

Questionnaire of high quality of childcare

Child name () Age(year month) (Boy · Girl)

This questionnaire is to seek your opinions and situation of your child in the home for the high quality of childcare. We will not use this questionnaire in another purpose, the name of your child will not be public, please write down all information in the questionnaire.

★The points when you writing down★

If the question has options, please circle the answer. If the question has more than answer, please circle all the appropriate options.

If you have any questions, please contact with us. (Address: Laboratory of International community care and lifespan development: Empowerment science. University of Tsukuba ○○○ @ ○○.○○. Fax ○○○ – ○○○ – ○○○○)

1. What is the relationship between you and the child who using the early childhood education and care centers?
1) mother 2) father 3) grandmother 4) grandfather 5) others ()
2. Who is living together with the child who using the early childhood education and care centers?
1) Mother 2) Father 3) grandmother 4) grandfather 5) the older brother and sister
6) the younger brother and sister 7) someone replace mother 8) someone replace father
9) relative 10) other
3. How often do you play with your child face to face (except for sleep time)?
1) weekdays about hour minutes 2) weekend about hour minutes
4. How often do you play with your child (stay with child face to face)?
1) rarely 2) 1~3/ month 3) 1~2/ week 4) 3~4/ week 5) almost every day
5. How often do you go shopping with your child?
1) rarely 2) 1~3/ month 3) 1~2/ week 4) 3~4/ week 5) almost every day
6. How often do you read to your child?
1) rarely 2) 1~3/ month 3) 1~2/ week 4) 3~4/ week 5) almost every day
7. How often do you sing songs with your child?
1) rarely 2) 1~3/ month 3) 1~2/ week 4) 3~4/ week 5) almost every day
8. How often do you go to park with your child?
1) rarely 2) 1~3/ month 3) 1~2/ week 4) 3~4/ week 5) almost every day
9. How often do you and your child meet with friends or relatives with children of a similar age?
1) rarely 2) 1~3/ month 3) 1~2/ week 4) 3~4/ week 5) almost every day
10. How often does your spouse, partner, or other care giver help you with the child?

- 1) rarely 2) 1~3/ month 3) 1~2/ week 4) 3~4/ week 5) almost every day
11. How often does your child eat meals together with both parents?
1) rarely 2) 1~3/ month 3) 1~2/ week 4) 3~4/ week 5) almost every day
12. What do you do if your child spills milk purposely?
1) spank the child 2) scold the child 3) discipline in another way (content:)
4) determine how to prevent it in the future 5) other ()
13. How many times did you spank your child last week?
1) never 2) 1~2times 3) 3-4times 4) 5-6times 5) almost every day
14. How many times do you have a chance to talk with your partner about your child?
1) rarely 2) 1~3/ month 3) 1~2/ week 4) 3~4/ week 5) almost every day
15. Does someone help you take care of your child?
1)No 2)Yes
If yes, circle all the following that apply:
1) spouse 2) grandparent 3) friend 4) relative 5) neighbor
6) babysitter 7) child care professionals from the nursery 8) other
16. Do you have someone to consult with about childcare?
1)No 2)No
If yes, circle all the following that apply:
1) spouse 2) grandparent 3) friend 4) relative 5) neighbor
6) child care professionals from the nursery 7) director of nursery
8) babysitter 9) other
17. Do you feel no confidence with child care?
1) often 2) sometimes 3) rarely 4) never
18. Does your child feel happy when go to the early childhood education and care centers?
1) very happy 2) happy 3) neither 4) do not want to go 5) hate to go
19. When does your child start to use the support (nursery, baby hotel, baby sitter)?
() Year () month
20. When does your child get up and go to sleep? Please write down the most frequent time.
<weekdays> get up (AM·PM) hour () minutes go to sleep (AM·PM) hour ()minutes
<weekend> get up (AM·PM) hour () minutes go to sleep (AM·PM) hour () minutes
21. Does your child have a regular sleep?
1) Often not 2) sometimes not 3) almost regular 4) often regular 5) not sure
22. What are you feeling about stress? Circle all the following that apply:
(no · medium degree · very · extremely) → contents (rearing · health conditions · work · human relationships · others ())

23. If you have any opinions or expectations for childcare, please write down. (the back of the paper is also available)

Thank you for your cooperation.

International community care and lifespan development: Empowerment science

University of Tsukuba