

Health Check for Parents and Children – For 3- and 4-month-old Children

We would like to know the final educational background of you (mother) and the father.

You

Father (your husband)

(Options)

1. Junior high school graduate
2. High school graduate
3. Junior college, technical college, or vocational school graduate
4. College graduate
5. Graduate-school graduate

Question 1: How old is the child?

1. 2 months old
2. 3 months old
3. 4 months old
4. Others (months old)

Question 2: What number is the child among your children?

1. First child
2. Second child
3. Third child
4. Fourth and subsequent child ()

Question 3: Is the child male or female?

1. Male
2. Female

We would like to ask you about the situations of the pregnancy and at the birth of the child.

Question 4: Where did you give birth?

1. Hospital
2. Clinic (maternity clinic)
3. Birth center
4. Others ()

Question 5: What was your age group when you gave birth?

1. 19 years of age or younger
2. 20 to 24 years of age
3. 25 to 29 years of age

4. 30 to 34 years of age
5. 35 to 39 years of age
6. 40 years of age or older

Question 6: Did you stay with the child in the same room at the obstetrical (birthing) facility?

1. In the same room for 24 hours
2. In the same room during daylight hours only
3. In a separate room

Question 7: Please tell us about the length of your pregnancy period and the child's weight at birth (confirm them in your maternal and child health handbook).

Pregnancy period: weeks Weight: g

Question 8: Did you have anyone to consult with around you when you needed help during pregnancy or after giving birth?

1. Yes
2. No

Question 9: Are you satisfied with the situations of pregnancy or childbirth?

1. Very satisfied
2. Satisfied
3. Not satisfied
4. Not at all satisfied

Question 10: Were you (mother) satisfied with the following items about pregnancy or childbirth?

Fill in the blanks as follows: Yes, ○; No, ×; or No opinion, △.

(if not applicable, draw a slash [/])

Item		Evaluation
1	Were you able to obtain sufficient information about the place to give birth (e.g., medical institution and birth center)?	
2	Were you able to reserve the place you wanted to give birth?	
3	Were you satisfied with the distance, transportation, and the time to get to the place you gave birth?	
4	Were you satisfied with the amenities such as facilities and meals in the place you gave birth?	
5	Did you actively and voluntarily work on your health care during pregnancy?	
6	Were you able to receive adequate guidance and care by a midwife?	

7	Did you feel that you were nicely treated by medical personnel?	
8	Were you able to look back on your birth experience with a midwife and other experts after giving birth?	
9	Were you able to receive adequate guidance and care by a midwife during hospitalization after giving birth?	
10	Were you able to receive adequate guidance and care by a midwife and a public health nurse for approximately 1 month after hospital discharge?	
11	Did people around you avoid smoking during pregnancy?	
12	Were you satisfied with the understanding and support of your husband (father) about your pregnancy and childbirth?	
13	Were you satisfied with the understanding and support of your family or relatives other than your husband (father) about your pregnancy and childbirth?	
14	Were you satisfied with the understanding and support of the workplace about your pregnancy and childbirth?	
15	Were you satisfied with the understanding and support of the community about your pregnancy and childbirth?	

Question 11: Do you want to have another child?

1. Yes
2. Preferably yes
3. Preferably no
4. No

Question 12: Did you (mother) smoke at the time that your pregnancy was confirmed?

1. No smoking
2. Smoking (cigarettes per day)

Question 13: Did your husband (father) smoke at the time that your pregnancy was confirmed?

1. No smoking
2. Smoking (cigarettes per day)

Question 14: Did you (mother) smoke during pregnancy?

1. No smoking
2. Smoking (cigarettes per day)

Question 15: Did your husband (father) smoke during your pregnancy?

1. No smoking

2. Smoking (cigarettes per day)

Question 16: Did you (mother) drink alcohol at the time that your pregnancy was confirmed?

1. No drinking
2. Drinking

⇒

1. 1 or 2 times per month
2. 1 or 2 times per week
3. 3 times or more per week

Question 17: Did you (mother) drink alcohol during pregnancy?

1. No drinking
2. Drinking

⇒

1. Less than 10 times during pregnancy
2. 1 or 2 times per month
3. 1 or 2 times per week
4. 3 times or more per week

Question 18: Were you working during pregnancy?

1. Not working
2. Working for a certain period

Did you hear about the "maternity health care guidance item contact card" during this period?

1. Yes
2. No

Did you use the "maternity health care guidance item contact card" during this period?

1. Yes
2. No

Question 19: Did you hear about the Maternity Mark during your pregnancy?

1. No
2. Yes

Have you used the Maternity Mark, e.g., wearing the mark?

1. Yes
2. No

Do you feel that using the Maternity Mark was effective?

1. Yes
2. No

Question 20: How were you feeding your child when he/she was 1 month old?

1. Breast milk
2. Formula milk
3. Combination

Question 21: Were you able to receive adequate guidance and care by a midwife and a public health nurse for approximately 1 month after hospital discharge?

