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2018 South Korea Eldercare and Childcare Household Survey - Eldercare

Introduction

Greetings!

This survey is part of the work of the Center for Transnational Migration and Social Inclusion at the Graduate School of International Studies, Seoul National University. Korea today confronts many challenges arising from the demographic changes related to low fertility and population aging. Amid this context, the provision of care for children and the elderly has ceased to be a matter of private concern for individuals and families and has now become a serious social issue. Nonetheless, there is insufficient understanding of by whom and how care is being provided for the young and the elderly.

Our research team endeavors to systematically survey how childcare and eldercare are currently being arranged in Korea so to search for ways to socially redistribute the care burdens primarily shouldered by individuals and families. After successfully administrating and analyzing the 2018 Eldercare and Childcare Survey, it is our goal to provide policy recommendations based on our research findings and thereby contribute to resolving the difficulties associated with childcare and eldercare.

All information provided will be coded and your personal information kept strictly confidential and completely erased upon termination of the survey period. We kindly request your participation in this survey, which will be invaluable for developing solutions to the provision of care in Korea. Thank you.

September 2018

Ki-Soo Eun

Professor, Graduate School of International Studies, Seoul National University

※ I agree.

(Please check in the box if you agree to participate in the survey based on the introduction above.)

※ The investigator fills out the boxes below.

Location	1. Seoul	2. Busan	3. Daegu	4. Incheon	5. Gwangju	6. Daejeon
	7. Ulsan	8. Sejong	9. Gyeonggi	10. Gangweon	11. Chungbuk	12. Chungnam
	13. Jeonbuk	14. Jeonnam	15. Gyeongbuk	16. Gyeongnam		
Size of location	1. Metropolis		2. Small and Medium Sized City		3. County (eup, myeon)	
Sex	1. Male		2. Female			

Principal Research Institution



서울대학교

Investigating Agency



■ Gallup Korea || 이은지 / 장은혜 || ☎ 02-3702-2686 / 2119

■ Seoul National University Graduate School of International Studies || ☎ 02-880-9220

This survey is only for “Eldercare Eligible Households” as defined below.

A respondent who lives with an elderly person (age 65 or above) that has received a NLTCI grade (including Types A-C and grade for dementia) or needs regular ADL/IADL related help due to geriatric/chronic disease; or the main caregiver of such an elderly person even if they don't live together.

Screening Questions

SQ1) Are you the main caregiver of an elderly who needs help with daily activities due to senility or disease?

1. Yes _____
 2. No →

SQ2) I will ask about the elderly person you're taking care of as the main caregiver. Please indicate all of the items that apply to the elderly person's situation.

The elderly person you are taking care of..	Yes	No
1) Can prepare and eat meals and drinks.	1	2
2) Can take care of personal hygiene, such as brushing their teeth, washing their face, and washing their hair.	1	2
3) Can use the bathroom by him/herself.	1	2
4) Can dress appropriately.	1	2
5) Can keep his/her house clean and safe.	1	2
6) Can get around inside and outside the house by him/herself.	1	2
7) Can go to places like the hospital or bank by him/herself.	1	2
8) Can use public transportation.	1	2

→

Main Caregiver

Someone who lives with an elderly person (age 65 or above) who needs help with daily activities, is the person who most often takes care of the elderly person, and takes responsibility for the elderly person's overall care situation among household members.

Someone who does not live with an elderly person (age 65 or above) who needs help with daily activities, but regularly visits at least 3 times a week on average over the last 6 months to take care of the elderly person for at least 2 hours on average per visit, and takes responsibility for the elderly person's overall care situation.

Q 1) Please respond regarding the situation of the elderly person you are taking care of as the main caregiver over the past 6 months. If you are taking care of more than 1 elderly person, please respond regarding the **person that needs the most help (main care recipient)**.

Q1-1) General Health	Q1-2) Chronic Disease (Select all that apply)	Q1-3) Long Term Care Insurance Grade		Q1-4) Dementia Rating
1. Healthy	1. Grade 1	2. Grade 2	1. Mild 2. Moderate 3. Severe 4. Not applicable
2. Unhealthy	3. Grade 3	4. Grade 4	
	5. Grade 5	6. Cognitive Support	
	7. Other: Type A	8. Other: Type B	
	9. Other: Type C	10. Not applicable	

Q1-2) Code

Classification	Name of Disease	No.	Classification	Name of Disease	No.
Circulatory	High blood pressure	11	Cancer	Cancer	61
	Stroke, cerebral infarction	12	Digestive	Gastroduodenal ulceration	71
	Hyperlipidemia	13		Hepatitis	72
	Angina, myocardial infarction	14		Liver lesion	73
	Other cardiac disorder	15	Urinary	Chronic renal failure	81
Endocrine	Diabetes	21		Prostatism	82
	Thyroid disease	22		Urinary incontinence	83
Musculoskeletal	Osteoarthritis or rheumatoid arthritis	31		Sexually transmitted disease	84
	Osteoporosis	32	Other	Anemia	91
	Backache, sciatic neuralgia	33		Skin disease	92
Respiratory	Chronic bronchitis	41		Depression	93
	Asthma	42		Bone fracture or dislocation	95
	Tuberculosis	43		Other (Specify: _____)	96
Sensory	Cataract	51			
	Glaucoma	52			
	Chronic otitis media	53			

Q 2) What is your relationship with the elderly person you're currently taking care of as the main caregiver?

1. Elderly care recipient's spouse
2. Elderly care recipient's daughter
3. Elderly care recipient's son
4. Elderly care recipient's daughter-in-law
5. Elderly care recipient's son-in-law
6. Elderly care recipient's grandchild
7. Elderly care recipient's sibling
8. Elderly care recipient's other relative
9. Other (Specify: _____)

Q 3) Do you live with the elderly care recipient?

1. Yes
2. No →

Q 4-1) (Only if responded 1 in Q3)
How long have you lived with the elderly care recipient?

Years Months
→

Q 4-2) (Only if responded 2 in Q3) What is the main mode of transportation you use to visit the elderly care recipient?

1. Bus
2. Subway
3. Car
4. Walk
5. Other (Specify: _____)

Q 4-3) (Only if responded 2 in Q3) How long does it take to get to the elderly care recipient's residence on average?

hours minutes

Q 5) Have there been any changes to the living arrangements of you or the elderly care recipient from the time you started taking care of him/her?

1. Yes
2. No →

Q 5-1) (Only if responded 1 in Q5) If there were any changes, what was it?

1. We were living separately, but now live together.
2. We were living separately, and recently I moved to be closer to the elder.
3. We were living separately, and recently the elder moved closer to my house.
4. We were originally living together, but recently I moved out.
5. We were originally living together, but recently the elder moved out.
6. Other (Specify: _____)
→

Q 5-2) (Only if responded 2 in Q5) If there were no changes, which of the following is true?

1. I have been living with the elder since before I started taking care of him/her.
2. I have been living near the elder since before I started taking care of him/her.
3. I don't live near the elder, but I did not move since starting to take care of him/her.
4. Other (Specify: _____)

※ Please tell me about the people who are currently living in your household, including yourself.

Q 6-1-1) What are the genders of the head of your household (the person responsible for the household) and household members?

Q 6-1-2) How old are they? (E.g. : For those born in 1978, age is 2018 - 1978 = 40)

Q 6-1-3) What are the relationships of the household members to the household head? Please record a corresponding number from the code below.

Q 6-1-4) Which household member is the respondent (you)?

Q 6-1-5) Which household member is the elderly care recipient? If there are multiple elderly persons, please choose the one who needs the most care.

Household Member ID	List	Q6-1-1) Sex		Q6-1-2) Age	Q6-1-3) Relationship with household head		Q6-1-4) Respondent	Q6-1-5) Main Elderly Care Recipient
		Male	Female	2018 - Birth year				
01	Head	1	2		0	0	1	1
02	Member2	1	2				2	2
03	Member3	1	2				3	3
04	Member4	1	2				4	4
05	Member5	1	2				5	5
06	Member6	1	2				6	6
07	Member7	1	2				7	7
08	Member8	1	2				8	8
09	Member9	1	2				9	9
10	Member10	1	2				10	10

→ Skip to Q7-1) if living with care recipient

Q6-1-3) Code

- | | | | |
|--------------------------|-----------------------|-----------------------------|-----------------------|
| 00. Head of household | 04. Parent | 08. Unmarried child | 12. Other relative |
| 01. Spouse | 05. Parent of spouse | 09. Married child | 13. Non-relative |
| 02. Paternal grandparent | 06. Sibling | 10. Spouse of married child | (Friend/Acquaintance) |
| 03. Maternal grandparent | 07. Sibling of spouse | 11. Grandchild | |

※ (Only respond if living separately with the care recipient) Please tell me about the household members of the elderly person you care for, including the elderly.

