

Survey of preschool children

Date of Implementation: March 2012

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Q1. What was your annual income last year (January 2011 to December 2011)? Please enter your pre-tax income.

Income from an employer JPY None

Income from husband's employer JPY None

Income from self-employment (your income) JPY None

Income from self-employment (your husband's income) JPY None

Income from house rental, dividends from stocks, interest, etc. JPY None

Your husband's income from house rental, dividends from stocks, interest, etc. JPY None

Your income from a state pension, child support, etc. JPY None

Total combined income of family members with whom you live [[including your husband?]] JPY None

*In the income from an employer, please include bonuses, family allowances, housing allowances and the like.

Q2. Please enter the amount you and your husband save each month. If you and your husband do not save any money, please enter a zero (0).

Monthly average: Approx. Yen

Yearly amount from bonuses, etc. (excluding monthly income): Approx. Yen

Q3. Please enter the total amount of savings of your household.

Please enter the total amount of ordinary and fixed term deposits and savings of your household.

Under 100,000 yen

100,000 - 500,000 yen

500,001 - 10,000,000 yen

1,000,001 - 2,000,000 yen

2,000,001 - 3,000,000 yen

3,000,001 - 5,000,000 yen

5,000,001 - 7,000,000 yen

7,000,001 - 10,000,000 yen

10,000,001 - 15,000,000 yen

Over 15,000,000 yen

Q4. Please select the option that best describes the home in which you currently live.

1. A home owned by you or your husband (detached home, condominium apartment, etc.)
2. A home owned by a parent (detached home, condominium apartment, etc.)
3. Private rental housing
4. Company housing
5. Public corporation (UR) [[ok?]]
6. Public housing
7. Other ()

Q5. The following question refers to your education level and that of your husband. Please select the appropriate answer.

A You B Your husband

- Junior high school graduate
- High school graduate
- High school (did not graduate)
- Technical college graduate
- Technical college (did not graduate)
- Junior college/high school graduate
- Junior college/high school (did not graduate)
- University graduate
- University (did not graduate)
- Graduate school graduate
- Currently studying at high school
- Currently studying at technical college
- Currently studying at junior college/higher school
- Currently studying at university
- Currently studying at graduate school
- Other

Q6. Please select the format of employment of you and your husband. Please select the type of work and employment format even if you/your husband are currently on vacation.

A You B Your husband

1. Self-employed
2. Family business worker
3. Full-time employee
4. Part-time worker
5. Dispatched employee
6. Contract worker
7. Contractor
8. Casual or seasonal worker
9. Not working, but seeking employment
10. Neither working nor looking for work

Q7. Please answer this question if you answered 1-8 in Q6.

Which of the following best describes your/your husband's current occupation?

You Your husband

1. Agriculture/forestry/fishery worker
2. Mining worker
3. Salesperson (retail employee, wholesale store owner/clerk, sales representative, real estate broker, etc.)
4. Service industry worker (employee in hairdressing/beauty establishment, restaurant, traditional Japanese inn, cleaning firm, etc.)
5. Manager (national/municipal government representative, section leader in company/organization/government administration office, or more senior position)
6. Clerical worker (worker in general office/accounts section, operator, sales clerk, etc.)
7. Transport/communication worker (train/car/boat/aircraft operator, conductor, wired/wireless communications professional, etc.)
8. Manufacturing/construction/security/transport worker
9. Professional/technical specialist (company researcher, technician, healthcare provider, legal professional, teacher, artist, etc.)
10. Service worker (Self-Defense Forces, police officer, firefighter, security guard, etc.)
11. Other (please specify)

Q8. Please answer this question if you answered 1-8 in Q6.

Please select the number of days and hours per day worked per week by you/your husband. Please enter the average per day, not including commuting time.

You number of times commuted to work per week working hours From: hh/mm To: hh/mm

Your husband number of times commuted to work per week working hours From: hh/mm To: hh/mm

Q9. Please answer this question if you answered 1-8 in Q6.

By what means of transport do you and your husband commute to work, and how long does it take?

You

-Bus or train

-Family car () min

-On foot/by bicycle

Your husband

-Bus or train

-Family car () min

-On foot/by bicycle

Q10. Please answer this question if you answered 1-8 in Q6.

How many people work at your company?

1-4, 5-29, 30-99, 100-499, 500-999

1000-4999, 5000 or more

Q11. Please answer this question if you answered 1-8 in Q6.

