2. Secondary school (old system) / High school (new system) 3. Vocational school (after graduating high school)		4. Technical college / Junior college 5. University 6. Graduate school	

Q. 3 The following questions are about your current job. If you have more than one job, respond with regards to the job where you work the longest hours.

(1) Job status	(2) Employment status	(3) When did you start this job?
1. Working 2. On leave 3. Not working (seeking work) 4. Not working (not seeking work) 5. Student (includes part-time work as student)	1. Regular employee 2. Part-time employee 3. Contract, commissioned, or dispatch employee 4. Self-employed 5. Worker in family business	When you were () years old
(4) Size of employer *The total number of employees (including part-time employees) at the company or organization where you work, including branches, factories, offices, etc.	(5) Working hours (Last week of June)	(6) Usual commute time (one-way) *Enter the average time it takes for you to commute.
1. 1-9 2. 10-29 3. 30-99 4. 100-299 5. 300-999 6. 1,000-4,999 7. 5,000 or more 8. Government office / Public sector	Total hours for the week: approximately () hours	1. Approximately () minutes one-way 2. I work from home → Go to Q.4

(7) Time you leave home for work *Fill in the time for the most recent day you went to work.	(8) Time you get home from work *Fill in the time for the most recent day you went to work.
1. A.M. Around () 2. P.M.	1. A.M. Around () 2. P.M.
(9) How often you worked remotely (worked from home) over the past month *Include days when you worked remotely for only several hours of your work day.	
1. 5 or more days a week 2. About 3-4 days a week 3. About 1-2 times a week 4. About 1-2 times a month 5. I don't work remotely	

Q.4 The following questions are about your marital status.

(1) Are you currently married?	(2) When did you become divorced or widowed?
1. Currently have a spouse (includes common-law marriage) 2. Divorced 3. Widowed 4. Unmarried (have never been married) → Go to Q. 6	When you were () years old

Q.5 The following questions are about your current marriage.
If you are divorced or widowed and do not currently have a spouse, respond with regards to your most recent marriage.

(1) Age at which marriage began	(2) Filing of marriage certificate	(3) Surname used (currently or previously)
When you were (), years old	1. Filed 2. Not filed	1. Husband's surname 2. Wife's surname 3. Different surnames for husband/wife

(4) What kind of job did you have when you decided to get married in your current (or most recent) marriage?

(A) Employment status	(B) Employer size	(C) When did you start this job?
1. Was not working (including part-time student jobs) → Go to (5) 2. Regular employee 3. Part-time employee	4. Contract, commissioned, or dispatch employee 5. Self-employed 6. Worker in family business	1. 1-9 2. 10-29 3. 30-99 4. 100-299 5. 300-999 6. 1,000-4,999 7. 5,000 or more 8. Government office / Public sector
		When you were () years old

(5) Is your current (or most recent) marriage your first marriage or a remarriage?

1. First marriage → Go to Q. 6
2. Remarriage]



(6) Age at which first marriage began	(7) When did you divorce or become widowed by your first spouse?	
When you were () years old	1. Divorced 2. Widowed	When you were () years old

The following questions are about your parents.

Q. 6 Provide the following information on your parents' year of birth, highest level of education, current marital status, current work status, and current home.

	Your father	Your mother
(1) Year of birth	1. Meiji 4. Heisei 2. Taisho 5. Calendar year 3. Showa Year ()	1. Meiji 4. Heisei 2. Taisho 5. Calendar year 3. Showa Year ()
(2) Highest level of education	1. Elementary school / Junior high school (new system) 2. Secondary school (old system) / High school (new system) 3. Vocational school (after graduating high school) 4. Technical college / Junior college 5. University / Graduate school	1. Elementary school / Junior high school (new system) 2. Secondary school (old system) / High school (new system) 3. Vocational school (after graduating high school) 4. Technical college / Junior college 5. University / Graduate school
(3) Current marital status	1. Married 2. Divorced 3. Widowed 4. Unmarried (has never been married) 5. Deceased When your father was () years old → Go to Q. 7	1. Married 2. Divorced 3. Widowed 4. Unmarried (has never been married) 5. Deceased When your mother was () years old → Go to Q. 7
(4) Current work status	1. Working 2. Not working	1. Working 2. Not working
(5) How long does it take to get from your home to this parent's home? *Give the travel time using your usual means of transportation.	1. Same building 2. Separate unit on same property 3. Less than 15 minutes 4. 15 to less than 30 minutes 5. 30 to less than 60 minutes 6. 1 to less than 2 hours 7. 2 to less than 3 hours 8. 3 hours or more	1. Same building 2. Separate unit on same property 3. Less than 15 minutes 4. 15 to less than 30 minutes 5. 30 to less than 60 minutes 6. 1 to less than 2 hours 7. 2 to less than 3 hours 8. 3 hours or more

Q. 7 The following questions are also about your parents. You do not need to respond with regards to parents that are already deceased. If you have a spouse, respond with regards to your spouse's parents as well.

