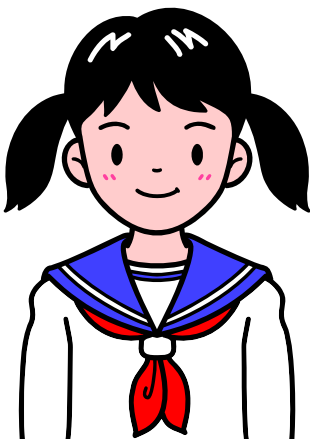


Appendix E-1

Survey of Children's Lifestyle and Environment*

*Reproduced, with permission, from the Department of Orthopaedic Surgery, Keio University School of Medicine, Tokyo, Japan.

Survey of children's lifestyle and environment



This is a survey (anonymous) on the child's lifestyle and living environment. Please offer your honest opinions without thinking about the questions too hard. The survey will take about 10 to 15 minutes. After the child completes her checkup, please submit this questionnaire at the reception desk before going home.

Child's birthdate (year, month)	Year () Month ()
Child's age	() years
Child's school	Public • Private • Other ()
Form completed by	Mother • Father • Grandmother • Grandfather • Other ()
Form completed on	Year () Month () Day ()

- For the questions below, please circle the option that applies or write your answer in the space provided.
- "Child" refers to the child that came today for a checkup.
- Some questions may be difficult for anyone but the child's mother to answer. Please mark an X through the number of any question you cannot answer, and go on to the next question.

1 The questions below concern the child's lifestyle.



- (1) For the child's commute to middle school (one way), please fill out the time required for each of the means of travel as shown in the example below.

【Example】 The child walks 5 minutes from home to the train station, rides the train for 20 minutes, and walks another 10 minutes to reach the school.

Walking	Car	Bus	Train	Other ()
(15) min	() min	() min	(20) min	() min

【Answer】

Walking	Car	Bus	Train	Other ()
() min	() min	() min	() min	() min

- (2) Which of the following describes the bag the child uses when commuting to middle school?

(For example, if the child carries both a backpack and a hand bag, please choose both.)

Please circle the answer that best describes how the child usually carries the bag.

1 Backpack

→ Usually carries it on (both shoulders • the right shoulder • the left shoulder • no particular shoulder) .

2 Shoulder bag

→ Usually carries it on (the right • the left • no particular shoulder) , and lets it hang to (the right • the left • no particular side) .

3 Hand bag

→ Usually holds it with (the right • the left • no particular hand) .

4 Other ()

- (2) -1 How heavy is the bag when packed for the commute to school?

1 Light

2 Normal

3 Heavy

- (3) On weekdays (school days), about how many hours a day, outside of school, does the child usually spend studying (including time spent on homework and at prep schools)?

- 1 None 2 Less than 1 hour 3 1–2 hours
4 2–4 hours 5 More than 4 hours

(4) Is the child right-handed or left-handed?

- 1 Right-handed 2 Left-handed 3 Ambidextrous

(5) About how much time does the child spend watching television (including DVDs and Blu-ray discs) or playing video games every week? Please give a rough estimate. (If the total time is less than 30 min, enter “0” and skip to question 6.)

Around () hours

(5) -1 How does the child usually watch television or play video games?

- 1 Lying down 2 Sitting 3 Other ()

(6) Does the child play a musical instrument? (Please answer yes even if the child used to play an instrument but does not now.) If you answered “yes”, please write in the instrument and the child’s age when she played it.

- 1 Yes 2 No



Instrument () from () to ()	Instrument () from () to ()	Instrument () from () to ()
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(7) This section is about the child’s experience with sports.

(7) -1 Does the child currently participate in sports (regularly outside of physical exercise classes at school)?

- 1 Yes → proceed to (7)-2 2 No → proceed to (7)-3

(7)-2 If you answered yes, please select the sport and the age at which the child started. Please select the one option that best describes how frequently the child participates in the sport.

	A	B	C	D	E
Item	Swimming	Rhythmic Gymnastics	Classical Ballet	Dancing	Artistic Gymnastics
Age	from ()	from ()	from ()	from ()	from ()
Freq.	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily

If the child participates in any sport other than those listed above (A–E), please list them here:

	F	G	H	I	J
Item	()	()	()	()	()

Age	from ()	from ()	from ()	from ()	from ()
Freq.	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily

(7) -3 Are there any sports that the child used to play regularly in the past but no longer plays?

1 Yes → proceed to (7)-4

2 No → proceed to (8)

(7) -4 If you answered “yes”, please select the sport and the ages during which the child participated. Please select the one option that best describes how frequently the child participated when she was most active in the sport.

	A	B	C	D	E
Item	Swimming	Rhythmic Gymnastics	Classical Ballet	Dancing	Artistic Gymnastics
Age	from () to ()	from () to ()	from () to ()	from () to ()	from () to ()
Freq.	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily

If the child used to participate in any sport other than those listed above (A–E), please list them here:

	F	G	H	I	J
Item	()	()	()	()	()
Age	from () to ()	from () to ()	from () to ()	from () to ()	from () to ()
Freq.	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily	1 1–3 times/mo 2 Once a week 3 2–3 times/wk 4 4–5 times/wk 5 Almost daily

(8) Since entering elementary school, what time has the child arisen and gone to bed on school days? Please circle or write the type(s) of bedding the child has used and is using presently.

	Time rising from bed	Time going to bed	Bedding
Grades 1–2	(:)	(:)	Japanese mattress • bed • other ()
Grades 3–4	(:)	(:)	Japanese mattress • bed • other ()

Grades 5–6	(:)	(:)	Japanese mattress • bed • other ()
Middle school	(:)	(:)	Japanese mattress • bed • other ()

(9) How does the child usually sleep?