How long have you worked at your present company?

years months

Q12. Please answer this question if you answered 1-8 in Q6.

How is your salary paid?

1. Hourly wage
2. Daily wage
3. Monthly wage
4. Annual salary
5. Piecework (paid on the basis of performance)

Q13. Please answer this question if you answered 1-8 in Q6.

What is your monthly salary from your job?

Yen

Q14. Please answer this question if you answered 1-8 in Q6.

Are any of the following welfare systems available at your company? Please say whether you have experience using such systems and whether they are easy to use.

	Available/not available	Have used/have not used	Easy/difficult to use
Childcare leave	Available not available	Have used have not used	Easy to use difficult to use
Flextime system	Available not available	Have used have not used	Easy to use difficult to use
Shortened work hours system	Available not available	Have used have not used	Easy to use difficult to use
Care leave system	Available not available	Have used have not used	Easy to use difficult to use

Nursing leave system	Available	not available	Have used	have not used	Easy to use	difficult to use
Day-care center within the company	Available	not available	Have used	have not used	Easy to use	difficult to use
Re-employment system	Available	not available	Have used	have not used	Easy to use	difficult to use

37 ○ ○ ○ ○ ○ ○ ○ ○
38 ○ ○ ○ ○ ○ ○ ○ ○
39 ○ ○ ○ ○ ○ ○ ○ ○
40 ○ ○ ○ ○ ○ ○ ○ ○
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49 ○ ○ ○ ○ ○ ○ ○ ○
50 ○ ○ ○ ○ ○ ○ ○ ○

Q16. Please select the number of people in your family.

Husband (please select 0 if living separately)

Children

Relatives

Brothers/sisters

Other family members

Q17. Please answer if relevant given the number of children stated in the previous question.

What are the ages of your children? If you have twins, please enter the same age twice.

Oldest child Born: Year: Month: Boy Girl

Second child Born: Year: Month: Boy Girl

Third child Born: Year: Month: Boy Girl

Fourth child Born: Year: Month: Boy Girl

Fifth child Born: Year: Month: Boy Girl

Sixth child Born: Year: Month: Boy Girl

Seventh child Born: Year: Month: Boy Girl

Eighth child Born: Year: Month: Boy Girl

Q18. Would you like to have another child in the future? Please select the most appropriate response from the options below.

1. Very much
2. Yes
3. Difficult to say
4. Not really
5. Definitely not

(Please answer this question if you answered (1) or (2) to Q18)

Q19. Including the children you have now, how many children would you like in total? ()

Q20. When would you like to have your next child?

1. Now
2. Within three years
3. Three to four years from now
4. Five or more years from now
5. Currently pregnant
6. Difficult to say

Q21. Please state the height and body weight of your youngest child.

Height [] cm

Weight [] kg

Q22. Where do the parents of you and your husband live?

Your parents Your husband's parents

1. With our family
2. In the same municipality
3. In a nearby municipality (up to one hour away)
4. Far away

Childcare status For preschool age children

Q23. Who is the principal caregiver of your youngest child during the daytime?

1. An approved public nursery school (a public nursery school to which you applied through your municipality)
2. An approved private nursery school (a private nursery school to which you applied through your municipality)
3. An approved nursery school (a nursery school approved through unique standards such as those of [[Sakai City?]])
4. A non-approved nursery school for which assistance is not paid by the municipality (day nursery, company-internal nursery, unlicensed baby care facility, small-scale nursery, train station-style daycare centers, 24hr care centers, family daycare provider, etc.)
5. Kindergarten (without use of custodial care [[ok?]])
6. Kindergarten (with use of custodial care [[ok?]])
7. Hospital nursery
8. You
9. Your husband
10. The child's grandparents
11. Other relatives or family members
12. Other ()

Q24. Please answer this question if you answered 1-7 to the previous question.

What is the monthly cost of using the institution you specified in the previous question (the amount for your youngest child only)

Yen/month

Q25. Please answer this question if you answered 8-12 to Q23.

If during the daytime you were to place your youngest child in one of the institutions mentioned, which institution would you choose?

1. An approved public nursery school (a public nursery school to which you applied through your municipality)
2. An approved private nursery school (a private nursery school to which you applied through your municipality)

4. A non-approved nursery school for which assistance is not paid by the municipality (day nursery, company-internal nursery, unlicensed baby care facility, small-scale nursery, train station-style daycare centers, 24hr care centers, family daycare provider, etc.)
5. Kindergarten (without use of custodial care [[ok?]])
6. Kindergarten (with use of custodial care [[ok?]])
7. Other ()

Q26. Please answer this question if you answered 1-7 to Q23.