Q 6-2-1) What are the genders of the head of the household (the person responsible for the household) and household members?

Q 6-2-2) How old are they?

Q 6-2-3) What are the relationships of the household members to the household head? Please record a corresponding number from the code below.

Q 6-2-4) Which household member is the elderly care recipient?

Household Member ID	List	Q6-2-1) Sex		Q6-2-2) Age	Q6-2-3) Relationship with household head		Q6-2-4) Respondent	Q6-2-5) Main Elderly Care Recipient
		Male	Female	2018 - Birth year				
01	Head	1	2		0	0	1	1
02	Member2	1	2				2	2
03	Member3	1	2				3	3
04	Member4	1	2				4	4
05	Member5	1	2				5	5
06	Member6	1	2				6	6
07	Member7	1	2				7	7
08	Member8	1	2				8	8
09	Member9	1	2				9	9
10	Member10	1	2				10	10

Q6-2-3) Code

- | | | | |
|--------------------------|-----------------------|-----------------------------|-----------------------|
| 00. Head of household | 04. Parent | 08. Unmarried child | 12. Other relative |
| 01. Spouse | 05. Parent of spouse | 09. Married child | 13. Non-relative |
| 02. Paternal grandparent | 06. Sibling | 10. Spouse of married child | (Friend/Acquaintance) |
| 03. Maternal grandparent | 07. Sibling of spouse | 11. Grandchild | |

※ I will ask about the general care situation of the main elderly care recipient.

Q 7) Please record how frequently you did the care activities listed in the following cards over the past month, and record how difficult the activities were.

List	Q7-1) Frequency						Q7-2) Difficulty				
	None	Many times a day	Once a day	3+ times a week	1-2 times a week	1-2 times a month	Very difficult	Somewhat difficult	Neutral	Not too difficult	Not difficult at all
1) Help put on/take off clothes or undergarments	0	1	2	3	4	5	1	2	3	4	5
2) Help with washing their face, brushing their teeth, shaving, trimming finger/toenails, etc.	0	1	2	3	4	5	1	2	3	4	5
3) Help enter/exit the bathroom, clean and dress after toilet use (including changing diapers)	0	1	2	3	4	5	1	2	3	4	5
4) Help bathe or shower	0	1	2	3	4	5	1	2	3	4	5
5) Change posture in bed or chair, help move around indoors	0	1	2	3	4	5	1	2	3	4	5
6) Help eat or drink	0	1	2	3	4	5	1	2	3	4	5
7) Prepare food and clean dishes	0	1	2	3	4	5	1	2	3	4	5
8) Housework (cleaning, laundry, organizing)	0	1	2	3	4	5	1	2	3	4	5
9) Help taking the right dosage of medication at set times	0	1	2	3	4	5	1	2	3	4	5
10) Going to the hospital together, picking up prescriptions	0	1	2	3	4	5	1	2	3	4	5
11) Having a conversation or playing indoors (including reading books/newspapers)	0	1	2	3	4	5	1	2	3	4	5
12) Watching TV or other media together	0	1	2	3	4	5	1	2	3	4	5
13) Taking a walk (including using wheelchair)	0	1	2	3	4	5	1	2	3	4	5
14) Help with transportation (using public transportation, giving a ride in the car, commuting to/from nursing home, etc.)	0	1	2	3	4	5	1	2	3	4	5

Q 7-3) If you were provided with financial assistance to use a care service, what type of care activity would you like to be done by a care worker or a care institution?
Please choose up to 3 care activities from the list above.

1st		2nd		3rd	
-----	--	-----	--	-----	--

Q 7-4) If you yourself were able to do more carework (given more time, etc), what types of care activity would you like to do yourself?
Please choose up to 3 care activities from the list above.

1st		2nd		3rd	
-----	--	-----	--	-----	--

Q 7-5) Over the past 3 months, has anyone shared or engaged in care activities other than you? Who was it? If there were multiple people, please choose one person who engaged the most frequently in the activity.

Care Activity	Q7-5-1) Anyone else contributed to the activity?	Q7-5-2) Who shared or did activity
1) Giving the elder a bath		
2) Taking the elder to the hospital (when sick, for vaccinations, emergency room, dentist, etc.) and consulting with the doctor		
3) Looking into elderly care/treatment services and scheduling		
4) Taking the elder to an institution or waiting during home-visit care services		
5) Attending the elder's care service related events or counseling (at institutions, etc)		

Q7-5-1) Code

1. Solely done by myself
2. Sometimes shared or done by someone else
8. Not applicable (Elder doesn't need the care activity)

Q7-5-2) Code

1. Elder's spouse
2. Elder's daughter
3. Elder's daughter-in-law
4. Elder's son
5. Elder's son-in-law
6. Elder's sibling
7. Elder's other relative
8. Friend, neighbor, or acquaintance
9. Paid care worker/caregiver
10. Other (Specify: _____)
98. No one helped

Q 8) Were you the main caregiver of this elderly person from the time he/she first needed care to today?

1. Yes →
2. No →

Q 8-1) (Only if responded 2 in Q8) If you were not the main caregiver from the beginning, who were the main caregivers of this elderly person from the time he/she needed care to the time you became the main caregiver? Please list them in order.

Q 8-2) If there were multiple caregivers, who was the main caregiver for the longest time?

Q 8-3) Were they living with the elderly person at the time of giving care?

Order	Q8-1) Main caregiver at the time	Q8-2) Who took care of elder for the longest time	Q8-3) Whether lived together with elder at the time	
	[Use code below]		Yes	No
1		1	1	2
2		2	1	2
3		3	1	2
4		4	1	2
5		5	1	2

Code

1. Elder's spouse
2. Elder's first son (or his wife)
3. Elder's first daughter (or her husband)
4. Elder's second or other son (or his wife)
5. Elder's second or other daughter (or her husband)
6. Elder's sibling
7. Elder's grandchild
8. Elder's friend, acquaintance, or neighbor
9. Nursing home, nursing hospital, hospital, or institution
10. Other (Specify: _____)

Q 9-1) When did the elderly person you're taking care of start to need help with daily activities?

■ Q 9-1) When elder started receiving care

Year: Month:

Q 9-2) When did you start to take care of the elderly person as the main caregiver?

■ Q 9-2) When respondent started taking care of elderly

Year: Month:

Q 10) Why did you become the elderly person's main caregiver? Please choose 2 reasons in order of relevance.

1st		2nd	
-----	--	-----	--

1. I am the elder's only family member.
2. I have been living with the elder.
3. I live the nearest to the elder.
4. I (or my spouse) am the first child of the elder.
5. The elder wants me to take care of him/her.
6. All other family members work, so I am the only available person to take care of the elder.
7. In order to not bother other family members.
8. Because I love him/her.
9. Because I feel the most comfortable giving care myself.
10. Because I am able to provide the best care for him/her.
11. Other (Specify: _____)

Q 11) Below is a timetable of the elderly person's day. Please indicate who mainly took care of the elder at each hour of yesterday.

(If you're not sure about yesterday, please respond regarding the most recent day you can recall. If the elderly was sleeping, please record who was in the house. Please select '5. Elderly person alone' only if the elderly was in the house by him/herself.)

Code

- | | |
|-------------------------|---------------------------|
| 1. Respondent | 4. Institution |
| 2. Other family member | 5. Elderly person alone |
| 3. Paid home-visit care | 6. Other (Specify: _____) |

6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm
6pm	7pm	8pm	9pm	10pm	11pm	12am	1am	2am	3am	4am	5am

Q 12) In the past 1 month, did the elderly person ever stay at home by him/herself for more than 1 hour in a day?

1. Yes →
2. No →

Q 12-1) (Only if responded 1 in Q 12)

If yes, how long does the elderly person stay home by him/herself on average?

days in a week hours in a day

Q 13-1) Over the past month, how much time did you spend caring for the elderly person every week on average?

- days during the week
 hours minutes on a weekday
- days during the weekend
 hours minutes on a weekend day

Time Spent on Care

Refers to time spent on caring for elderly person while he/she was not sleeping and was awake. Time spent on care includes time spent on not only direct care (helping with food consumption, dressing, etc) but also indirect care (supervising, accompanying, scheduling care services, etc).

Q 13-2) If you could choose, how much time would you like to spend caring for the elderly person on average?

- days during the week
 hours minutes on a weekday
- days during the weekend
 hours minutes on a weekend day

Q 14) Do you use any public or private **external care services/institutions** to care for the elderly person?

1. Yes →
2. No →

Q 14-1) (Only if responded 1 in Q14) What is the main reason you use external services to take care of the elderly person?