	Your father	Your mother	Spouse's father	Spouse's mother
(1) How often have you spoken to this parent over the past year? *Include the number of times you have talked to them on the phone, by email, etc. (including social media).	1. Every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. Several times a year 6. Almost none	1. Every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. Several times a year 6. Almost none	1. Every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. Several times a year 6. Almost none	1. Every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. Several times a year 6. Almost none
(2) What kind of help or care have you provided to this parent over the past year (excluding financial support)? *Circle all that apply.	1. Housework 2. Advice or emotional support 3. Care or long-term care during illness 4. Repairing or replacing broken items 5. Other 6. None	1. Housework 2. Advice or emotional support 3. Care or long-term care during illness 4. Repairing or replacing broken items 5. Other 6. None	1. Housework 2. Advice or emotional support 3. Care or long-term care during illness 4. Repairing or replacing broken items 5. Other 6. None	1. Housework 2. Advice or emotional support 3. Care or long-term care during illness 4. Repairing or replacing broken items 5. Other 6. None
(3) What is the approximate total amount of money you have spent on this parent over the past year? *This includes money for living expenses, allowances, goods, and gifts.	1. None 2. Less than ¥10,000 3. ¥10,000-29,999 4. ¥30,000-49,999 5. ¥50,000-99,999 6. ¥100,000-149,999 7. ¥150,000-199,999 8. ¥200,000 or more	1. None 2. Less than ¥10,000 3. ¥10,000-29,999 4. ¥30,000-49,999 5. ¥50,000-99,999 6. ¥100,000-149,999 7. ¥150,000-199,999 8. ¥200,000 or more	1. None 2. Less than ¥10,000 3. ¥10,000-29,999 4. ¥30,000-49,999 5. ¥50,000-99,999 6. ¥100,000-149,999 7. ¥150,000-199,999 8. ¥200,000 or more	1. None 2. Less than ¥10,000 3. ¥10,000-29,999 4. ¥30,000-49,999 5. ¥50,000-99,999 6. ¥100,000-149,999 7. ¥150,000-199,999 8. ¥200,000 or more
(4) What kind of help or care have you received from this parent over the past year (excluding financial support)? *Circle all that apply.	1. Housework 2. Providing advice or emotional support 3. Care or long-term care during illness 4. Care for grandchildren 5. Repairing or replacing broken items 6. Other 7. None	1. Housework 2. Providing advice or emotional support 3. Care or long-term care during illness 4. Care for grandchildren 5. Repairing or replacing broken items 6. Other 7. None	1. Housework 2. Providing advice or emotional support 3. Care or long-term care during illness 4. Care for grandchildren 5. Repairing or replacing broken items 6. Other 7. None	1. Housework 2. Providing advice or emotional support 3. Care or long-term care during illness 4. Care for grandchildren 5. Repairing or replacing broken items 6. Other 7. None
(5) What is the approximate total amount of money or goods you have received from this parent over the past year? *This includes money for living expenses, allowances, and gifts.	1. None 2. Less than ¥10,000 3. ¥10,000-29,999 4. ¥30,000-49,999 5. ¥50,000-99,999 6. ¥100,000-149,999 7. ¥150,000-199,999 8. ¥200,000 or more	1. None 2. Less than ¥10,000 3. ¥10,000-29,999 4. ¥30,000-49,999 5. ¥50,000-99,999 6. ¥100,000-149,999 7. ¥150,000-199,999 8. ¥200,000 or more	1. None 2. Less than ¥10,000 3. ¥10,000-29,999 4. ¥30,000-49,999 5. ¥50,000-99,999 6. ¥100,000-149,999 7. ¥150,000-199,999 8. ¥200,000 or more	1. None 2. Less than ¥10,000 3. ¥10,000-29,999 4. ¥30,000-49,999 5. ¥50,000-99,999 6. ¥100,000-149,999 7. ¥150,000-199,999 8. ¥200,000 or more

	Your father	Your mother	Spouse's father	Spouse's mother
<p>(6) What kind of support have you received from this parent so far?</p> <p>*Circle all that apply.</p>	<ol style="list-style-type: none"> 1. Care during childbirth 2. Care during illness 3. Providing advice or emotional support 4. Living expenses 5. Wedding/marriage funds 6. Housing funds 7. Education expenses 8. Expenses related to grandchildren 9. Care for grandchildren 10. None 	<ol style="list-style-type: none"> 1. Care during childbirth 2. Care during illness 3. Providing advice or emotional support 4. Living expenses 5. Wedding/marriage funds 6. Housing funds 7. Education expenses 8. Expenses related to grandchildren 9. Care for grandchildren 10. None 	<ol style="list-style-type: none"> 1. Care during childbirth 2. Care during illness 3. Providing advice or emotional support 4. Living expenses 5. Wedding/marriage funds 6. Housing funds 7. Education expenses 8. Expenses related to grandchildren 9. Care for grandchildren 10. None 	<ol style="list-style-type: none"> 1. Care during childbirth 2. Care during illness 3. Providing advice or emotional support 4. Living expenses 5. Wedding/marriage funds 6. Housing funds 7. Education expenses 8. Expenses related to grandchildren 9. Care for grandchildren 10. None
<p>(7) How much help or supervision does this parent currently need in their daily life?</p>	<ol style="list-style-type: none"> 1. Needs all day 2. Needs sometimes 3. Does not need 4. I don't know <p style="text-align: right;">Go to (9)</p>	<ol style="list-style-type: none"> 1. Needs all day 2. Needs sometimes 3. Does not need 4. I don't know <p style="text-align: right;">Go to (9)</p>	<ol style="list-style-type: none"> 1. Needs all day 2. Needs sometimes 3. Does not need 4. I don't know <p style="text-align: right;">Go to (9)</p>	<ol style="list-style-type: none"> 1. Needs all day 2. Needs sometimes 3. Does not need 4. I don't know <p style="text-align: right;">Go to (9)</p>
<p>(8) Who is the primary long-term caregiver for this parent?</p> <p>*Circle only one.</p> <p><u>Proceed to Q. 8 after responding.</u></p>	<ol style="list-style-type: none"> 1. You 2. Your spouse 3. Your mother 4. Your siblings 5. Your siblings' spouses 6. Other relatives 7. Non-relatives (Home care worker, etc.) 8. Living in a care facility or currently hospitalized 9. No long-term care required 	<ol style="list-style-type: none"> 1. You 2. Your spouse 3. Your father 4. Your siblings 5. Your siblings' spouses 6. Other relatives 7. Non-relatives (Home care worker, etc.) 8. Living in a care facility or currently hospitalized 9. No long-term care required 	<ol style="list-style-type: none"> 1. You 2. Your spouse 3. Your spouse's mother 4. Your siblings 5. Your spouse's siblings' spouses 6. Other relatives 7. Non-relatives (Home care worker, etc.) 8. Living in a care facility or currently hospitalized 9. No long-term care required 	<ol style="list-style-type: none"> 1. You 2. Your spouse 3. Your spouse's father 4. Your siblings 5. Your spouse's siblings' spouses 6. Other relatives 7. Non-relatives (Home care worker, etc.) 8. Living in a care facility or currently hospitalized 9. No long-term care required
<p>(9) If this parent were to require long-term care in their daily life, do you think you would personally provide their day-to-day care?</p>	<ol style="list-style-type: none"> 1. I think I would be the primary long-term caregiver 2. I think I wouldn't be the primary long-term caregiver, but I would assist with caregiving 3. I think a family member or relative other than myself would provide long-term care 4. I think I would rely on a care facility, etc. 	<ol style="list-style-type: none"> 1. I think I would be the primary long-term caregiver 2. I think I wouldn't be the primary long-term caregiver, but I would assist with caregiving 3. I think a family member or relative other than myself would provide long-term care 4. I think I would rely on a care facility, etc. 	<ol style="list-style-type: none"> 1. I think I would be the primary long-term caregiver 2. I think I wouldn't be the primary long-term caregiver, but I would assist with caregiving 3. I think a family member or relative other than myself would provide long-term care 4. I think I would rely on a care facility, etc. 	<ol style="list-style-type: none"> 1. I think I would be the primary long-term caregiver 2. I think I wouldn't be the primary long-term caregiver, but I would assist with caregiving 3. I think a family member or relative other than myself would provide long-term care 4. I think I would rely on a care facility, etc.