What are the opening hours on weekdays of the facility you use?

From To

Q27. Please answer this question if you answered 1-7 to Q23.

Between what times is your youngest child looked after in the facility?

From To

Q28. Please answer this question if you answered 1-7 to Q23.

How long does it take you to travel from your house to the facility by your regular route?

-Bus or train

-Family car () min

-On foot/by bicycle

Q29. Please answer this question if you answered 1-7 to Q23.

Does the nursery/kindergarten you use have extended childcare or custodial care services? (please answer if you did not answer 5 to the previous question)

-If you use the facility for more than [[a certain number of?]] hours, there is a charge for extended care or custodial care.

-There is no charge for extended care or custodial care as long as the facility is open.

-The facility has no extended care or custodial care service

Q30. Please answer this question if you answered in the previous question that there is a charge.

What is the cost for extended childcare? (you may enter values for one, two or three of the following)

Yen per month

Yen per usage

Yen per hour

Q31. How often do you use the extended childcare mentioned in the previous question?

1. Almost every time I use the facility
2. 3-4 times per week
3. 1-2 times per week
4. 1-2 times per month
5. Never

Q32. Please answer this question if you answered 1-7 to Q23.

How satisfied are you with the following aspects of your youngest child's nursery school or kindergarten?

1. Very satisfied 2. Satisfied 3. Somewhat satisfied 4. Difficult to say 5. Somewhat dissatisfied 6. Dissatisfied 7. Very dissatisfied

1. Size of the facility
2. Cleanliness of the facility
3. The relationship between your youngest child and the other children at the facility
4. Your relationship with parents of other children at the facility
5. The teachers at the facility
6. The facility's educational policy
7. The facility's management policy

Q33. Which of the following services have been offered in the last year by the childcare facility attended by your youngest child? Please select all services that are on offer, regardless of whether or not you actually use them.

1. Holiday childcare, 2. Nighttime childcare 3. Childcare for disabled children, 4. Early childhood education (reading, writing, arithmetic), 5. English education, 6. Park lunches 7. Parenting advice/childcare support, 8. Transportation services, such as a nursery bus
9. Washing of sheets and clothes (carried out by the facility for an additional fee to assist busy child caregivers)
10. Childcare at times of illness (childcare staff or nurses take care of the sick child if the parents are otherwise engaged)
11. Convalescent childcare (a system whereby the nursery looks after a child that cannot attend a regular nursery because of infection or a cold)

Q34. Please answer this question if you answered 10 or 11 to the previous question.

Have you used sick childcare or convalescent childcare services in the past year?

Yes, I spent Yen on such services last year.

No

Q35. How much money do you spend on temporary childcare, baby-sitters, family support centers and the like?

Yen per month

No

The following questions on childcare are for respondents with a youngest child of elementary school age or older

Q36. Do you use after-school care for your youngest child?

Yes No

Q37. Does your youngest child attend a coaching school (juku) or extracurricular lessons?

1. Coaching school (juku)
2. English conversation school
3. Abacus school
4. Swimming class
5. Kumon-style school
6. Music School
7. Ballet/dance/Japanese dance school
8. Other ()

Q38. How much do you spend [[per month?]] on the coaching school (juku) or extracurricular classes mentioned in the previous question?

Yen

Q39. How good would you say your youngest child is at studying at school?

Very good Good Normal Not so good Not good at all

Q40. Who looked after your youngest child during the day before he/she began going to school? Please select a response for each age bracket.

0 years old 1 year old 2 years old 3 years old 4 years old

1. An approved public nursery school (a public nursery school to which you applied through your municipality)
2. An approved private nursery school (a private nursery school to which you applied through your municipality)
3. An approved nursery school (a nursery school approved through unique standards such as those of [[Sakai City?]])
4. A non-approved nursery school for which assistance is not paid by the municipality (day nursery, company-internal nursery, unlicensed baby care facility, small-scale nursery, train station-style daycare)

centers, 24hr care centers, family daycare provider, etc.)

5. Kindergarten (without use of custodial care [[ok?]])

6. Kindergarten (with use of custodial care [[ok?]])

7. Hospital nursery

8. You

9. Your husband

10. The child's grandparents

11. Other relatives or family members

12. Other

To all respondents:

Q41.