1. Yes
2. No
3. No opinion

We would like to ask you about the current situation of the child.

Question 22: If you cradle him/her, will the child laugh a lot?

1. Yes
2. No

Question 23: If you speak to him/her from a direction where he/she cannot see you directly, will the child try to look in your direction?

1. Yes
2. No

Question 24: Can the child make eye contact with you?

1. Yes
2. No

Question 25: Does the child grasp toys, e.g., a rattle?

1. Yes
2. No

Question 26: Does the child play with his/her hands close together?

1. Yes
2. No

Question 27: Have you found it difficult to hold the child?

1. Yes
2. No

Question 28: Do you have any concerns about food allergies?

1. Yes
2. No

Question 29: Do you find it difficult to lift up the child?

1. All of the time
2. Some of the time
3. Never

Question 30: When you find it difficult to lift up the child, do you have any solutions in place, e.g., knowing places/people to contact about your concerns?

1. Yes
2. No

We would like to ask you about your current childcare situation.

Question 31: Are you satisfied with your current childcare situation?

1. Satisfied
2. Moderately satisfied
3. Not very satisfied
4. Not satisfied

Question 32: Do you have anyone to consult with freely about your childcare?

1. Yes
2. No

Question 33: Are you (mother) currently working?

1. Employment (full-time employment)
2. Employment (part-time employment)
3. Independent business or family business
4. Side job
5. Others

6. On childcare leave
7. Unemployed

Question 34: On the whole, how do you feel about the current economic conditions of your life?

1. Fairly comfortable
2. Slightly comfortable
3. Moderate
4. Slightly impoverished
5. Heavily impoverished

Question 35: Do you (mother) have any time to spend with the child with a relaxed feeling?

1. Yes
2. No
3. No opinion

Question 36: Do you (mother) occasionally feel that you lack confidence in your childcare?

1. Yes
2. No
3. No opinion

Question 37: Do you (mother) occasionally feel that you treat the child badly?

1. Yes
2. No
3. No opinion

What did you do? (Multiple circles are allowed.)

1. Hitting, etc.
2. Restriction or neglect, e.g., not feeding the child for a long time
3. Being too strict with the child's upbringing
4. Emotive language
5. Others ()

Question 38: Does your husband (father) care for the child?

1. Often
2. Sometimes
3. Hardly ever
4. No opinion

Question 39: How many hours does your husband (father) care for the child in a week?

() hours

Question 40: Does your husband (father) play with the child?

1. Often
2. Sometimes
3. Hardly ever

Question 41: Do you have anyone in this area who speaks to you on the street when you go outside with the child?

1. Yes
2. No

Question 42: Who is your (mother's) adviser for routine childcare? (Multiple circles are allowed.)

1. Talking with your husband (father)
2. Grandmother (or grandfather)
3. Neighbor
4. Friend
5. Your doctor
6. Public health nurse or midwife
7. Childcare professional or kindergarten teacher
8. Telephone consultation
9. Internet
10. Others ()
11. No one

Question 43: Do you often take a walk?

1. Often
2. Sometimes
3. Never

Question 44: Do you participate in any festivals or events in this area with the child?

1. Often
2. Sometimes
3. Never

Question 45: Do you know of a parenting circle or childcare support center in this area?

1. Yes

2. No

Question 46: Do you ever join a parenting circle or childcare support center?

1. Yes
2. No

Question 47: Do you want to continue raising the child in this area?

1. Agree
2. Somewhat agree

Question 48: How do you put the child to sleep?

1. Face up
2. Face down
3. Not specifically decided
4. Others ()

Question 49: Do you have a family doctor?

1. Yes
2. No
3. No opinion

Question 50: How are you currently feeding the child?

1. Breast milk
2. Formula milk
3. Combination

Question 51: Do you (mother) currently smoke?

1. No smoking
2. Smoking (cigarettes per day)

Question 52: Does your husband (father) currently smoke?

1. No smoking
2. Smoking (cigarettes per day)

Question 53: Do you know that many children aged from 6 months to 1 year "follow their parent(s)"?
(for 3 or 4 months)

1. Yes
2. No

Question 54: Did you do any of the following in your home during the last several months? Please circle all that apply.

1. Being too strict with the child's upbringing
2. Hitting the child in the heat of the moment
3. Going out with the infant left home alone
4. Not feeding the child for a long time
5. Yelling in the heat of the moment
6. Covering the child's mouth
7. Shaking the child violently
8. Not applicable

Question 55: Do you know that brain damage is caused by shaking a baby's head back and forth violently when nothing can make him/her stop crying (shaken baby syndrome)?

1. Yes
2. No

Question 56: How is your mental and physical condition recently?

1. Good
2. Not good

Question 57: Do you have any concerns?

1. Yes
2. No

Question 58: Finally, please write the relationship of the person who filled out this form to the child.

1. Mother
2. Father
3. Grandfather or grandmother
4. Others

Thank you for your cooperation.