

Health Check for Parents and Children – For 1 year and 6 months 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. 1 year and () month(s) old
2. Others: () years and () month(s) 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: 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 7: Are you satisfied with the situations of pregnancy or childbirth?

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

Question 8: Did you (mother) smoke at the time that your pregnancy was confirmed?

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

Question 9: Did your husband (father) smoke at the time that your pregnancy was confirmed?

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

Question 10: Did you (mother) smoke during pregnancy?

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

Question 11: Did your husband (father) smoke during your pregnancy?

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

Question 12: 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 13: 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

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

Question 14: Does the child speak any words with meaning, e.g., mom and broom-broom?

1. Yes
2. No

Question 15: Does the child imitate gestures of people around him/her?

1. Yes
2. No

Question 16: Does the child try to communicate by pointing a finger when having an interest in something?

1. Yes
2. No

Question 17: Does the child turn around when his/her name is called from behind?

1. Yes
2. No

Question 18: Do you use a feeding bottle?

1. Yes
2. No

Question 19: Does the child have a meal or snacks at fairly regular times?

1. Yes
2. No

Question 20: Please write the time the child gets up in the morning and goes to bed at night.

Question 21: Does the child often have sweet drinks (e.g., juice)?

1. Yes
2. No

Question 22: Have you ever taken the child to the doctor for any accidents?

1. Yes
2. No

Question 23: Do you have any concerns about food allergies?

1. Yes
2. No

Question 24: Do you find it difficult to lift up the child?

1. All of the time
2. Some of the time

3. Never

Question 25: 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?

3. Yes

4. No

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

Question 26: Are you satisfied with your current childcare situation?

1. Satisfied

2. Moderately satisfied

3. Not very satisfied

4. Not satisfied

Question 27: Do you have anyone to consult with freely about your childcare?

1. Yes

2. No

Question 28: 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 29: 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 30: Do you (mother) have any time to spend with the child with a relaxed feeling?

1. Yes

2. No

3. No opinion

Question 31: Do you (mother) occasionally feel that you lack confidence in your childcare?

1. Yes

2. No

3. No opinion

Question 32: 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 33: Does your husband (father) care for the child?

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

Question 34: How many hours does your husband (father) care for the child in a week?

() hours

Question 35: Does your husband (father) play with the child?

1. Often
2. Sometimes
3. Hardly ever

Question 36: 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 37: 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 38: Do you participate in any festivals or events in this area with the child?

1. Often
2. Sometimes
3. Never

Question 39: Do you know of a parenting circle or childcare support center in this area?

1. Yes
2. No

Question 40: Do you ever join a parenting circle or childcare support center?

1. Yes
2. No

Question 41: Do you want to continue raising the child in this area?

1. Agree
2. Somewhat agree

Question 42: Does the parent provide a “finish-up” brush of the child's teeth every day? (1 year and 6 months old)

1. Yes (After the child brushes his/her teeth, the parent brushes them to finish up.)
2. The child does not brush his/her teeth, and only his/her parent brush them.
3. Only the child brushes his/her teeth.
4. Neither the child nor the parent brushes his/her teeth.

Question 43: How do you put the child to sleep?

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

Question 44: Do you have a family doctor?

1. Yes
2. No
3. No opinion

Question 45: Do you know any medical institutions that provide medical care if your child has a sudden illness on holidays or at night?

1. Yes
2. No

Question 46: Do you know that many of children aged from 1 year and 6 months to about 2 years "try to communicate that they have an interest in something by pointing a finger"?

3. Yes
4. No

Question 47: Do you know cardiopulmonary resuscitation (emergency treatment such as heart massage)?

1. Yes
2. I know a little
3. No

Question 48: Where did the child primarily receive their health examination for infants?

1. Mass examination at the health center or healthcare center
2. Medical practitioner or clinic
3. Hospital
4. Never received a health examination
5. Others ()

Question 49: Are you satisfied with the health examination?

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

Question 50: What do you think about the health examination? (Please circle all that apply.)

1. I was relieved because the contents were trustworthy.
2. I learned a lot from the explanation by the doctor or public health nurse.
3. Explanation by the dietician was helpful.
4. Consultation with the psychologist was helpful.
5. I wanted more time to relax.
6. I wanted to have a private consultation.
7. I only received the examination because I had to.
8. There was nothing outside of what I already knew.
9. It was formulaic.
10. I was happy to make new friends.
11. Others ()

Question 51: Did the child receive the BCG vaccination? (Please confirm it in your maternal and child

health handbook.)

1. Yes
2. No

⇒ When did the child receive the BCG vaccination?

1. Less than 3 months old
2. 3 to 6 months old
3. 6 to 12 months old
4. 12 months old or older

Question 52: Did the child receive the DPT-IPV (diphtheria, pertussis, tetanus, and polio) vaccination (3 initial inoculations in Stage 1)?

1. Yes
2. No

⇒ When were 3 initial inoculations in Stage 1 completed?

1. Less than 12 months old
2. 12 to 18 months old
3. 18 months or older

Question 53: Did the child receive the measles vaccination (including measles-rubella vaccine)?

1. Received it after the age of 12 months
2. Received it only once by the age of 11 months
3. Never

When did the child receive the measles vaccination?

- ⇒
1. 12 to 15 months old
 2. 15 to 18 months old
 3. 18 months or older

Question 54: Do you (mother) currently smoke?

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

Question 55: Does your husband (father) currently smoke?

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

Question 56: We would like to ask you about the child's accidents. Please circle one that apply.

1) Do you put more emphasis on safety than on appearance when purchasing baby products or toys?

1. Yes
2. No

2) Do you occasionally go out with the child left home alone or leave the child alone in a car?

1. Yes

- 2. No
- 3. Not applicable

3) Do you put the child in a child seat attached to the rear seat when driving a car?

- 1. Yes
- 2. No
- 3. Not applicable

4) Are you careful not to leave a bathtub full of water?

- 1. Yes
- 2. No
- 3. Not applicable

5) Is the bathroom door designed to prevent the child from opening it by himself/herself?

- 1. Yes
- 2. No
- 3. Not applicable

6) Are cigarettes and ashtrays kept out of reach of the child?

- 1. Yes
- 2. No
- 3. Not applicable

7) Are peanuts and candies kept out of reach of the child?

- 1. Yes
- 2. No

8) Are medicines, cosmetics, and detergents kept out of reach of the child?

- 1. Yes
- 2. No

9) Are electric kettles and rice cookers kept out of reach of the child?

- 1. Yes
- 2. No

10) Are heating appliances such as stoves and heaters surrounded by a safety fence to prevent the child from directly touching them?

- 1. Yes
- 2. No
- 3. Not applicable

11) Is a fall prevention fence installed on the stairs?

1. Yes
2. No
3. Not applicable

Question 57: 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 58: How is your mental and physical condition recently?

1. Good
2. Not good

Question 59: Do you have any concerns?

1. Yes
2. No

Question 60: 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.