How often do you speak with the following people about the education or raising of your youngest child?

1. More than once a week, 2. Once or twice a month 3. Several times a year 4. Almost never

1. Your husband
2. Your mother
3. Your father
4. Your siblings
6. Your husband's parents
7. Other relatives
5. The school homeroom teacher
6. Licensed teachers at the child's nursery or kindergarten
7. Friends
8. Nurses

Q42. Does your child have his/her own bedroom in your house?

1. Yes, a private room
2. Yes, shared with siblings
3. No, I/my husband share a room with him/her
4. No, he/she shares a room with relatives
5. No, no room is fixed as the bedroom
6. Other ()

Q43. Around how many books do you have in your home?

Picture books: 1-4, 5-9,10-19, 20-29, 30-50, more than 50

Fiction books: 1-4, 5-9,10-19, 20-29, 30-50, more than 50

History/economics/politics/society-related books: 1-4, 5-9,10-19, 20-29, 30-50, more than 50

Science books: 1-4, 5-9,10-19, 20-29, 30-50, more than 50

Art/music books: 1-4, 5-9,10-19, 20-29, 30-50, more than 50

Medical insurance 13 Questions

Q44. The following question refers to your medical insurance (public health insurance). Please refer to your health insurance certificate if you have difficulty answering the questions.

1. Municipal national health insurance
2. National health insurance union (a health insurance union specific to the construction industry, self-employed persons, etc.)
3. Health Insurance Association (government-run health insurance union)
4. Corporate health insurance union
5. Mutual aid association for public officials/teachers
6. Dependent of a family health insurance (Health Insurance Association, health insurance union, mutual aid association, etc.) policy (select (1) if this refers to national health insurance)
7. Welfare
8. Other

Q45. Which of the following certificates do you present at hospital to receive medical expenses assistance when your youngest child is sick?

*The name of the certificate may vary depending on the municipality in which you live.

Infant medical care certificate (Child 'Sukoyaka' medical care certificate)

2. Single-parent family medical certificate
3. Medical certificate for persons with disabilities
4. The regular health insurance certificate (with no medical expenses support)
5. Other ()

Q46. When your youngest child visits hospital to receive treatment, what percentage of the medical costs do you pay?

- ① 0% (you pay nothing)
- ② 10%
- ③ 20%
- ④ 30% (the normal percentage)
- ⑤ 100% (you pay the full amount)

Q47. Has your youngest child had a medical examination at a hospital or clinic in this past year? Please select all that apply (MA).

	No	Within the last month	Between one month and one year ago
He/she was hospitalized			
He/she was an outpatient during the day on a weekday or Saturday			
He/she was taken to the emergency department on a weeknight			
He/she was taken to the emergency department on a Sunday or public holiday			

Q48. The following question refers to dental caries and your youngest child. Please select all that apply.

*Please do not include primary (baby) teeth in your answer.

1. He/she has received or is receiving treatment for a cavity in () teeth
2. He/she has untreated cavities in () teeth
3. He/she has never had cavities
4. Don't know

Q49. Suppose that on a Friday morning your youngest child experienced symptoms such as a sore throat and runny nose and had a temperature of 38.0 degrees. What would you do in this situation? Please select the most appropriate response.

- 1 Go immediately to a hospital/clinic
2. Give the child over-the-counter drugs without going to hospital and watch his/her condition
3. Watch the child's condition without giving him/her over-the-counter drugs or going to hospital
4. Other ()

Q50. If your youngest child had a cold such as described in the previous question and was absent from school or nursery on a weekday, who would look after the child in the daytime? Please choose the most appropriate answer.

1. I would
2. My husband
3. My parents
4. My husband's parents

5. Other family member(s)
6. The nursery's sick children caregivers
7. A babysitter
8. Nobody (he/she would stay at home)
9. Other ()

Q51. Has your youngest child had a cold or been sick in the last month? Please answer with respect to his/her most recent illness.

1. The child had a cold or was sick and was taken to a hospital or clinic
2. The child had a cold or was sick, was not taken to a hospital or clinic and was absent from school/nursery/kindergarten
3. No

Q52. If you answered (1) to the previous question, who took the child to the hospital/clinic?