1. Taking care of the elderly person is too difficult physically and/or mentally.
2. It's not too expensive to use external services.
3. To gain more time to do other activities like work or studies.
4. To gain some private time for leisure or rest
5. To receive professional care service
6. To allow the elderly person to socialize with other elderly people.
7. Other (Specify: _____)

→ Skip to Q15-1) after responding

Q 14-2) (Only if responded 2 in Q14) What is the main reason your family takes care of the elderly person without using any external services?

1. We don't feel the need to use the services.
2. We think family should take direct care of the elderly person.
3. The services are too expensive.
4. The services are not trustworthy.
5. There are no services that I can use.
6. I didn't know there are services I can use.
7. The elderly person doesn't want to use services.
8. Other (Specify: _____)

→ Skip to Q20-1) after responding

Q 15-1) What are the care services the elderly care recipient has used in the past 1 month? Please select all services in order of usage frequency from the code below.

Q 15-2) What is the type of the care service that you use?

Q 15-3) How many days a week do you use this service on average?

Q 15-4) How many hours a day do you use this service on average?

Q 15-5) How much do you spend monthly to use this service on average? Please record the amount excluding subsidies.

Q 15-6) Do you receive subsidies or vouchers to use this service?

Q 15-7) How satisfied are you with this service?

Q15-1) Care service	Q15-2) Type of service	Q15-3) Days of use on average		Q15-4) Time of use per day on average (Cannot exceed 24 hours)		Q15-5) Monthly fees for service use on average (in ₩10,000)	Q15-6) Whether receive subsidy		Q15-7) Satisfaction of service use				
		Weekdays	Weekend	Weekdays	Weekend		Yes	No	Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied
[Code below]		:days	:days	:hours	:hours		1	2	1	2	3	4	5
		:days	:days	:hours	:hours		1	2	1	2	3	4	5
		:days	:days	:hours	:hours		1	2	1	2	3	4	5
		:days	:days	:hours	:hours		1	2	1	2	3	4	5
		:days	:days	:hours	:hours		1	2	1	2	3	4	5

Q15-1) Code

[In-Home Care Services]

- | | | | |
|---------------------------------|----------------------------|-------------------------------|----------------------------|
| 1. Elderly-elderly care service | 2. Elderly daycare service | 3. In-home bathing service | 4. In-home nursing service |
| 5. In-home housework service | 6. In-home care service | 7. Cognitive training service | 8. Elder Caregiver |
| 9. Domestic worker | 10. Caregiver | (for person with dementia) | |

[Institutions]

- | | | | |
|------------------------------------|---------------------------------------|----------------------------------|--|
| 11. Temporary respite care service | 12. Senior center, school for elderly | 13. Senior day/night care center | 14. Specialized dementia day/night care center |
|------------------------------------|---------------------------------------|----------------------------------|--|

Q15-2) Code

- | | | |
|-----------------------------|---|--------------------|
| 1. Long-term Care Insurance | 2. Public Voucher Service (Eldercare service) | 3. Private service |
|-----------------------------|---|--------------------|

Q 16) Who controlled the decision that the elderly person would use the care services/institutions that the elderly person mainly uses?

1. Elderly person him/herself → Skip to Q17)
2. Elder's spouse
3. Respondent
4. Elder's son
5. Elder's daughter
6. Elder's daughter-in-law
7. Elder's son-in-law
8. Elder's sibling
9. Elder's grandchild
10. Elder's relative
11. Other (Specify: _____)

Q 16-1) Did you ask the elderly person's opinion when deciding to use the care service?

1. Yes
2. No

Q 16-2) Did the elderly person agree to use the care service?

1. Yes
2. No

Q 17) How closely do the following statements describe the care institutions or services that the elderly person mainly uses? Please respond regarding the care service the elder uses most frequently.

Statements about the care service	Strongly disagree	Some what disagree	Neutral	Some what agree	Strongly agree
1) I can usually influence the time for receiving care.	1	2	3	4	5
2) The staff usually informs me beforehand about changes in schedule or care activities.	1	2	3	4	5
3) I can freely discuss with the caregiver or institution about my questions or requests.	1	2	3	4	5
4) I receive enough information about the care from the caregiver or institution.	1	2	3	4	5

Q 18) How financially helpful are the care subsidies you currently receive from the Long-term Care Insurance and/or public institutions in caring for this elder?

1. Not helpful at all
2. Not too helpful
3. Neutral
4. Somewhat helpful
5. Very helpful
-
8. Not applicable (don't receive subsidy)

Q 19) Does the elderly pay the fees of using paid care services?

1. Yes, he/she covers all costs. → Skip to Q19-2)
2. Yes, he/she contributes to the costs.
3. No

Q 19-1) (Only if responded 2 or 3 in Q19) Does any other family member pay the fees for elderly person's care services? Please select all.

1. Elder him/herself or his/her spouse
2. Elder's child/child-in-law
3. Elder's grandchild
4. Other (Specify: _____)
5. None
-
8. The subsidies cover all costs.

Q 19-2) (Only if responded 1 in Q19) Based on your household's standard of living, how do you feel about your family's expenditures on the elder's care services every month?

1. Very expensive
2. Somewhat expensive
3. Reasonable
4. Not too expensive
5. Very affordable
-
8. Not applicable (don't have expenses on care services)

Q 20-1) Over the past year, how much additional monthly fees did you spend on average to take care of the elder excluding fees on paid care services?

Additional Fees

Fees spent on expendable medicine (prescriptions, gauze, antiseptics, etc), medical appliances (wheelchair, etc), special food like nutritional food for tube feeding, excluding expenses on paid care services.

(in ₩10,000) on average per month

Q 20-2) Over the past year, how much did you spend monthly on the elderly care recipient's medical fees on average?

(in ₩10,000) on average per month

Q 20-3) Have you ever given a paid caregiver extra money or gifts?

1. Yes
2. No

Q 21) Do you receive any financial help from family members that you don't live with for taking care of the elderly person?

1. Yes, regularly
2. Yes, irregularly
3. No → Skip to Q21-2)
8. Not applicable (No other family) → Skip to Q22)

Q 21-1) (Only if responded 1 in Q21) How much financial help do you receive from other family members?

(in ₩10,000) on average per month

Q 21-2) (Only if responded 2 or 3 in Q21) How satisfied are you with the division of costs to take care of the elderly person among your family members?

1. Very dissatisfied
2. Somewhat dissatisfied
3. Neither dissatisfied or satisfied
4. Somewhat satisfied
5. Very satisfied

Q 22) How is your household's current financial situation compared to when you started taking care of the elderly person?

1. Our financial situation **worsened a lot** compared to when I first started taking care of the elderly.
2. Our financial situation **slightly worsened** compared to when I first started taking care of the elderly.
3. There **isn't much difference** in our financial situation.
4. Our financial situation **slightly improved** compared to when I first started taking care of the elderly.
5. Our financial situation **improved a lot** compared to when I first started taking care of the elderly.

Q 23) Are you currently a 'family elderly care worker'?

1. Yes
2. No → Skip to Q24)

Q 23-1) (Only if responded 1 in Q23) If you are a family elderly care worker, which of the following applies to you?

1. **Only take care of my family member(s)** as a family elderly care worker
2. **Work other jobs** in addition to taking care of my family member(s) as a family elderly care worker

Q 24) In the past 1 year, have you ever used a **vacation subsidy** or care service to take a rest from care responsibilities for awhile?

1. Yes → Skip to Q25)
2. No

Q 24-1) (Only if responded 2 in Q24) If not, why not?

1. I did not know about such systems or services .
2. I knew about the systems or services, but I wasn't eligible to use them.
3. I didn't want someone else to take care of the elderly person.
4. I didn't feel the need to use the service.
5. Other (Specify: _____)

Q 25) I will ask about different scenarios that may happen while you take care of the elderly person. What do you think about the following statements based on your general experience of taking care of the elderly person?

Scenarios of taking care of the elderly person	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1) I usually take care of the elderly person by myself (alone with the elderly).	1	2	3	4	5
2) I have time to eat my meals without distraction.	1	2	3	4	5
3) There are times when I have to take care of multiple tasks at once while taking care of the elder.	1	2	3	4	5
4) There are times when I need to help the elderly to move/walk or carry something heavy.	1	2	3	4	5
5) I need to watch the elder at all times.	1	2	3	4	5

Q 26) Below is a list of experiences you could have as you take care of the elderly person. What are your thoughts?