The following questions are about your daily life.

Q. 8 The following questions are about housework.

- (1) About how many hours a day do you spend doing housework? Provide separate responses for weekdays and weekends. If you have a spouse, respond with regards to your spouse as well.

You		Spouse	
Weekdays	Weekends	Weekdays	Weekends
Approximately () hours () minutes	Approximately () hours () minutes	Approximately () hours () minutes	Approximately () hours () minutes

- (2) How do you and your spouse usually divide housework? If the total housework done by both spouses combined equals 100%, give the percentage that you do. If you do not currently have a spouse, proceed to (3).

You do about ()% of the total housework.

- (3) How often do you do the following housework? If you have a spouse, respond with regards to your spouse as well.

	You				
	1 Every day / Every time	2 About 3-4 times a week	3 About 1-2 times a week	4 About 1-2 times a month	5 Never
A. Taking out the trash	1	2	3	4	5
B. Daily shopping	1	2	3	4	5
C. Cleaning rooms	1	2	3	4	5
D. Cleaning the bath	1	2	3	4	5
E. Doing the laundry (including hanging and putting away clothes)	1	2	3	4	5
F. Cooking	1	2	3	4	5
G. Cleaning up after meals	1	2	3	4	5

	Spouse				
	1 Every day / Every time	2 About 3-4 times a week	3 About 1-2 times a week	4 About 1-2 times a month	5 Never
A. Taking out the trash	1	2	3	4	5
B. Daily shopping	1	2	3	4	5
C. Cleaning rooms	1	2	3	4	5
D. Cleaning the bath	1	2	3	4	5
E. Doing the laundry (including hanging and putting away clothes)	1	2	3	4	5
F. Cooking	1	2	3	4	5
G. Cleaning up after meals	1	2	3	4	5

Q. 9 How often have you used the following (A-J) services, household appliances, etc., in your household over the past year? Select from the options, and enter the appropriate number in each square.

A. Meal kits	
B. Store-bought bentos, prepared foods, and/or takeout	
C. Store-bought ready-to-eat packaged foods, frozen prepared foods (heat-and-eat items)	
D. Meal delivery	
E. Dining out (as a family)	

F. Delivery of groceries and daily necessities	
G. House cleaning and housework services	
H. Dishwasher / Dish dryer	
I. Washer-dryer	
J. Robot vacuum	

Options
1. Never
2. 1-2 times a year
3. Several times a year
4. 1-2 times a month
5. 1-2 times a week
6. 3-4 times a week or more
7. I don't own one
8. I don't know

Q. 10 Who or what institution would you turn to if you needed help or someone to talk to about the following (A-D) problems? Circle all that apply for each situation.

	Your spouse	Your parents	Your children	Your siblings	Spouse's parents	Children's spouses	Other relatives	Friends / Acquaintances / Romantic partner	Colleagues at work	Neighbors or those in your community	Community welfare, social welfare, or long-term care	Other	No one	I wouldn't rely on others in this situation
A. When you are dealing with a problem and feel down or confused	1	2	3	4	5	6	7	8	9	10	11	12	13	14
B. When you need to borrow money urgently (about ¥300,000)	1	2	3	4	5	6	7	8	9	10	11	12	13	14
C. When you or a family member are sick or have had an accident, and you are in urgent need of assistance	1	2	3	4	5	6	7	8	9	10	11	12	13	14
D. When you become bedridden or otherwise come to require long-term care	1	2	3	4	5	6	7	8	9	10	11	12	13	14

Q. 13 The following questions are about your job around the time when your first child was born.

(1) What kind of job did you have when you learned you/your spouse was pregnant with your first child?

(A) Employment status		(B) Employer size		(C) When did you start this job?
1. Was not working (including part-time student jobs) → Go to Q. 14	4. Contract, commissioned, or dispatch employee	1. 1-9	5. 300-999	When you were () years old
2. Regular employee	5. Self-employed	2. 10-29	6. 1,000-4,999	
3. Part-time employee	6. Worker in family business	3. 30-99	7. 5,000 or more	
		4. 100-299	8. Government office / Public sector	

(2) What systems or types of support did you use when your first child was born?
Circle all that apply.

1. Maternity/post-natal leave	10. Change in job duties
2. Parental leave	11. Understanding of the workplace
3. Reduced working hours	12. Support from parents/relatives
4. Exemption from overtime or late-night work	13. Daycare center
5. Other leave system for childcare (other than parental leave; including leave to care for sick child)	14. Extended-hour, weekend/holiday, and/or nighttime daycare
6. Flextime (staggered working hours)	15. Babysitting or other childcare service
7. Working from home (remote work)	16. Housework service
8. Job reassignment within workplace	17. Other
9. Change in employment status	18. None in particular

(3) Are you still working at that job?

1. Still working there (including those currently on parental leave) → Go to Q. 14 (P. 10)
2. Quit that job



(4) When did you quit that job?	(5) Why did you quit that job? Circle the one that best applies to you.	
When you were () years old	1. First child was born	5. Retirement
	2. Second or later child was born	6. Other timing or reason
	3. First child started elementary school	
	4. Second or later child started elementary school	
(6) Did you get a new job after that? *If you have had multiple jobs, respond with regards to the first job you got after quitting the job you had when you learned you were pregnant with your first child.		
1. Got a new job →	(A) Employment status	(B) When did you start this job?
2. Haven't worked since → Go to Q. 14	1. Regular employee 2. Part-time employee 3. Contract, commissioned, or dispatch employee	4. Self-employed 5. Worker in family business
		When you were () years old

Q. 14 The following questions are for those who have children aged 18 or over. If you do not have any children aged 18 or over, proceed to Q. 15 (P. 12). If you have four or more children aged 18 or over, respond with regards to your three oldest children, starting with the oldest. Do not include any spouses of your children.

