

Japan Child Panel Survey 2011

The Keio Household Panel Survey

Regarding the survey

- This survey form is for by respondents with a child/children of elementary or junior high school age as of March 2011.
- Questions are to be answered by circling or shading the appropriate number. If the category “other” applies, please circle it and specify your response in the parentheses. You may write outside the parentheses if the space is insufficient.
- Please answer according to the sequence of the questions. Since some questions are to be answered only by certain respondents, please follow directions closely.
- For questions about your child’s/children’s school and/or class, all questions refer to March 2011 unless otherwise noted. Please answer based on the school year as of March 2011.
- Although some of the questions about you or your child/children may be personal in nature, we would appreciate you answering all questions honestly since the aim of this survey is to collect responses for statistical analyses.
- If you are not sure about the answer to a question regarding your child/children, please seek clarification by asking your family and/or child/children.

The following survey is to be answered **separately about each individual child you have in elementary or junior high school**. The content of the questions differs according to the child’s year in school so please answer accordingly.

In the questions below, the child about which you respond will be referred to as your child.

Q1. What is your relation to your child?

1 Father 2 Mother 3 Other (specifically: _____)

Q2. When was your child born?

Year Month Day

Q3. How many students are in your child’s class?

March 2011	<input type="text"/>	Boys	<input type="text"/>	Girls
April 2011	<input type="text"/>	Boys	<input type="text"/>	Girls

Q4. How long does it take your child to commute to school one way?

One way: hours minutes

ID Number							

Planned by Keio University
Conducted by Central Research Services, Inc.
2011

For your child in elementary school

Q5. Which category applies to your child's elementary school?

1 National **2** Public **3** Private

Q6. Did your child take entrance examinations to enter elementary school? Do you plan for your child to take entrance examinations to enter junior high school? Please circle the number that applies for each item.

(1) Elementary school

1 Took entrance exams **2** Didn't take

(2) Junior high school

1 Took or plan to take entrance exams

2 Didn't take and don't plan to take



(Please proceed to question Q8)

For your child in junior high school

Q7. Which category applies to your child's former elementary and current junior high school?

(1) Elementary school

1 National **2** Public **3** Private

(2) Junior high school

1 National **2** Public **3** Private **4** Public (junior affiliated with a high school)

Q8. Did your child take entrance examinations to enter elementary school? Junior high school? Please circle the number that applies for each item.

(1) Elementary school

1 Took entrance exams **2** Didn't take

(2) Junior high school

1 Took entrance exams **2** Didn't take



(Please proceed to question Q9)

[Q9 is to be answered if your child is in grades 1 thru 3, for 4th grade or higher, please proceed to Q10]

Q9. The following question concerns how long your child does different after-school activities on school days (Monday thru Friday) for days in which your child does not attend any supplementary schools, take lessons, or participate in school-related extracurricular activities. Please circle the number that applies.

	Doesn't do	About 30 mins	About 1 hour	About 2 hours	3 or more hours
Watch TV/DVDs alone	1	2	3	4	5
Play video games alone	1	2	3	4	5
Talk/play with friends	1	2	3	4	5
Go to children's community center/Extended Day Program	1	2	3	4	5
Help around the house	1	2	3	4	5
Play a sport	1	2	3	4	5
Read a book for fun	1	2	3	4	5
Use the Internet	1	2	3	4	5
Do homework	1	2	3	4	5

[Q10 is to be answered by all respondents]

Q10. How much do you participate in school events/PTA? (If you yourself do not participate but one parent does, please answer regarding the participating parent.)

- 1 Participate in almost everything
 - 2 Participate in the minimum amount necessary
 - 3 Don't really participate much
-

Q11. What level of achievement do you think your child currently has for Japanese, mathematics, and English classes? Please answer as of February 2010. Regarding English, only answer if your child is in junior high school. Only circle one level for each subject.

	Above average	Somewhat above average	Average	Somewhat below average	Below average
Japanese	1	2	3	4	5
Mathematics	1	2	3	4	5
English	1	2	3	4	5

Q12. Excluding the period leading up to exams, how much time does your child usually spend studying after he/she comes home from school? (Please include time spent in any kind of supplementary school/test preparation school or in private tutoring.)

- 1 Almost none
 - 2 About 30 minutes
 - 3 About 1 hour
 - 4 About 2 hours
 - 5 About 3 hours
 - 6 About 4 hours
 - 7 5 or more hours
 - 8 I don't know
-

Q13. About how many times a week does your child have homework?

- 1 Every day
 - 2 3-4 times a week
 - 3 1-2 times a week
 - 4 Almost never
 - 5 I don't know
-

Q14. Please answer regarding your child's after-school activities.

(1) How many times a week does your child go to the Extended Day Program or to school-related extracurricular activities? If he/she does not go, circle "x doesn't go."

School-related extracurricular activities times/week × doesn't go

Extended Day Program (only if your child is in elementary school) times/week × doesn't go

(2) Please answer how many days per week, on average, your child takes some kind of lessons or has some kind of non-school related activity. If he/she does not have such activities, circle "x doesn't have."