List	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly disagree
1) Taking care of the elderly is meaningful work for me.	1	2	3	4	5
2) Taking care of the elderly allows personal improvements.	1	2	3	4	5
3) Taking care of the elderly allows me to feel proud.	1	2	3	4	5
5) Taking care of the elderly is complicated by unrealistic expectations and demands from family members.	1	2	3	4	5
8) I feel like I'm losing my life by taking care of the elder.	1	2	3	4	5
9) I want to be free from this situation.	1	2	3	4	5

※ The following are questions regarding relationships between you and the elderly person, and between you and other family members.

Q 27) What are your thoughts on the following statements regarding relationships between you and the elderly person and between you and other family members?

List	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1) I have a good relationship with the elderly person.	1	2	3	4	5
2) The elderly person does not agree with my opinions very often.	1	2	3	4	5
3) I feel angry at other family members who don't provide direct care for the elderly.	1	2	3	4	5

Q 28) How grateful are the elder's **other family members** that don't live with you about the fact that you're taking care of the elderly person?

1. Not grateful at all
2. Only express superficial gratitude
3. Truly grateful
-
8. Not applicable (No other family)

Q 28-1) Only respond if you're living with your parents-in-law. How grateful is **your spouse** about the fact that you're taking care of his (grand)parents?

1. Not grateful at all
2. Only express superficial gratitude
3. Truly grateful
-
8. Not applicable (No spouse; don't care for spouse's (grand)parents)

Q 29) How did your relationships with other family members as listed below change compared to before taking care of the elder?

Q29-1) Based on relationship with elderly person	Q29-2) Relationship List	Improved a lot	Slightly improved	Same as before	Slightly worsened	Worsened a lot	Not applicable
1. If respondent is elderly person's spouse	1) The elderly and respondent	1	2	3	4	5	8
	2) The elderly and respondent's children	1	2	3	4	5	8
	3) Respondent's children and respondent	1	2	3	4	5	8
2. If respondent is not elderly person's spouse	1) The elderly and respondent	1	2	3	4	5	8
	2) The elderly and respondent's spouse	1	2	3	4	5	8
	3) The elderly and respondent's children	1	2	3	4	5	8
	4) Respondent and respondent's spouse	1	2	3	4	5	8
	5) Respondent and respondent's children	1	2	3	4	5	8

Q 30) In your opinion, how much of eldercare is the government's responsibility? Record within the range of 0-100%.

%

Code

Government has no responsibility at all. ← Neutral → Government is responsible for all eldercare.

0 10 20 30 40 50 60 70 80 90 100

Q 31) If you or someone else who was scheduled to take care of the elderly person has an emergency and cannot take care of the elderly person, who do you usually call for help?

1. Elderly's spouse
 2. Elderly's son
 3. Elderly's daughter-in-law
 4. Elderly's daughter
 5. Elderly's son-in-law
 6. Elderly's grandchild
 7. Elderly's sibling or other relative
 8. Elderly's neighbor or friend
 9. Use outside paid services
 10. Other (Specify: _____)
-
98. Nowhere to ask for help

Q 32) Are you interested in using a live-in care facility for the elder in the future?

1. I will consider the live-in care facility if the elderly's health deteriorates.
2. I will most likely not use the live-in care facility even if the elder's health deteriorates. → Skip to Q32-1)
3. I don't know. → Skip to Q33)

Q 32-1) (Only if responded 2 in Q32) If not, why not?

1. Because the elder's feelings might get hurt
2. To avoid conflicts with other family members (siblings, etc)
3. To save the family's honor or social reputation
4. To avoid the elder's health from deteriorating due to change of environment
5. Because that is not doing one's duty by the elderly
6. Because the institution might not provide proper care to the elder
7. Because the elderly might not want to socialize with other people in the institution
8. Other (Specify: _____)

※ Now I will ask about how much your family members contribute to taking care of the elderly person.

Q 33) How much time does your spouse spend taking care of the elderly person on average? Please respond regarding the past month.
(If spouse did not take care of elderly person at all, please record '0')

- days during the weekdays
 hours minutes on a weekday
- days during the weekend
 hours minutes on a weekend day
- 8. No spouse or taking care of spouse
→ Skip to Q34)

Q 33-1) If you could choose, how much time would you like to care for the elderly person on average?
(If you don't want to care for the elderly person at all, please record '0')

- days during the weekdays
 hours minutes on a weekday
- days during the weekend
 hours minutes on a weekend day

Q 34) Do you have family members that don't live with you but visits the elderly person at least once a week to care for him/her? If so, please select them all.

Family members that visit and care for elderly person	Yes	No	Not applicable (or respondent him/herself)
1) Elderly's son	1	2	8
2) Elderly's daughter-in-law	1	2	8
3) Elderly's daughter	1	2	8
4) Elderly's son-in-law	1	2	8
5) Elderly's sibling	1	2	8
6) Elderly's other relative (Specify: _____)	1	2	8

Q 35) In your opinion, how much do your family members participate in taking care of the elderly person? If entire eldercare work is 100%, please record what % of the total work is done by other family members.

: %

Code

No participation at all (You do all of the carework) ← Neutral → All of the carework is done by other family.

0 10 20 30 40 50 60 70 80 90 100

Q 36) How satisfied are you with the division of care time for the elderly person among your family members ?

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied

Q 37) Overall, how satisfied are you regarding the care arrangement of the elderly person?

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied

Q 38) Overall, how satisfied is the elderly person with his/her care in your opinion?

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied

※ Now I will ask about any additional elderly people you're currently taking care of other than the elderly person about whom you've responded up to now.

Q 39) Are there any other elderly people who need care living with you in your household, other than the elderly person you've been responding about?

1. Yes

2. No → Skip to Q40

ID	Q39-1) Relationship with Respondent	Q39-2) Long-term Care Insurance Grade	Q39-3) Dementia Diagnosis				Q39-4) Living in institution or hospital		Q39-5) Average monthly care expenses (in past 3 months, in ₩10,000)
	Code 1. Father 2. Mother 3. Father of spouse 4. Mother of spouse 5. Grandparent 6. Other relative	Code 1. Grade 1 6. Cognitive Support 2. Grade 2 7. Type A 3. Grade 3 8. Type B 4. Grade 4 9. Type C 5. Grade 5 98. Not applicable	Mild	Moderate	Severe	Not Applicable	Yes	No	
1			1	2	3	8	1	2	
2			1	2	3	8	1	2	

Reference

Care expenses refer to total expenses on paid care services, expendable medicine (prescriptions, gauze, antiseptics, etc), medical appliances (wheelchair, etc), and special food like nutritional food for tube feeding.

Q 40) Are there any other elderly people who you don't live with but **visit at least once a month regularly** or **help financially**? Please exclude the elderly person you've been responding about or elderly people living with you.

1. Yes

2. No → Skip to Q41)

ID	Q40-1) Relationship with respondent	Q40-2) Long-term Care Insurance Grade	Q40-3) Dementia Diagnosis				Q40-4) Living in institution or hospital		Q40-5) Average monthly financial support (in past 3 months, in ₩10,000)	Q40-6) Visit Frequency				
	[See code below]		Mild	Moderate	Severe	Not applicable	Yes	No		Multiple times a day	Once a day	3+ times a week	1-2 times a week	1-2 times a month
1			1	2	3	8	1	2						
2			1	2	3	8	1	2						

Q40-1) Code

- 1. Father
- 2. Mother
- 3. Father of spouse
- 4. Mother of spouse
- 5. Grandparent
- 6. Other relative

Q40-2) Code

- 1. Grade 1
- 2. Grade 2
- 3. Grade 3
- 4. Grade 4
- 5. Grade 5
- 6. Cognitive support
- 7. Other: Type A
- 8. Other: Type B
- 9. Other: Type C
- 98. Not applicable

※ I will now ask about the quality of your life in general.

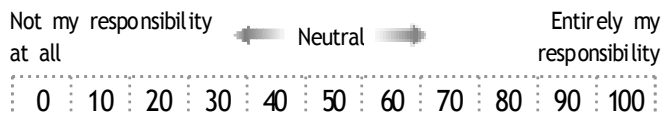
Q 41) How satisfied are you with your life in general?

- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Neither satisfied nor dissatisfied
- 4. Somewhat dissatisfied
- 5. Very dissatisfied

Q 42) How much **responsibility** do you feel for the health and safety of the elderly person you take care of?

I feel % responsibility for the health and safety of the elderly person I take care of.

Code



Q 43) In general, how much physical difficulty do you have taking care of the elderly person?

- 1. Not difficult at all
- 2. Not too difficult
- 3. Normal
- 4. Slightly difficult
- 5. Very difficult

Q 44) In general, how much stress do you have taking care of the elderly person?

- 1. Not stressful at all
- 2. Not too stressful
- 3. Normal
- 4. Slightly stressful
- 5. Very stressful

Q 45) Do you feel that you are short on time?