	Oldest child (aged 18 or over)	Second oldest child (aged 18 or over)	Third oldest child (aged 18 or over)
(1) Is this child currently married?	1. Unmarried (has never been married) 2. Married 3. Divorced 4. Widowed	1. Unmarried (has never been married) 2. Married 3. Divorced 4. Widowed	1. Unmarried (has never been married) 2. Married 3. Divorced 4. Widowed
(2) Does this child have any children? *Circle all that apply.	1. No children 2. Has children aged 0-5 3. Has children aged 6-17 4. Has children aged 18 or over	1. No children 2. Has children aged 0-5 3. Has children aged 6-17 4. Has children aged 18 or over	1. No children 2. Has children aged 0-5 3. Has children aged 6-17 4. Has children aged 18 or over
(3) What is this child's current job? *Select "7. Student" if they are working part-time as a student.	1. Regular employee 2. Part-time employee 3. Contract, commissioned, or dispatch employee 4. Self-employed 5. Worker in family business 6. Unemployed (other than student) 7. Student	1. Regular employee 2. Part-time employee 3. Contract, commissioned, or dispatch employee 4. Self-employed 5. Worker in family business 6. Unemployed (other than student) 7. Student	1. Regular employee 2. Part-time employee 3. Contract, commissioned, or dispatch employee 4. Self-employed 5. Worker in family business 6. Unemployed (other than student) 7. Student
(4) What is the highest level of education this child has completed (or currently enrolled in)?	1. Junior high school 2. High school 3. Vocational school (after graduating high school) 4. Technical college / Junior college 5. University 6. Graduate school	1. Junior high school 2. High school 3. Vocational school (after graduating high school) 4. Technical college / Junior college 5. University 6. Graduate school	1. Junior high school 2. High school 3. Vocational school (after graduating high school) 4. Technical college / Junior college 5. University 6. Graduate school
(5) How long does it take to get from your home to this child's home? *Give the travel time using your usual means of transportation.	1. Same building 2. Separate unit on same property 3. Less than 15 minutes 4. 15 to less than 30 minutes 5. 30 to less than 60 minutes 6. 1 to less than 2 hours 7. 2 to less than 3 hours 8. 3 hours or more	1. Same building 2. Separate unit on same property 3. Less than 15 minutes 4. 15 to less than 30 minutes 5. 30 to less than 60 minutes 6. 1 to less than 2 hours 7. 2 to less than 3 hours 8. 3 hours or more	1. Same building 2. Separate unit on same property 3. Less than 15 minutes 4. 15 to less than 30 minutes 5. 30 to less than 60 minutes 6. 1 to less than 2 hours 7. 2 to less than 3 hours 8. 3 hours or more
(6) What kind of help or care have you provided to this child over the past year? *Circle all that apply. *Exclude any financial support.	1. Housework 2. Providing advice or emotional support 3. Care or long-term care during illness 4. Care for grandchildren 5. Repairing or replacing broken items 6. Other 7. None	1. Housework 2. Providing advice or emotional support 3. Care or long-term care during illness 4. Care for grandchildren 5. Repairing or replacing broken items 6. Other 7. None	1. Housework 2. Providing advice or emotional support 3. Care or long-term care during illness 4. Care for grandchildren 5. Repairing or replacing broken items 6. Other 7. None

	Oldest child (aged 18 or over)	Second oldest child (aged 18 or over)	Third oldest child (aged 18 or over)
(7) What is the approximate total amount of money you have spent on this child and/or on your grandchildren over the past year? *This includes money for living expenses, allowances, goods, and gifts.	<ol style="list-style-type: none"> 1. None 2. Less than ¥60,000 3. ¥60,000-119,999 4. ¥120,000-239,999 5. ¥240,000-359,999 6. ¥360,000-599,999 7. ¥600,000-1,199,999 8. ¥1,200,000 or more 	<ol style="list-style-type: none"> 1. None 2. Less than ¥60,000 3. ¥60,000-119,999 4. ¥120,000-239,999 5. ¥240,000-359,999 6. ¥360,000-599,999 7. ¥600,000-1,199,999 8. ¥1,200,000 or more 	<ol style="list-style-type: none"> 1. None 2. Less than ¥60,000 3. ¥60,000-119,999 4. ¥120,000-239,999 5. ¥240,000-359,999 6. ¥360,000-599,999 7. ¥600,000-1,199,999 8. ¥1,200,000 or more
(8) What kind of help or care have you provided to this child since they have turned 18 years old? *Circle all that apply.	<ol style="list-style-type: none"> 1. Care during childbirth 2. Care during illness 3. Providing advice or emotional support 4. Living expenses 5. Wedding/marriage funds 6. Housing funds 7. Education expenses 8. Expenses related to grandchildren 9. Care for grandchildren 10. None 	<ol style="list-style-type: none"> 1. Care during childbirth 2. Care during illness 3. Providing advice or emotional support 4. Living expenses 5. Wedding/marriage funds 6. Housing funds 7. Education expenses 8. Expenses related to grandchildren 9. Care for grandchildren 10. None 	<ol style="list-style-type: none"> 1. Care during childbirth 2. Care during illness 3. Providing advice or emotional support 4. Living expenses 5. Wedding/marriage funds 6. Housing funds 7. Education expenses 8. Expenses related to grandchildren 9. Care for grandchildren 10. None
(9) How often have you spoken to this child over the past year? *Include the number of times you have talked to them on the phone, by email, etc. (including social media).	<ol style="list-style-type: none"> 1. Every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. Several times a year 6. Almost none 	<ol style="list-style-type: none"> 1. Every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. Several times a year 6. Almost none 	<ol style="list-style-type: none"> 1. Every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. Several times a year 6. Almost none
(10) What kind of help or care have you received from this child over the past year? *Circle all that apply. *Exclude any financial support.	<ol style="list-style-type: none"> 1. Housework 2. Providing advice or emotional support 3. Care or long-term care during illness 4. Care for grandchildren 5. Repairing or replacing broken items 6. Other 7. None 	<ol style="list-style-type: none"> 1. Housework 2. Providing advice or emotional support 3. Care or long-term care during illness 4. Care for grandchildren 5. Repairing or replacing broken items 6. Other 7. None 	<ol style="list-style-type: none"> 1. Housework 2. Providing advice or emotional support 3. Care or long-term care during illness 4. Care for grandchildren 5. Repairing or replacing broken items 6. Other 7. None
(11) What is the approximate total amount of money or goods you have received from this child over the past year? *This includes money for living expenses, allowances, and gifts.	<ol style="list-style-type: none"> 1. None 2. Less than ¥10,000 3. ¥10,000-29,999 4. ¥30,000-49,999 5. ¥50,000-99,999 6. ¥100,000-149,999 7. ¥150,000-199,999 8. ¥200,000 or more 	<ol style="list-style-type: none"> 1. None 2. Less than ¥10,000 3. ¥10,000-29,999 4. ¥30,000-49,999 5. ¥50,000-99,999 6. ¥100,000-149,999 7. ¥150,000-199,999 8. ¥200,000 or more 	<ol style="list-style-type: none"> 1. None 2. Less than ¥10,000 3. ¥10,000-29,999 4. ¥30,000-49,999 5. ¥50,000-99,999 6. ¥100,000-149,999 7. ¥150,000-199,999 8. ¥200,000 or more

The following questions are about childcare.