1 Lying face up

2 Lying face down

3 Lying sideways, right side down 4 Lying sideways, left side down

5 No particular way

6 Other ()

(10) Does the child eat at a table or a low (tea) table?

1 At a table, sitting on a chair

2 At a low (tea) table, sitting on the floor or tatami mat

3 Other ()



(11) In the last year, have you ever restricted the child's food intake to maintain her figure or to reduce her weight?

1 Yes

2 No

(12) Has the child ever been diagnosed with a food allergy?

1 Yes → proceed to (12)-1

2 No → proceed to major question 2

(12) -1 If you answered yes, please select all foods to which the child is thought to be allergic.

1 Milk

2 Eggs

3 Wheat

4 Soy beans

5 Buckwheat noodles

6 Fruit

7 Fish

8 Shrimp, crab

9 Nuts

10 Other ()

2 The following questions are about the family and home.

(1) Please circle or write all family members that live in the same home (excluding the child) according to their relationship to the child.

1 Mother

2 Father

3 Grandmother

4 Grandfather

5 Elder sibling

6 Younger sibling

7 Other ()

(2) What is the child's birth order, among how many siblings?

() among () siblings (e.g., first among three)

(2) -1 Is the child a twin (or triplet or higher multiple)?

1 Twin

2 Triplet or higher multiple

3 No

(3) Has any family member been diagnosed with scoliosis? Please select all family members diagnosed with scoliosis, according to their relationship to the child.

- 1 Mother 2 Father 3 Sibling (Specifically, _____)
- 4 Grandmother on mother's side 5 Grandfather on mother's side
- 6 Grandmother on father's side 7 Grandfather on father's side
- 8 Other (_____) 9 None to your best knowledge

- (4) Please list the parents' years of schooling after entering elementary school.

(Example) In the case of graduating a four-year university, enter 16 years (6 years of elementary school, 3 years of middle school, 3 years of high school, and 4 years of college).

Mother (_____) years Father (_____) years

- (5) Does anyone who lives with the child smoke cigarettes? If yes, please select approximately how many cigarettes are smoked in the home each day. (If there are multiple smokers, please select the approximate total number of cigarettes.)

1 Yes → (1-10, 11-20, 21 or more)

2 No

- (6) Please select all agents that were used in the child's room (including on the windows and the patio) in the last year.

1 Insecticide (aerosol, placement-type) 2 Insecticide (fumigant-type)

3 Herbicide 4 Insect repellent 5 Used none of these agents



3 Please answer the following questions regarding the child's early childhood.

- (1) Please provide the mother's age and weeks of pregnancy when she gave birth.

Mother's age (_____) years Week (_____) of pregnancy

- (2) Please provide the child's height and weight at birth.

Height (_____) cm Weight (_____) g



- (3) Was the child delivered naturally, or by caesarean section?

1 Natural (vaginal) delivery 2 caesarean section

- (4) While pregnant, was the mother diagnosed with any complications?

Please select all options that apply.

1 Diabetes (diagnosed before pregnancy) 2 Gestational diabetes (diagnosed during pregnancy)

3 Pregnancy-induced hypertension (Pre-eclampsia) 4 Basedow's disease (Hyperthyroidism)

5 Hypothyroidism 6 Intrauterine infection (Specifically, _____)

7 Anemia 8 Other (_____)

9 Was not diagnosed with any complication

- (5) While pregnant, did the mother take any of the following commercial supplements or health foods?

		Option			
A	Multivitamins	1 Did not take	2 Took occasionally	3 Took regularly	4 Do not recall
B	Calcium	1 Did not take	2 Took occasionally	3 Took regularly	4 Do not recall
C	Iron	1 Did not take	2 Took occasionally	3 Took regularly	4 Do not recall
D	Zinc	1 Did not take	2 Took occasionally	3 Took regularly	4 Do not recall
E	Folic acid	1 Did not take	2 Took occasionally	3 Took regularly	4 Do not recall

- (6) While pregnant, did the mother smoke cigarettes? If so, please select roughly how many cigarettes she smoked a day.

- 1 Smoked while pregnant
 2 Quit after realizing she was pregnant
 3 Quit before realizing she was pregnant
 4 Never smoked before

-10, 11-20, 21 or more

- (7) While pregnant, was the mother ever exposed to second-hand smoke from other people's cigarettes, either at home or at work?

- 1 Almost never 2 Sometimes 3 Often

- (8) While pregnant, did the mother drink alcohol? If she did, please select roughly how many times a week she drank.

- 1 Drank while she was pregnant
 2 Quit after realizing she was pregnant
 3 Quit before realizing she was pregnant
 4 Never drank before

One day/wk or less • 1-2
 days/wk • 3-4 days/wk • 5
 days/wk or more



- (9) How was the child fed before she was weaned? Please select one (please select breastfeeding if breast milk comprised roughly 80% or more).

- 1 Breastfeeding 2 Bottle feeding (formula) 3 Mixed feeding

- (9) -1 If the child was breastfed (options 1 and 3 in the previous question), what age was she, approximately, when she was weaned or stopped accepting breast milk?

Around () years () months

- (10) Approximately when did the child start weaning?

Around () years () months

- (11) At what age did the child begin to do the following?

11 Cleft lip • cleft palate	12 Congenital heart disease
13 Spina bifida	14 Congenital hip dislocation
15 External wounds (specifically, _____)	
16 Fractures (Specific part _____)	
17 Other (_____)	



Thank you for your cooperation with this survey. It will be collected at the front desk. Please submit it before you leave, after your child completes her checkup.

This is an anonymous survey. The results will be summarized and presented at an academic conference at a later date. Please be assured that nothing reported will lead to the identification of a specific individual.