- 1. Always feel short on time
- 2. Sometimes feel short on time
- 3. Don't usually feel short on time
- 4. Never feel short on time

Q 46) Do you have the following experiences related to taking care of the elderly person? Please respond for every item.

List	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1) I don't get enough sleep because I need to take care of the elder.	1	2	3	4	5
2) I don't have enough time to take care of other family members because I need to take care of the elder.	1	2	3	4	5
3) I don't have enough time to do necessary housework because I need to take care of the elderly.	1	2	3	4	5
4) I don't have enough time to socialize like meeting friends or attending meetings because I need to take care of the elder.	1	2	3	4	5
5) I don't have enough leisure time because I need to take care of the elderly.	1	2	3	4	5

Q 47) How much fatigue do you usually feel after a normal workday?

1. Very tired
2. Slightly tired
3. Not very tired
4. Not tired at all

Q 48) How's your own health in general?

1. Very unhealthy
2. Somewhat unhealthy
3. Normal
4. Somewhat healthy
5. Very healthy

Q 49) Has your health changed in the past 1 year due to taking care of the elderly person? Please select all that apply.

1. I feel more tired.
2. I feel more depressed.
3. I experienced a loss in appetite.
4. It's hard to fall asleep.
5. I feel stressed.
6. I feel physically strained.
7. My health has deteriorated (developed an illness, etc).
8. My pre-existing illness has been exacerbated.
9. Other (Specify: _____)
98. Not applicable (No changes in health)

Q 50) How much free time for leisure, exercise, and/or rest do you have each day on average?

Leisure Time

Time that can be used to do leisure activities, exercise, rest, etc. excluding the time that is used for work, housework, sleeping at night, having meals, and time spent with the elderly person.

minutes per day

※ Lastly, I will ask you about some general characteristics.

Q 51) Have your employment or job-seeking activities been affected by your current elder carework?

1. Yes
2. No → Skip to Q52)

Q 51-1) If yes, please select all that apply.

1. I quit my job or business. → Skip to Q51-2)
 2. I switched to a less demanding job.
 3. I reduced my work hours.
 4. I reduced my work tasks and responsibilities.
 5. I adjusted my work hours for flexibility.
 6. I switched to working from home.
 7. I moved.
 8. I gave up/declined better work opportunities.
 9. Other (Specify : _____)
- For those who responded 2-9, skip to Q52) after responding

Q 51-2) (Only if responded 1 in Q51-1) What year did you quit your job?

Year:

Q 51-3) (Only if responded 1 in Q51-1) What was your monthly income before you quit your job? If possible, tell us the pre-tax amount on average.

(Amount in ₩10,000)

- | | |
|--------------|------------------|
| 1. Below 100 | 6. 300-350 |
| 2. 100-150 | 7. 350-400 |
| 3. 150-200 | 8. 400-450 |
| 4. 200-250 | 9. 450-500 |
| 5. 250-300 | 10. 500 or above |
| 6. 250-300 | |

Q 52) What do you think about the following statements?

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1) Employment is critical/needed for my personal growth and satisfaction.	1	2	3	4
2) A married couple should manage income/wages separately.	1	2	3	4
3) It is ideal for a man to have a job and for a woman to look after the household.	1	2	3	4
4) A married couple becomes equal if the woman also works.	1	2	3	4

Q 53) For the following items, please record the code that applies to you and your spouse.

If you've never been married, or are separated/divorced/widowed, please only respond to Q53-1) 'Respondent'.

List		Q 53-1) Respondent	Q 53-2) Spouse
1) Education Level	1. No schooling 2. Primary school graduate 3. Middle school graduate 4. High school graduate 5. College graduate 6. Graduate school graduate * Currently enrolled and drop out do not count as graduate.		
2) Employment Status	1. Employed 2. On leave 3. Unemployed, looking for work 4. Unemployed, not looking for work		
3) Employment Type	1. Regular employee 2. Temporary employee 3. Daily employee 4. Self-employed with employees 5. Self-employed with no employees 6. Unpaid family work		
4) Occupation	1. Administrative/managerial 2. Professional 3. Clerical 4. Service 5. Sales 6. Farming, fishing, forestry 7. Technician 8. Machinery, Engineer 9. Simple laborer 10. Soldier 11. Other (Specify: _____)		
5) Employment Contract	1. Full-time 2. Part-time		
6) Average Monthly Income (Amount in ₩10,000)	1. Below 100 2. Between 100-150 3. Between 150-200 4. Between 200-250 5. Between 250-300 6. Between 300-350 7. Between 350-400 8. Between 400-450 9. Between 450-500 10. 500 or above		
7) Average weekly work hours	<input type="text"/> : <input type="text"/> hours		
8) Commute Time	Time leave house for work <input type="text"/> : <input type="text"/>		
	Time arrive at house from work <input type="text"/> : <input type="text"/>		
9) Work on weekends	1. Work regularly on weekends 2. Work irregularly on weekends 3. Don't work on weekends		

Q 54) What is the current tenure of your (respondent's) household?

1. Owner-occupied
2. Key money deposit (*jeonse*, no monthly rent)
3. Monthly rent with security deposit
4. Monthly rent with no security deposit
5. Free of charge (includes company housing and official residence)

Q 55) What is the average monthly income and expenses of your household? Household income includes wage income, financial income, pension income and transfer income. If possible, please respond in pre-tax amount. (Amount in ₩10,000)

Q55-1) Average monthly household income	
Q55-2) Average monthly household expenditure	

1. Below 100
2. 100-150
3. 150-200
4. 200-250
5. 250-300
6. 300-350
7. 350-400
8. 400-450
9. 450-500
10. 500-550
11. 550-600
12. 600-650
13. 650-700
14. 700-750
15. 750-800
16. 800 or above

Thank you very much for responding.

※ Please respond only if you're currently employed.

Q 56) Do you think that your job and carework for the elderly are well balanced?

My job negatively affects my care for the elderly.		Well balanced		My care for the elderly negatively affects my job.
-2	-1	0	1	2

Q 57) How much time would you like to spend working in your job in order to take good care of the elderly?

days in a week

hours and minutes in a day

Q 58) If you were guaranteed a monthly income of ₩1,500,000 for the next 3 years, would you quit your job and take care of the elderly person yourself?

1. Yes
2. No

Q 58-1) (Only if responded 2 in Q58) How much guaranteed monthly income for the next 3 years would make you quit your job and take care of the elderly person yourself?

(in ₩10,000) monthly

9998. I will not quit my job and take care of the elderly myself even if I have guaranteed income.

To Record After Investigation

Respondent's Name	
Respondent's Phone Number	
Interview Date	Year: 2018 Month: <input type="text"/> : <input type="text"/> Day: <input type="text"/>
Interview Time	Start time: <input type="text"/> : <input type="text"/> End time: <input type="text"/> : <input type="text"/> Total: <input type="text"/> minutes

Investigator	Name				
	ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Validator	Name				
	ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Validation	1. Complete 2. Incomplete			(Signature)



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2018 South Korea Eldercare and Childcare Household Survey - Childcare

Introduction

Greetings!

This survey is part of the work of the Center for Transnational Migration and Social Inclusion at the Graduate School of International Studies, Seoul National University. Korea today confronts many challenges arising from the demographic changes related to low fertility and population aging. Amid this context, the provision of care for children and the elderly has ceased to be a matter of private concern for individuals and families and has now become a serious social issue. Nonetheless, there is insufficient understanding of by whom and how care is being provided for the young and the elderly.

Our research team endeavors to systematically survey how childcare and eldercare are currently being arranged in Korea so to search for ways to socially redistribute the care burdens primarily shouldered by individuals and families. After successfully administrating and analyzing the 2018 Eldercare and Childcare Survey, it is our goal to provide policy recommendations based on our research findings and thereby contribute to resolving the difficulties associated with childcare and eldercare.

All information provided will be coded and your personal information kept strictly confidential and completely erased upon termination of the survey period. We kindly request your participation in this survey, which will be invaluable for developing solutions to the provision of care in Korea. Thank you.

September 2018

Ki-Soo Eun

Professor, Graduate School of International Studies, Seoul National University

※ I agree.

(Please check in the box if you agree to participate in the survey based on the introduction above.)

※ The investigator fills out the boxes below.