Q. 15 This question is for those who currently have children under 18 years old (0-17 years old). If you do not have any children under 18 years old, proceed to Q. 18 (P. 14).

- (1) About how many hours a day do you spend engaged in childcare? Provide separate responses for weekdays and weekends. If you have a spouse, respond with regards to your spouse as well.

You		Spouse	
Weekdays	Weekends	Weekdays	Weekends
Approximately () hours () minutes	Approximately () hours () minutes	Approximately () hours () minutes	Approximately () hours () minutes

- (2) How do you and your spouse usually divide childcare? If the total childcare done by both spouses combined equals 100%, give the percentage that you do. If you do not currently have a spouse, proceed to (3).

You do about ()% of the total childcare.

- (3) How much childcare do (or did) you do personally for your children under the age of 3? If you have a spouse, respond with regards to your spouse as well.

	You					
	1 Every day / Every time	2 About 3-4 times a week	3 About 1-2 times a week	4 About 1-2 times a month	5 Never	6 Do not use
A. Playing with child	1	2	3	4	5	
B. Bathing child	1	2	3	4	5	
C. Feeding child	1	2	3	4	5	
D. Putting child to bed	1	2	3	4	5	
E. Soothing crying child	1	2	3	4	5	
F. Changing diapers	1	2	3	4	5	
G. Dropping child off at daycare, etc.	1	2	3	4	5	6
H. Picking child up from daycare, etc.	1	2	3	4	5	6

	Spouse					
	1 Every day / Every time	2 About 3-4 times a week	3 About 1-2 times a week	4 About 1-2 times a month	5 Never	6 Do not use
A. Playing with child	1	2	3	4	5	
B. Bathing child	1	2	3	4	5	
C. Feeding child	1	2	3	4	5	
D. Putting child to bed	1	2	3	4	5	

	Spouse					
	1 Every day / Every time	2 About 3-4 times a week	3 About 1-2 times a week	4 About 1-2 times a month	5 Never	6 Do not use
E. Soothing crying child	1	2	3	4	5	
F. Changing diapers	1	2	3	4	5	
G. Dropping child off at daycare, etc.	1	2	3	4	5	6
H. Picking child up from daycare, etc.	1	2	3	4	5	6

- (4) How much are (or were) you involved in the following when you had children in the lower grades of elementary school (first- to third-year)?
If you have a spouse, respond with regards to your spouse as well. If your oldest child has not yet started elementary school, proceed to Q. 16.

	You				
	1 Always do/go	2 Often do/go	3 Sometimes do/go	4 Rarely do/go	5 Never do/go
A. Playing and talking to child	1	2	3	4	5
B. Helping with homework or studies	1	2	3	4	5
C. Preparing or checking items needed for school each day	1	2	3	4	5
D. Attending parent-teacher association meetings and parent-teacher conferences	1	2	3	4	5

	Spouse				
	1 Always do/go	2 Often do/go	3 Sometimes do/go	4 Rarely do/go	5 Never do/go
A. Playing and talking to child	1	2	3	4	5
B. Helping with homework or studies	1	2	3	4	5
C. Preparing or checking items needed for school each day	1	2	3	4	5
D. Attending parent-teacher association meetings and parent-teacher conferences	1	2	3	4	5

- Q. 16** Have you had any concerns or faced any difficulties in relation to childbirth or childcare? Select up to two, in order of how strongly you have felt the concern or difficulty.

1st	
2nd	

Options	
1. Lack of confidence in physical stamina/ability	9. Insufficient public financial support
2. Heavy financial burden	10. Insufficient public support services (excluding financial support)
3. Heavy mental burden	11. Insufficient support systems with regards to employer or company
4. Home layout is not convenient for childcare	12. Lack of knowledge as to what types of support systems are available
5. No one available to help	13. Difficulty balancing work and childcare
6. No one you can talk to about your concerns	14. No hospitals or facilities nearby
7. No time for yourself	15. Other
8. Inability to adequately care for other family members	16. No particular concerns or difficulties

Q. 17 Who or what institutions have you consulted or asked for help in the following (A-H) situations?
 Select up to two from the following options, in order of priority (up to four for A-C).

	1st	2nd	3rd	4th
A. Who will (or did) you consult when you were struggling with childbirth or childcare?				
B. Who provides (or provided) weekday daytime childcare until your first child turned 1 year old?				
C. Who provides (or provided) weekday daytime childcare from when your first child was 1 to 3 years old?				
D. Who takes (or took) care of your personal needs around the time of the birth of your first child?				
E. Who provides (or provided) childcare when you are (were) ill?				
F. Who provides (or provided) childcare when you are (were) unable to provide childcare due to caring for or providing long-term care for another family member?				
G. Who provides (or provided) childcare while you are (were) working?				
H. Who do (or did) you consult when making decisions about your child's education or future?				

Options

- | | | |
|---|--|---|
| 1. You | 6. Other relatives | 11. Books/printed materials, Internet, etc. |
| 2. Your spouse | 7. Acquaintances or friends (other than relatives) | 12. Other |
| 3. Your parents | 8. Daycare centers, paid childcare facilities, etc. | 13. No one you can (could) rely on |
| 4. Spouse's parents | 9. Hospitals/clinics (doctors), public health centers (public health nurses), etc. | 14. None of the above |
| 5. Siblings (including siblings-in-law) | 10. Municipal offices, public institutions, etc. | 15. No experience with this situation |

The following questions are about your siblings.

Q. 18 Do you have any siblings (does not include spouse's siblings)? If so, enter how many you have for each (does not include those who are deceased).

1. Have living siblings	→	Older brothers ()	Older sisters ()
2. No living siblings		Younger brothers ()	Younger sisters ()
→ Go to Q. 20 (P. 17)			

Q. 19 The following questions are about your living siblings. If you have four or more living siblings, respond with regards to your three oldest siblings, starting with the oldest. Exclude your spouse's siblings and yourself.