Artistic/creative (music-related, painting/drawing, ballet, flower arrangement, etc.) times/week × doesn't have

Sports (swimming, soccer, gymnastics, etc.) times/week × doesn't have

Educational, not including supplementary school/private tutor (abacus lessons, calligraphy lessons, English lessons, etc.) times/week × doesn't have

Supplementary school/private tutor times/week × doesn't have

Other (specifically: _____) times/week × doesn't have

Q15. Does your child have his/her own room? Desk for studying? Cell phone?

- | | | | |
|------------|--------------|--|---------------------------------|
| Own room | 1 Yes | 2 No (has one, but shares with sibling) | 3 No (does not have one) |
| Study desk | 1 Yes | 2 No (has one, but shares with sibling) | 3 No (does not have one) |
| Cell phone | 1 Yes | 2 No (has one, but shares with sibling) | 3 No (does not have one) |

Q16. This question is about how much you spend on your child. Disregard amounts less than 100 yen.

Your child's extracurricular activities (on average per month)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0	yen/month
Your child's school fees (on average per month, including fees for school supplies, school lunches, textbooks, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0	yen/month
Your child's allowance (on average per month, not including money as a New Year's present)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0	yen/month
Other (such as money as a New Year's present, for one year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0	yen/year

Q17. How often does your child eat fast-food or convenience store food, or go out to eat at dinner?

- 1** Almost everyday **2** 2-3 days a week **3** Once a week **4** Rarely

Q18. Which type of facility did your child go to on a daily basis before starting elementary school? Circle all the numbers of all options that are applicable. Also circle the type of facility administration and write when your child went.

1 Nursery

Facility administration **1** Public **2** Private (licensed) **3** Private (not licensed or N/A)

When he/she went
 entry age years months total years

2 Kindergarten

Facility administration **1** Public **2** Private (licensed) **3** Private (not licensed or N/A)

When he/she went
 entry age years months total years

3 Government-certified childcare center

Facility administration **1** Public **2** Private

When he/she went
 entry age years months total years

4 Does not have a place where he/she goes everyday

Q19. Before they started elementary school, when your child threw a tantrum in a store and made a scene because they wanted toys/candy, what did you do? Please circle all items that apply.

- | | |
|--|---|
| 1 Explain why what he/she did was wrong | 6 Take away TV/video games or other fun things |
| 2 Scold harshly | 7 Send your child outside of the house |

- 3** Spanking or other corporal punishment **8** My child rarely threw tantrums
- 4** Make your child help around the house **9** Other (specifically: _____)
- 5** Ignore them for a little bit

Q20. When your child does well at school or in sports, etc., after trying very hard, what do you do for them?

Please circle all items that apply.

- 1** Verbally praise **5** Increase the amount of time allowed for TV/video games or other fun things
- 2** Pat on the head, give a hug, etc. **6** Nothing in particular
- 3** Give allowance **7** Other (specifically: _____)
- 4** Give special food/presents

Q21. For each item, please mark the number for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

		Not True	Somewhat True	Certainly True
a) Considerate of other people's feelings	→	1	2	3
b) Restless, overactive, cannot stay still for long	→	1	2	3
c) Often complains of headaches, stomach-aches or sickness	→	1	2	3
d) Shares readily with other children, for example toys, treats, pencils	→	1	2	3
e) Often loses temper	→	1	2	3
f) Rather solitary, prefers to play alone	→	1	2	3
g) Generally well behaved, usually does what adults request	→	1	2	3
h) Many worries or often seems worried	→	1	2	3
i) Helpful if someone is hurt, upset or feeling ill	→	1	2	3
j) Constantly fidgeting or squirming	→	1	2	3
k) Has at least one good friend	→	1	2	3
l) Often fights with other children or bullies them	→	1	2	3
m) Often unhappy, depressed or tearful	→	1	2	3
n) Generally liked by other children	→	1	2	3
o) Easily distracted, concentration wanders	→	1	2	3
p) Nervous or clingy in new situations, easily loses confidence	→	1	2	3
q) Kind to younger children	→	1	2	3
r) Often lies or cheats	→	1	2	3
s) Picked on or bullied by other children	→	1	2	3
t) Often offers to help others (parents, teachers, other children)	→	1	2	3
u) Thinks things out before acting	→	1	2	3
v) Steals from home, school or elsewhere	→	1	2	3
w) Gets along better with adults than with other children	→	1	2	3
x) Many fears, easily scared	→	1	2	3
y) Good attention span, sees work through to the end	→	1	2	3

Q22. What is your child's current height and weight?

1 Height . cm 2 Weight . kg

Q23. What was your child's height, weight, and gestational age (or expected date of birth) at birth? Please refer to records such as the "mother - and - baby notebook". If you do not know, please circle "× Don't know."

1 Height . cm × Don't know

2 Weight g × Don't know

3 Gestational age weeks × Don't know



(If you answered "× Don't know" in **3**, please answer **4**)

4 When was your child's expected date of birth?
month day × Don't know

Thank you for your cooperation in our survey.

Please put your survey form and that of your child in the return envelope (no postage required) and post it.

* Please put all of your survey forms (for your children in different years in school) in the same envelope and post them together.