Location	1. Seoul	2. Busan	3. Daegu	4. Incheon	5. Gwangju	6. Daejeon
	7. Ulsan	8. Sejong	9. Gyeonggi	10. Gangweon	11. Chungbuk	12. Chungnam
	13. Jeonbuk	14. Jeonnam	15. Gyeongbuk	16. Gyeongnam		
Size of location	1. Metropolis		2. Small and Medium Sized City		3. County (eup, myeon)	
Sex	1. Male		2. Female			

Principal Research Institution



서울대학교

Investigating Agency



■ Gallup Korea || Eunji Lee / Eunhye Jang || ☎ 02-3702-2686 / 2119

■ Seoul National University Graduate School of International Studies || ☎ 02-880-9220

This survey is only for “Childcare Eligible Households” as defined below.

A household with a female respondent (child’s mother) that takes the most care of a child (age below 10) excluding the care that’s done by paid careworkers (babysitters, daycare center teachers, etc).

Screening Questions

SQ1) Are there any children under the age of 10 in your household?

1. Yes → End Survey 2. No → End Survey

SQ2) Are you (the mother) the main caregiver of a child under the age of 10?

1. Yes → Skip to Q1-1 2. No → End Survey

Main Caregiver

*Main Caregiver refers to the person who lives with a child (under the age of 10) and is responsible for the general care of the child or takes the most care of the child excluding paid caregivers (babysitters, daycare center teachers, etc).

※ I will ask about the people who are currently living with you in your household.

Q 1-1) First, what are the genders of the head of your household (the person who represents and is responsible for the household) and household members?

Q 1-2) What are their ages? (E.g. : For those born in 1978, age is 2018 - 1978 = 40)

Q 1-3) What are the relationships of the household members with the household head?

Q 1-4) Which household member is you?

Household Member ID	List	Q1-1) Sex		Q1-2) Age	Q1-3)		Q1-4) Respondent
		Male	Female	2018 - Birth year	Relationship with household head		
01	Head	1	2		0	0	1
02	Member2	1	2				2
03	Member3	1	2				3
04	Member4	1	2				4
05	Member5	1	2				5
06	Member6	1	2				6
07	Member7	1	2				7
08	Member8	1	2				8
09	Member9	1	2				9
10	Member10	1	2				10

Q1-1-3) Code

- | | | | |
|--------------------------|-----------------------|-----------------------------|-----------------------|
| 00. Head of household | 04. Parent | 08. Unmarried child | 12. Other relative |
| 01. Spouse | 05. Parent of spouse | 09. Married child | 13. Non-relative |
| 02. Paternal grandparent | 06. Sibling | 10. Spouse of married child | (Friend/Acquaintance) |
| 03. Maternal grandparent | 07. Sibling of spouse | 11. Grandchild | |

Q 2) Please tell me about your children under the age of 10. If you have more than one child under the age of 10, please respond in order of age (older child first).

Child ID	Q 2-1) General Health		Q 2-2) Whether they are ill		Q 2-3) Whether attending primary school		Q 2-4) Grade in primary school		
	Good	Bad	Yes	No	No	Yes	1 st Grade	2 nd Grade	3 rd Grade
01	1	2	1	2	1	2	1	2	3
02	1	2	1	2	1	2	1	2	3
03	1	2	1	2	1	2	1	2	3
04	1	2	1	2	1	2	1	2	3
05	1	2	1	2	1	2	1	2	3

Q 3) Have you ever decided on where to live based primarily on the needs of childcare?

1. Yes →

2. No



Q 3-1) (Only if responded 1 in Q3) If yes, what was the case?

1. I started to **live together with other family members** (parents, etc) to receive their help with childcare.
2. I **moved closer to other family members** (parents, etc) to receive their help with childcare.
3. I moved to another **region where (paid) care services are available.**
4. I moved to a region with **good schools.**
5. Other (Specify: _____)

Q 4) Please record how frequently you engaged in the care activities listed in the cards over the past month, and record how much difficulty you experienced.

* If you have more than 1 child under age 10, please respond regarding the **youngest child.**

List	Care Recipient Child (Child ID: <input type="text" value=" : : : "/>)										
	Q4-1) Frequency					Q4-2) Difficulty					
	None	Many times a day	Once a day	3+ times a week	1-2 times a week	1-2 times a month	Very difficult	Somewhat difficult	Neutral	Not too difficult	Not difficult at all
1) Help put on/take off clothes or undergarments	0	1	2	3	4	5	1	2	3	4	5
2) Help with washing their face, brushing their teeth, washing their hands, etc.	0	1	2	3	4	5	1	2	3	4	5
3) Help enter/exit the bathroom, clean and dress after toilet use (including changing diapers)	0	1	2	3	4	5	1	2	3	4	5
4) Help bathe or shower	0	1	2	3	4	5	1	2	3	4	5
5) Holding child, carrying child on back, helping child move around	0	1	2	3	4	5	1	2	3	4	5
6) Help eat or drink	0	1	2	3	4	5	1	2	3	4	5
7) Prepare food and clean dishes	0	1	2	3	4	5	1	2	3	4	5
8) Housework (cleaning, laundry, organizing)	0	1	2	3	4	5	1	2	3	4	5
9) Help taking the right dosage of medication at set times	0	1	2	3	4	5	1	2	3	4	5
10) Going to the hospital together, picking up prescriptions	0	1	2	3	4	5	1	2	3	4	5
11) Having a conversation or playing indoors (including reading books)	0	1	2	3	4	5	1	2	3	4	5
12) Watching TV or other media together	0	1	2	3	4	5	1	2	3	4	5
13) Taking a walk (including outdoor playgrounds)	0	1	2	3	4	5	1	2	3	4	5
14) Help with transportation (using public transportation, giving a ride in the car, commuting to/from daycare/school, etc.)	0	1	2	3	4	5	1	2	3	4	5

Q 4-3) If you were provided with financial assistance to use a care service, what type of care activity would you like to be done by a care worker or a care institution?
Please choose up to 3 care activities from the list above.

1st		2nd		3rd	
-----	--	-----	--	-----	--

Q 4-4) If you yourself were able to do more carework (given more time, etc), what types of care activity would you like to do yourself?
Please choose up to 3 care activities from the list above.

1st		2nd		3rd	
-----	--	-----	--	-----	--

Q 4-5) Over the past 3 months, has there been anyone who shared or engaged in care activities other than you? Who was it? If there were multiple people, please choose one person who engaged the **most frequently** in the activity.

Care Activity	Q4-5-1) Anyone else contributed to the activity?	Q4-5-2) Who shares or does activity
1) Giving the child a bath		
2) Taking the child to the hospital (when sick, for vaccinations, emergency room, dentist, etc.) and consulting with the doctor		
3) Looking into child's care/treatment services and scheduling		
4) Taking the child to or waiting outside of the daycare center/school/private academy, etc.		
5) Attending events at the child's daycare center/school/private academy		

Q4-5-1) Code

1. Solely done by myself
2. Sometimes shared or done by someone else
8. Not applicable (Child doesn't need care)

Q4-5-2) Code

1. Child's father
2. Child's maternal grandparents
3. Child's paternal grandparents
4. Child's uncle/aunt
5. Other relative
6. Acquaintance (friend, neighbor, etc)
7. Paid caregiver (babysitter, etc)
8. Other: _____
98. No one helped.

Q 5) Over the past month, have your children been at home by themselves without a caregiver for more than 1 hour?

1. Yes 2. No → Skip to Q6)

Q 5-1) (Only if responded 1 in Q5) If yes, how long do(es) the child(ren) stay home by themselves on average?

days in a week hours in a day

※ From now on, please respond regarding the youngest child under the age of 10 living in your household.

Q 6) Over the past month, how much time did you spend caring for the child every day on average?

Time Spent on Care

Refers to time spent on caring for the child while he/she was not sleeping and was awake. Time spent on care includes time spent on not only direct care (helping with food consumption, dressing, etc) but also indirect care (supervising, accompanying, scheduling care services, etc).

▪ days during the week
 hours minutes on a weekday

▪ days during the weekend
 hours minutes on a weekend day

Q 7) If you could choose, how much time would you like spend caring for your child on average in a day?

▪ days during the week
 hours minutes on a weekday

▪ days during the weekend
 hours minutes on a weekend day

Q 8) Below is a timetable of your child's day. Please indicate who mainly took care of him/her at each hour of yesterday.
 (If you're not sure about yesterday, please respond regarding the most recent day you can recall. If your child was sleeping in a different room, please select the people who were in the same house. Please select '7. Child alone' only if the child was alone in the house with no one else present.)

Code

- | | |
|--------------------|----------------------------------|
| 1. Respondent | 2. Other family member |
| 3. Home-visit care | 4. Institution (Daycare, school) |
| 5. Private academy | 6. Child with his/her siblings |
| 7. Child alone | 8. Other (Specify: _____) |

6am	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm
6pm	7pm	8pm	9pm	10pm	11pm	12am	1am	2am	3am	4am	5am

Q 9) Do you use any care institutions or home-visit care services (child care service, babysitter, etc.) to care for your child?