	Oldest living sibling	Second oldest living sibling	Third oldest living sibling
(1) What is your relationship to this sibling?	1.Older brother 2.Younger brother 3.Older sister 4.Younger sister	1.Older brother 2.Younger brother 3.Older sister 4.Younger sister	1.Older brother 2.Younger brother 3.Older sister 4.Younger sister
(2) What is the age difference between you and this sibling? (Fill in "0" if you are twins)	()-year age difference with you	()-year age difference with you	()-year age difference with you
(3) Is this sibling married?	1. Unmarried (has never been married) 2. Married 3. Divorced 4. Widowed	1. Unmarried (has never been married) 2. Married 3. Divorced 4. Widowed	1. Unmarried (has never been married) 2. Married 3. Divorced 4. Widowed
(4) Does this sibling have any children? *Circle all that apply.	1. No children 2. Has children aged 0-5 3. Has children aged 6-17 4. Has children aged 18 or over	1. No children 2. Has children aged 0-5 3. Has children aged 6-17 4. Has children aged 18 or over	1. No children 2. Has children aged 0-5 3. Has children aged 6-17 4. Has children aged 18 or over
(5) What is this sibling's current job? *Select "7. Student" if they are working part-time as a student.	1. Regular employee 2. Part-time employee 3. Contract, commissioned, or dispatch employee 4. Self-employed 5. Worker in family business 6. Unemployed (other than student) 7. Student	1. Regular employee 2. Part-time employee 3. Contract, commissioned, or dispatch employee 4. Self-employed 5. Worker in family business 6. Unemployed (other than student) 7. Student	1. Regular employee 2. Part-time employee 3. Contract, commissioned, or dispatch employee 4. Self-employed 5. Worker in family business 6. Unemployed (other than student) 7. Student
(6) What is the highest level of education this sibling has completed (or currently enrolled in)?	1. Preschool 2. Elementary school / Junior high school 3. High school 4. Vocational school (after graduating high school) 5. Technical college / Junior college 6. University / Graduate school	1. Preschool 2. Elementary school / Junior high school 3. High school 4. Vocational school (after graduating high school) 5. Technical college / Junior college 6. University / Graduate school	1. Preschool 2. Elementary school / Junior high school 3. High school 4. Vocational school (after graduating high school) 5. Technical college / Junior college 6. University / Graduate school
(7) How long does it take to get from your home to this sibling's home? *Give the travel time using your usual means of transportation.	1. Same building 2. Separate unit on same property 3. Less than 15 minutes 4. 15 to less than 30 minutes 5. 30 to less than 60 minutes 6. 1 to less than 2 hours 7. 2 to less than 3 hours 8. 3 hours or more	1. Same building 2. Separate unit on same property 3. Less than 15 minutes 4. 15 to less than 30 minutes 5. 30 to less than 60 minutes 6. 1 to less than 2 hours 7. 2 to less than 3 hours 8. 3 hours or more	1. Same building 2. Separate unit on same property 3. Less than 15 minutes 4. 15 to less than 30 minutes 5. 30 to less than 60 minutes 6. 1 to less than 2 hours 7. 2 to less than 3 hours 8. 3 hours or more

	Oldest living sibling	Second oldest living sibling	Third oldest living sibling
(8) Does this sibling live with your/their parents? *Circle all that apply.	<ol style="list-style-type: none"> 1. Lives with father 2. Lives with mother 3. Does not live with either 	<ol style="list-style-type: none"> 1. Lives with father 2. Lives with mother 3. Does not live with either 	<ol style="list-style-type: none"> 1. Lives with father 2. Lives with mother 3. Does not live with either
(9) What kind of help or care have you provided to this sibling over the past year? *Circle all that apply.	<ol style="list-style-type: none"> 1. Financial support 2. Housework 3. Providing advice or emotional support 4. Care or long-term care during illness 5. Care for children (nieces/nephews) 6. Repairing or replacing broken items 7. Other 8. None 	<ol style="list-style-type: none"> 1. Financial support 2. Housework 3. Providing advice or emotional support 4. Care or long-term care during illness 5. Care for children (nieces/nephews) 6. Repairing or replacing broken items 7. Other 8. None 	<ol style="list-style-type: none"> 1. Financial support 2. Housework 3. Providing advice or emotional support 4. Care or long-term care during illness 5. Care for children (nieces/nephews) 6. Repairing or replacing broken items 7. Other 8. None
(10) How often have you spoken to this sibling over the past year? *Include the number of times you have talked to them on the phone, by email, etc. (including social media).	<ol style="list-style-type: none"> 1. Every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. Several times a year 6. Almost none 	<ol style="list-style-type: none"> 1. Every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. Several times a year 6. Almost none 	<ol style="list-style-type: none"> 1. Every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. Several times a year 6. Almost none
(11) What kind of help or care have you received from this sibling over the past year? *Circle all that apply.	<ol style="list-style-type: none"> 1. Financial support 2. Housework 3. Providing advice or emotional support 4. Care or long-term care during illness 5. Care for children (nieces/nephews) 6. Repairing or replacing broken items 7. Other 8. None 	<ol style="list-style-type: none"> 1. Financial support 2. Housework 3. Providing advice or emotional support 4. Care or long-term care during illness 5. Care for children (nieces/nephews) 6. Repairing or replacing broken items 7. Other 8. None 	<ol style="list-style-type: none"> 1. Financial support 2. Housework 3. Providing advice or emotional support 4. Care or long-term care during illness 5. Care for children (nieces/nephews) 6. Repairing or replacing broken items 7. Other 8. None
(12) How would you generally describe this sibling's health condition over the past year?	<ol style="list-style-type: none"> 1. Generally good 2. Not good, but does not need help in their daily life 3. Needs some help in their daily life 4. Needs constant long-term care → Go to Q.20 	<ol style="list-style-type: none"> 1. Generally good 2. Not good, but does not need help in their daily life 3. Needs some help in their daily life 4. Needs constant long-term care → Go to Q. 20 	<ol style="list-style-type: none"> 1. Generally good 2. Not good, but does not need help in their daily life 3. Needs some help in their daily life 4. Needs constant long-term care → Go to Q. 20
(13) If this sibling were to require long-term care in their daily life, do you think you would personally provide their day-to-day care?	<ol style="list-style-type: none"> 1. I think I would be the primary long-term caregiver 2. I think I wouldn't be the primary long-term caregiver, but I would assist with caregiving 3. I think a family member or relative other than myself would provide long-term care 4. I think I would rely on a care facility, etc. 	<ol style="list-style-type: none"> 1. I think I would be the primary long-term caregiver 2. I think I wouldn't be the primary long-term caregiver, but I would assist with caregiving 3. I think a family member or relative other than myself would provide long-term care 4. I think I would rely on a care facility, etc. 	<ol style="list-style-type: none"> 1. I think I would be the primary long-term caregiver 2. I think I wouldn't be the primary long-term caregiver, but I would assist with caregiving 3. I think a family member or relative other than myself would provide long-term care 4. I think I would rely on a care facility, etc.