1. I took the child in the daytime on a weekday
2. My husband took the child in the daytime on a weekday
2. The child's grandparent(s) took the child in the daytime on a weekday
4. I took the child at night
5. I took the child on a public holiday
6. Other ()

Q53. Please select all that apply regarding treatment your youngest child has had for sickness or injury at a hospital or clinic. If the sickness/injury occurred over one year ago, please state the age of the child at the time.

		Never	Within the last month	Between one month and one year ago	More than one year ago
1	Varicella [chicken pox]				
2	Rubella [German measles]				
3	Measles				
4	Mumps				
5	Kawasaki disease				
6	Conjunctivitis[if allergic, please go to 7]				
7	Allergic rhinitis/allergic conjunctivitis				
8	Asthma				
9	Atopic dermatitis				

10	Food allergy				
11	Otitis media (inflammation of the middle ear)				
12	Otitis externa (inflammation of the outer ear)				
13	Cold, pharyngitis, tonsillitis (glands) [[please confirm]], bronchitis, pneumonia (if caused by hemolytic streptococcal infection go to 23) amygdala				
14	Influenza				
15	Diseases of the digestive system, such as gastroenteritis, diarrhea, abdominal pain, constipation, etc.				
16	Infectious impetigo				
17	Eczema {if atopic dermatitis please go to 9				
18	Congenital disease				
19	Spasms, convulsions				
20	Dental caries [cavities]				
21	Development or behavioral consultation				
22	Pharyngo-conjunctival fever (PCF)				
23	Hemolytic streptococcal infection				
24	Bone fracture				
25	Cut/scratch				
26	Burn				
27	Other illness ()				

Q54. Please provide information on the injury your child was treated for at the hospital or clinic mentioned in the previous question.

	Location of the injury	School/nursery/kindergarten	Home	Park	Public road or vacant land	Mountain/sea/river, etc.	Other Nature of the injury
24	Bone fracture						
25	Cut/scratch						
26	Burn						

Q55. Has your youngest child been vaccinated against polio?

1. Yes, with a free live vaccine Around (year) (month)
2. Yes, with an inert vaccine that was paid for Around (year) (month)
3. No
4. Other

Please answer this question if you answered (3) to the previous question

Q56. Supplementary question: Why have you not had the child vaccinated against polio?

1. I plan to have the child vaccinated with a free live vaccine
2. I plan to have the child vaccinated with an inert vaccine at my own expense
3. I plan to have the child vaccinated with an inert vaccine as soon as the

government decides to provide it free of charge

4. Other ()

Q57. How long does it take to get from your house to the nearest hospital or clinic with an internal medicine department?

-Bus or train

-Family car () min

-On foot/by bicycle

Q58. What amount of time did you and your husband spend looking after your children yesterday?

	You			Your husband		
Nurse/child caregiver		Time	(min)		Time	(min)
Looking after the child's physical needs [[please confirm]]		Time	(min)		Time	(min)
Playing with the children		Time	(min)		Time	(min)
Staying with the child when necessary		Time	(min)		Time	(min)
Reading to the child						
Educating the child		Time	(min)		Time	(min)

Q59

Please select the answer most closely corresponding to your opinion from the options below.

Disagree strongly Disagree somewhat Difficult to say Agree somewhat Agree completely (SA)

1. A husband should work outside, a wife should look after the home
2. A mother should concentrate on childcare until the child is three years old

Q60. Do any of the following worry you about your youngest child?

Very worried Somewhat worried Difficult to say Not very worried Not at all worried [[typo in original?]] (SA)

1 Growth

2 Health

Q61. Above what percentage chance of rain would you take an umbrella on leaving the house?

Please consider leaving the house to a place where you have not left an umbrella.

I would take an umbrella even if the percentage change of rain was 0%

10% or above

10% or above

20% or above

30% or above

40% or above

50% or above

60% or above

70% or above

80% or above

90% or above

I would not take an umbrella even if the chance of rain was 100%

Q62. Your level of trust in others

To what extent do you agree with the following statements?

Disagree strongly Disagree somewhat Difficult to say Agree somewhat Agree completely (SA)

Most people are basically honest

I tend to trust people

Most people are basically good and kind

Most people trust others

Most people can be trusted

I look after my health

I look after my family's health

I eat a healthy diet

I am careful about how many calories I consume

Q63. Does your family have a car?

1. Yes, we have a car that my husband and I can use
2. Yes, we have a car that I can use but my husband cannot
3. Yes, we have a car that my husband can use but I cannot
4. No