1. Yes →

2. No →

Q 9-1) (Only if responded 2 in Q9) What is the main reason you don't use any external services?

1. We don't feel the need to use outside services
2. I think a mother should take direct care of her child.
3. The service fees are too expensive.
4. I can't trust external services.
5. There are no services that I can use.
6. I didn't know there are services I could use.
7. My child doesn't like or refuses to use external services.
8. Other (Specify: _____)

→

(Only if responded 1 in Q9)

Q 10-1) What are the care services your child has used over the past month? Please select all in order of usage from the code below.

Q 10-2) How many days do you use this service during the week and during the weekend on average?

Q 10-3) How many hours a day do you use this service on average, separately for weekdays and weekend?

Q 10-4) How much do you spend monthly to use this service on average? Please record the amount excluding subsidies.

Q 10-5) Do you receive subsidies or vouchers to use this service?

Q 10-6) How satisfied are you with this service?

Q10-1) Care service	Q10-2) Days of use on average		Q10-3) Time of use per day on average (Cannot exceed 24 hours)		Q10-4) Monthly fees for service use on average (in ₩10,000)	Q10-5) Whether receive subsidy		Q10-6) Satisfaction of service use				
	Weekdays	Weekend	Weekdays	Weekend		Yes	No	Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied
[Code Below]						1	2	1	2	3	4	5
	:days	:days	:hours	:hours		1	2	1	2	3	4	5
	:days	:days	:hours	:hours		1	2	1	2	3	4	5
	:days	:days	:hours	:hours		1	2	1	2	3	4	5
	:days	:days	:hours	:hours		1	2	1	2	3	4	5
	:days	:days	:hours	:hours		1	2	1	2	3	4	5

Q10-1) Code

- | | |
|--|--|
| 1. Daycare center(including nurseries) | 2. Kindergarten(including activity-focused private childcare center) |
| 3. Elementary school after-school childcare | 4. Elementary school after-school programs |
| 5. Community child care center | 6. Programs provided by public institutions |
| 7. Private extra-curricular programs
(provided by department stores, religious institutions, etc) | 8. Private academy
(English kindergarten, youth sports team, etc) |
| 9. Private home visit education
(academic sitter, tutoring, workbooks, online lectures, etc) | 10-1. Public child caregiver (part-time standard care) |
| 10-2. Public child caregiver (part-time comprehensive care) | 10-3. Public child caregiver (all-day care) |
| 11-1. Babysitter that helps child commute | 11-2. Part-time babysitter |
| 11-3. Babysitter that specializes in childcare and housework | 11-4. Babysitter that specializes in play-based education |
| 11-5. Live-in nanny | 12. Domestic worker |
| 13. Community shared-care (Neighborhood childcare center) | 14. Other (Specify: _____) |

Q 10-7) If you were guaranteed a monthly income of ₩1,500,000, would you take care of your child without using any external services or care centers?

1. Yes

2. No

Q 11) Over the past year, have you ever used the following services provided by the government? Please select the ones you've used and record how many times you've used the services and how much they cost.

Q11-1) Care Service	Q11-2) Number of times used in 1 year on average	Q11-3) Amount of subsidy/voucher (in ₩10,000)	Q11-4) Fees for service use paid by household (in ₩10,000)
1. Emergency childcare voucher			
2. Short-term childcare voucher			
3. Extended-hour childcare subsidy			
4. After-school childcare subsidy			
5. After-school program pass			
6. Emergency welfare and education subsidy			
9. Don't use any vouchers			

Q 12) How closely do the following statements describe the care institutions or services that your child mainly uses? Please respond regarding the care service the child uses most frequently.

Statements about the care service	Strongly disagree	Some what disagree	Neutral	Some what agree	Strongly agree
1) I can usually influence the time for receiving care.	1	2	3	4	5
2) The staff usually informs me beforehand about changes in the schedule or care activities.	1	2	3	4	5
3) I can freely discuss with the caregiver or institution about my questions or requests.	1	2	3	4	5
4) I receive enough information about the care from the caregiver or institution.	1	2	3	4	5

Q 13) How do you feel about your family's expenditures on childcare services every month?

1. Very expensive
2. Somewhat expensive
3. Reasonable
4. Not too expensive
5. Very affordable

.....
6. Not applicable (don't have expenses on care services)

Q 14-1) Over the past year, how much did you spend monthly on average on your youngest child's baby formula and diapers?

(in ₩10,000)

Q 14-2) Have you ever given a paid caregiver extra money or gifts?

1. Yes
2. No

Q 14-3) Other than the child you've responded about so far, are there any other children under the age of 10 in your household?

1. Yes
2. No →

Q 14-4) (Only if responded 1 in Q14-3) If yes, please record the average monthly care expenses for each additional child.

(Please exclude expenses on children aged 10 or above.)

Additional Child ID	Average monthly care expenses (in past 3 months, in ₩10,000)
1	
2	

Care Expenses

Please see list of care services in Q10-1 and record additional expenses for children under age 10.

Q 15) How financially helpful are the care subsidies you currently receive from the government or public institutions such as daycare subsidy, children's allowance, etc?

1. Not helpful at all
2. Not too helpful
3. Neutral
4. Somewhat helpful
5. Very helpful

8. Not applicable (don't receive subsidy)

Q 16) Do you receive financial help for childcare expenses from the child's grandparents?
(Financial help includes giving cash directly and paying for paid care services).

1. They give financial help regularly.
 2. They give financial help irregularly.
 3. They don't give financial help.
- 8. Not applicable (They're not alive)

Skip to Q17

Q 16-1) (Only if responded 1 in Q16) How much is the financial help from the child's grandparents on average?

(in ₩10,000) per month

Q 17) How is your household's current financial situation compared to when you started to raise your first child?

1. Our financial situation **worsened a lot** compared to when I started to raise my first child.
2. Our financial situation **slightly worsened** compared to when I started to raise my first child.
3. There **isn't much difference** in our financial situation.
4. Our financial situation **slightly improved** compared to when I started to raise my first child.
5. Our financial situation **improved a lot** compared to when I started to raise my first child.

Q 18) Who mainly decides **how to take care of the children** in your household?

1. I (child's mother) mainly decide.

2. The child's father mainly decides. →

Skip to Q18-2)

3. The child's grandparents mainly decide. →

Skip to Q18-3)

4. My spouse and I decide together.

5. Other (Specify: _____) →

Skip to Q19)

Q 18-1) (Only if responded 1 in Q18) Why do **you (child's mother)** mainly decide?

1. Because the mother takes the most responsibility for the child.
2. Because the mother is more involved in raising the child than the father.
3. Because the mother is more knowledgeable about child rearing than the father.
4. Because the mother earns more income than the father.
5. Because the mother is more educated than the father.
6. Other (Specify: _____)

Q 18-2) (Only if responded 2 in Q18) Why does the **child's father** mainly decide?

1. Because the father takes the most responsibility for the child.
2. Because the father is more involved in raising the child than the mother.
3. Because the father is more knowledgeable about child rearing than the mother.
4. Because the father earns more income than the mother.
5. Because the father is more educated than the mother.
6. Other (Specify: _____)

Q 18-3) (Only if responded 3 in Q18) Why does the **child's grandparent(s)** mainly decide?

1. Because the grandparent(s) take the most responsibility for the child.
2. Because the grandparent(s) spend the most on the child's care services.
3. Because they are the most knowledgeable about child rearing.
4. Because they are more involved in child rearing than the parents.
5. Because they are the eldest.
6. Other (Specify: _____)

Q 19) I will ask about different scenarios that can happen while you take care of your children. What do you think about the following statements based on your general experience taking care of your children?

Scenarios of taking care of children	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1) I usually take care of the children at home by myself.	1	2	3	4	5
2) I have time to eat my meals without distraction.	1	2	3	4	5
3) There are times when I have to take care of multiple tasks at once while taking care of the children.	1	2	3	4	5
4) There are times when I need to hold the child or carry something heavy.	1	2	3	4	5
5) I need to watch the child at all times.	1	2	3	4	5

Q 20) Below is a list of experiences you could have as you take care of your child. What are your thoughts?

List	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1) Taking care of the child is meaningful work to me.	1	2	3	4	5
2) Taking care of the child allows for personal improvement.	1	2	3	4	5
3) Taking care of the child allows me to feel proud.	1	2	3	4	5
4) Taking care of the child is complicated by unrealistic expectations and demands from family members.	1	2	3	4	5
5) I feel like I'm losing my life by taking care of the child.	1	2	3	4	5
6) I want to be free from this situation.	1	2	3	4	5

Q 21) What are your thoughts on the following statements regarding relationships between you and other family members?