The following questions are about long-term care.

Q. 20 The following questions are about your experience with long-term care.

(1) Have you ever provided long-term care for a family member?

- | |
|--|
| 1. Currently providing long-term care or have provided or helped with providing long-term care in the past —→ Go to (2) |
| 2. Have never provided long-term care for a family member—→ Go to Q. 23 (P. 20) |

(2) Who is the family member to whom you are currently providing long-term care? Select one from the options. If you are (were) providing long-term care to multiple people, respond with regards to the person for whom you are (were) most involved in providing long-term care. If you are not currently providing long-term care, respond with regards to the long-term care you provided most recently.

Options

- | | | |
|--------------------|----------------------------|---------------------------------|
| 1. Your spouse | 6. Your grandparents | 11. Daughter under 18 years old |
| 2. Your father | 7. Spouse's grandparents | 12. Son aged 18 or over |
| 3. Your mother | 8. Your sibling | 13. Daughter aged 18 or over |
| 4. Spouse's father | 9. Spouse's sibling | 14. Other |
| 5. Spouse's mother | 10. Son under 18 years old | |

(3) How are (were) you involved in providing long-term care for this person?

- | |
|--|
| 1. Am (was) the primary long-term caregiver |
| 2. Helping the primary long-term caregiver —→ Go to (6) |

(4) Is (was) there someone who is (was) helping you with providing long-term care?

- | |
|---|
| 1. There is (was) someone helping me |
| 2. There is (was) no one helping me —→ Go to (6) |

(5) Who is (was) helping out? Select one from the options.
If there are multiple people, respond with regards to the person who helps out most.

Options

- | | | |
|--------------------|----------------------------|---------------------------------|
| 1. Your spouse | 6. Your grandparents | 11. Daughter under 18 years old |
| 2. Your father | 7. Spouse's grandparents | 12. Son aged 18 or over |
| 3. Your mother | 8. Your sibling | 13. Daughter aged 18 or over |
| 4. Spouse's father | 9. Spouse's sibling | 14. Other |
| 5. Spouse's mother | 10. Son under 18 years old | |

(6) Are you currently providing long-term care?

- | |
|------------------------------|
| 1. Yes —→ Go to Q. 21 |
| 2. No —→ |

(A) Length of time in which you were providing long-term care	(B) When long-term care ended
Approximately () years () months	() years ago

↳ **Go to Q. 23 (P. 20)**

Q. 21 The following questions are for those who are currently providing or helping to provide long-term care, and are about your current experience with long-term care.
For all others, proceed to Q. 23 (P. 20).

(1) What are your current long-term care circumstances?

(A) When you first started providing long-term care	(B) Frequency of long-term care	(C) Time spent providing long-term care (average per day)	(D) Care need certification status of the person you care for
When you were () years old	1. Every day 2. 3-4 times a week 3. 1-2 times a week 4. 1-2 times a month 5. Several times a year	1. Less than 2 hours 2. 2 to less than 4 hours 3. 4 to less than 6 hours 4. 6 to less than 8 hours 5. 8 hours or more	1. Has not applied for care need certification 2. Applied for care need certification and was assessed as independent 3. Support Level 1-2 4. Care Level 1-2 5. Care Level 3-5 6. I don't know

(2) Do you use the following services in providing long-term care? Circle all that apply.

1. Home-visit service (home helper, etc.)	7. Cavity/periodontal disease prevention / Oral care
2. Day service (day care, etc.)	8. Housework support service (outside of long-term care insurance)
3. Short-term stay service (short stay)	9. Long-term caregiver support salon / Caregiver gathering spaces
4. Other home-based service (regular visits, on-call home long-term care, small-scale/multifunction home long-term care, etc.)	10. Mini day service (exercise/recreation)
5. Meal delivery service	11. Other ()
6. Outing support service	12. Do not use any of these

(3) For each of the following (A-D), select the response that best describes your feelings regarding the long-term care you are currently providing.

	1 Do not think so	2 Think so rarely	3 Think so sometimes	4 Think so often	5 Think so all the time
A. The long-term care I am currently providing places a heavy physical and mental burden on me	1	2	3	4	5
B. I sometimes struggle due to difficulties communicating with the person to whom I am providing long-term care	1	2	3	4	5
C. My personal time is limited due to providing long-term care	1	2	3	4	5
D. It has become more difficult for me to maintain relationships with family or friends due to providing long-term care	1	2	3	4	5

Q. 22 The following questions are also for those who are currently providing or helping to provide long-term care, and are about the relationship between long-term care and your job. For all others, proceed to Q. 23 (P. 20).

(1) What kind of job did you have immediately before you started providing long-term care?

(A) Employment status	(B) Employer size	(C) Working hours	(D) When did you start this job?
1. Was not working (including part-time student jobs) → Go to Q. 23 2. Regular employee 3. Part-time employee 4. Contract, commissioned, or dispatch employee 5. Self-employed 6. Worker in family business	1. 1-9 2. 10-29 3. 30-99 4. 100-299 5. 300-999 6. 1,000-4,999 7. 5,000 or more 8. Government office / Public sector	Total per week () hours	When you were () years old

(2) Did you use any of the following (A-F) during your time in this job? Select from the options.

A. Long-term care leave	
B. Reduced working hours	
C. Exemption from overtime or late-night work	
D. Flextime (staggered working hours)	
E. Working from home (remote work)	
F. Subsidies for long-term care services	

Options
1. Used 2. System was available, but I did not need to use it 3. System was available, but I could not use it 4. No such system was available

(3) Are you still working at the same job you had immediately before you started providing long-term care?

(A) Are you still working at that job?	(B) When did you quit that job?	(C) Reason you quit that job
1. Still working there → Go to Q. 23 2. Quit that job →	1. Within six months of starting long-term care 2. Within about a year of starting long-term care 3. Within 1-3 years of starting long-term care 4. 3 or more years after starting long-term care	1. To provide long-term care 2. Reason other than long-term care

These questions are about your views and opinions regarding family.

- Q. 23** Different people have various different views about family and children. For each of the following views (A-L), select the option that best describes your feelings.

	1 Strongly agree	2 Somewhat agree	3 Somewhat disagree	4 Strongly disagree
A. After marriage, the husband should work outside the home, and the wife should dedicate herself to housework/childcare	1	2	3	4
B. Husbands and wives should prioritize their children, even if it requires some personal sacrifice	1	2	3	4
C. Fathers should have the final say when important decisions need to be made in the household	1	2	3	4
D. Until a child is about 3 years old, it is better for mothers not to work and dedicate themselves to childcare	1	2	3	4
E. Boys should be raised to be masculine, and girls raised to be feminine	1	2	3	4
F. Society only recognizes married couples as legitimate, once they have children	1	2	3	4
G. Husbands and wives should share housework and childcare equally	1	2	3	4
H. Husbands and wives do not necessarily need to share the same surname, and can have different surnames	1	2	3	4
I. Husbands should prioritize work when work and family responsibilities conflict	1	2	3	4
J. Care of elderly parents should be handled by family members	1	2	3	4
K. Care of elderly parents should be handled more by women than by men	1	2	3	4
L. Financial support for the elderly should be provided by families rather than public institutions	1	2	3	4

- Q. 24** The following questions are also about your views on family and children. For each of the following (A-F), select the response that best applies to your feelings.

	1 Strongly agree	2 Somewhat agree	3 Somewhat disagree	4 Strongly disagree
A. It is acceptable for there to be same-sex couples (male-male or female-female)	1	2	3	4
B. There should be some sort of legal protection for same-sex couples (male-male or female-female) as well	1	2	3	4
C. Marriage between same-sex couples (male-male or female-female) should be recognized by law	1	2	3	4
D. Same-sex couples have the ability to raise children just like opposite-sex couples	1	2	3	4
E. It would be acceptable for same-sex couples to foster or adopt children	1	2	3	4
F. Female same-sex couples should also be able to have children using assisted reproductive technology	1	2	3	4

Q. 25 What roles do you think are important for a family to fulfill? Select two from the options, in order of their importance to you.

Options			
1 st	2 nd	1. Giving birth and raising children	4. Carrying out daily tasks such as housework
		2. Caring for parents	5. Providing financial stability for daily life
		3. Providing emotional comfort	6. Other

Q. 26 How satisfied are you with your recent family life? Respond only with regards to the items that apply to you.

	1 Very satisfied	2 Somewhat satisfied	3 Somewhat dissatisfied	4 Very dissatisfied	5 Not applicable
A. My daily life	1	2	3	4	
B. Relationship with spouse	1	2	3	4	5
C. Relationship with children	1	2	3	4	5
D. Relationship with parents	1	2	3	4	5

Q. 27 The following questions are for those who have a spouse. If you do not currently have a spouse, proceed to Q. 28 (P. 23).

(1) Between you and your spouse, who usually does each of the following (A-E)? Respond only with regards to the items that apply to you.

	1 Wife	2 Mostly wife	3 Both about equally	4 Mostly husband	5 Husband	6 Neither
A. Managing groceries and stock of daily necessities	1	2	3	4	5	6
B. Planning meals	1	2	3	4	5	6
C. Sorting and putting out garbage	1	2	3	4	5	6
D. Managing family schedule	1	2	3	4	5	6
E. Choosing household appliances to purchase	1	2	3	4	5	6

- (2) Between you and your spouse, who usually makes decisions about the following (A-D)?
Respond only with regards to the items that apply to you.

	1 Wife	2 Mostly wife	3 Both about equally	4 Mostly husband	5 Husband
A. Purchasing cars, consumer durables, or other expensive items	1	2	3	4	5
B. Managing household finances and budgeting	1	2	3	4	5
C. Maintaining relationships with parents and relatives	1	2	3	4	5
D. Childcare and children's education	1	2	3	4	5

- (3) The following question is about communication between you and your spouse. How often did you and your spouse do the following (A-G) over the past year?

	Circumstances over the past year			
	1 Often	2 Sometimes	3 Rarely	4 Not at all
A. Had dinner together	1	2	3	4
B. Went shopping	1	2	3	4
C. Went on a trip (including day trips)	1	2	3	4
D. Talked about what time you will get home that day, plans for the week, etc.	1	2	3	4
E. Consulted each other about concerns or difficulties	1	2	3	4
F. Went out with just your spouse	1	2	3	4
G. Had sexual intercourse	1	2	3	4

- (4) How much do the following (A-D) statements apply to you and your spouse?
Select the response that best describes your feelings.

	1 Applies	2 Applies somewhat	3 Does not apply very much	4 Does not apply
A. Your spouse listens to your worries and concerns	1	2	3	4
B. Your spouse values your abilities and efforts highly	1	2	3	4
C. Your spouse gives you suggestions and advice	1	2	3	4
D. Your spouse shows little interest in you	1	2	3	4

(5) How much housework or childcare do you expect your spouse to do? Respond with regards to childcare only if you currently have children under 18 years old (0-17 years old).

A. Spouse's housework	1. Expect a great deal 2. Expect somewhat 3. Do not expect very much	4. Expect very little 5. Did not expect anything from the start
B. Spouse's childcare	1. Expect a great deal 2. Expect somewhat 3. Do not expect very much	4. Expect very little 5. Did not expect anything from the start

These final questions are about your current financial situation.

Q. 28 These questions are about the assets you own.

(1) This question is about the real estate (land, house, etc.) and financial assets (savings, securities, etc.) that you currently own. Circle all that apply.

1. Real estate that you acquired or purchased yourself	4. Financial assets you accumulated or acquired yourself
2. Real estate inherited from or received as a gift from parents or relatives	5. Financial assets inherited from or received as a gift from parents or relatives
3. Real estate acquired through other means	6. Financial assets acquired through other means
	7. Do not own any real estate or financial assets → Go to Q. 29

(2) Do you plan to leave the real estate or financial assets you currently own to your children?

1. Do not plan to leave them to my children	4. Plan to leave them to the eldest son or daughter (including if you only have one child)
2. Plan to divide them equally among my children	5. Other
3. Plan to leave them to the child who takes care of me	6. No children

Q. 29 What was your approximate income over the past year (including tax)? Select the number that best applies.

1. None	7. ¥2.5-2.99 million	13. ¥8-8.99 million
2. Less than ¥500,000	8. ¥3-3.99 million	14. ¥9-9.99 million
3. ¥500,000-990,000	9. ¥4-4.99 million	15. ¥10-12.49 million
4. ¥1-1.49 million	10. ¥5-5.99 million	16. ¥12.50-14.99 million
5. ¥1.5-1.99 million	11. ¥6-6.99 million	17. ¥15-19.99 million
6. ¥2-2.49 million	12. ¥7-7.99 million	18. ¥20 million or more

This concludes the survey. Thank you for your cooperation.