List	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree	Not applicable
1) I have a good relationship with my child.	1	2	3	4	5	X
2) My child doesn't listen to me.	1	2	3	4	5	X
3) I feel angry at my spouse who doesn't take care of our child.	1	2	3	4	5	8

Q 22) How has your relationship with your spouse(husband) changed compared to before you started taking care of your child?

1. The relationship improved a lot.
2. The relationship improved slightly.
3. The relationship is the same as before.
4. The relationship worsened slightly.
5. The relationship worsened a lot.
-
8. No spouse

Q 23) In your opinion, how much of childcare is the government's responsibility? Record within the range of 0-100%.

%

Code

Government has no responsibility at all. ← Neutral → Government is responsible for all childcare.

0 10 20 30 40 50 60 70 80 90 100

Q 24) If you or someone else who was scheduled to take care of the child has an emergency and cannot take care of the child, who do you usually call for help?

1. Spouse
2. Child's grandparents
3. My siblings
4. Other relatives
5. Child's siblings
6. Neighbor or friend
7. Private childcare service
8. Government's urgent voucher service
9. Other (Specify: _____)

98. Nowhere to ask for help

※ Now I will ask about how much your family members contribute to taking care of the children.

Q 25) How much time does your spouse take care of your children per day on average? Please respond regarding the past month, separately for weekdays and for the weekend.

(If spouse did not take care of the children at all, please record '0')

- days during the week
 hours minutes on a weekday
- days during the weekend
 hours minutes on a weekend day

98. No spouse →

Q 26) How much time would you like your spouse to take care of your children per day on average?

- days during the week
 hours minutes on a weekday
- days during the weekend
 hours minutes on a weekend day

Q 27) In your opinion, how much does your spouse participate in taking care of the children? If all childcare work is 100%, please record what % of the total work is done by your spouse.

%

Code

No participation at all (You do all of the carework) ← Neutral → All of the carework is done by spouse.

0 10 20 30 40 50 60 70 80 90 100

Q 28) How satisfied are you with the division of childcare work with your spouse?

1. Very satisfied
2. Somewhat satisfied
3. Neither dissatisfied nor satisfied
4. Somewhat dissatisfied
5. Very dissatisfied

Q 29) How satisfied is your spouse with the division of childcare work with you?

1. Very satisfied
2. Somewhat satisfied
3. Neither dissatisfied nor satisfied
4. Somewhat dissatisfied
5. Very dissatisfied

Q 30) Are there any family members or relatives (other than your spouse) who **take regular care of your child**?

1. Yes 2. No →

Q 30-1) Please select up to 2 household members other than your spouse who take care of your child.

Q 30-2) Does he/she live with you or live separately?

Q 30-3) How many days a week does he/she take care of your child on average?

Q 30-4) How many minutes a day does he/she take care of your child on average?

Q 30-5) Do you financially compensate for their help with childcare? If so, how much do you give them? (Compensation can include monthly allowances and support of living expenses. If there is no compensation, please record '0'.)

Q 30-6) How satisfied are you with their help with childcare?

Q30-1) Household member that helps with childcare	Q30-2) Whether living together		Q30-3) Average days of childcare per week	Q30-4) Average time of childcare per day	Q30-5) Amount of financial compensation (Average monthly amount, in ₩10,000)	Q30-6) Satisfaction with their help				
Code 1. Child's maternal grandfather 2. Child's maternal grandmother 3. Child's paternal grandfather 4. Child's paternal grandmother 5. Another relative of the child (aunt, uncle, etc.)	Yes	No	days	hours		Very satisfied	Somewhat satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied
	1	2	days	hours		1	2	3	4	5
	1	2	days	hours		1	2	3	4	5

Q 31) Overall, how satisfied are you regarding the care arrangement of your child(ren)?

1. Very satisfied
2. Somewhat satisfied
3. Neither dissatisfied nor satisfied
4. Somewhat dissatisfied
5. Very dissatisfied

※ Now I will ask about any additional people you're currently taking care of other than the child you've responded about up to now.

Q 32) Are there any elderly people who need care living with you in your household?

1. Yes 2. No → Skip to Q33)

ID	Q32-1) Relationship with Respondent	Q32-2) Long-term Care Insurance Grade		Q32-3) Dementia Diagnosis				Q32-4) Living in institution or hospital		Q32-5) Average monthly care expenses (in past 3 months, in ₩10,000)
	Code 1. Father 2. Mother 3. Father of spouse 4. Mother of spouse 5. Grandparent 6. Other relative	Code 1. Grade 1 2. Grade 2 3. Grade 3 4. Grade 4 5. Grade 5 6. Cognitive Support 7. Other: Type A 8. Other: Type B 9. Other: Type C 98. Not applicable		Mild	Moderate	Severe	Not Applicable	Yes	No	
1				1	2	3	8	1	2	
2				1	2	3	8	1	2	

Reference

Care expenses refer to total expenses for paid care services, expendable medicine (prescriptions, gauze, antiseptics, etc), medical appliances (wheelchairs, etc), and special food like nutritional food for tube feeding.

Q 33) Are there any other elderly people who you don't live with but visit at least once a month regularly or help financially?

1. Yes 2. No → Skip to Q34)

ID	Q33-1) Relationship with respondent	Q33-2) Long-term Care Insurance Grade	Q33-3) Dementia Diagnosis				Q33-4) Living in institution or hospital		Q33-5) Average monthly financial support (in past 3 months, in ₩10,000)	Q33-6) Visit Frequency				
	[See code below]		Mild	Moderate	Severe	Not applicable	Yes	No		Multiple times a day	Once a day	3+ times a week	1-2 times a week	1-2 times a month
1			1	2	3	8	1	2		1	2	3	4	5
2			1	2	3	8	1	2		1	2	3	4	5

Q33-1) Code

- | | | |
|---------------------|----------------|---------------------|
| 1. Father | 2. Mother | 3. Father of spouse |
| 4. Mother of spouse | 5. Grandparent | 6. Other relative |

Q33-2) Code

- | | | | | | |
|----------------------|------------------|------------------|------------------|--------------------|--|
| 1. Grade 1 | 2. Grade 2 | 3. Grade 3 | 4. Grade 4 | 5. Grade 5 | |
| 6. Cognitive support | 7. Other: Type A | 8. Other: Type B | 9. Other: Type C | 98. Not applicable | |

※ I will now ask about the quality of your life in general.

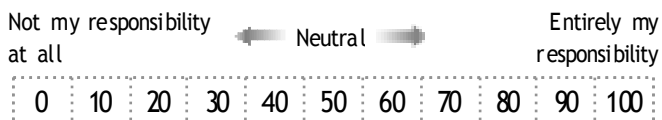
Q 34) How satisfied are you with your life in general?

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied

Q 35) How much **responsibility** do you feel for the health and safety of your children?

I feel % responsibility for the health and safety of my children.

Code



Q 36) In general, how much physical difficulty do you have taking care of your children?

1. Not difficult at all
2. Not too difficult
3. Normal
4. Slightly difficult
5. Very difficult

Q 37) In general, how much stress do you have taking care of your children?

1. Not stressful at all
2. Not too stressful
3. Normal
4. Slightly stressful
5. Very stressful

Q 38) Do you feel that you are short on time?

1. Always feel short on time
2. Sometimes feel short on time
3. Don't usually feel short on time
4. Never feel short on time

Q 39) Do you have the following experiences related to taking care of your child(ren)? Please respond for every item.

List	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1) I don't get enough sleep because I need to take care of my child(ren).	1	2	3	4	5
2) I don't have enough time to take care of other family members because I need to take care of my child(ren).	1	2	3	4	5
3) I don't have enough time to do necessary housework because I need to take care of my child(ren).	1	2	3	4	5
4) I don't have enough time to socialize like meeting friends or attending meetings because I need to take care of my child(ren).	1	2	3	4	5
5) I don't have enough leisure time because I need to take care of my child(ren).	1	2	3	4	5

Q 40) How much fatigue do you usually feel after a normal workday?

1. Very tired
2. Slightly tired
3. Not very tired
4. Not tired at all

Q 41) How's your own health in general?

1. Very healthy
2. Somewhat healthy
3. Normal
4. Somewhat unhealthy
5. Very unhealthy

Q 42) Has your health changed over the past year due to taking care of your child(ren)? Please select all that apply.

1. I feel more tired.
2. I feel more depressed.
3. I experienced a loss in appetite.
4. It's hard to fall asleep.
5. I feel stressed.
6. I feel physically strained.
7. My health has deteriorated (developed an illness, etc).
8. My pre-existing illness has been exacerbated.
9. Other (Specify: _____)
98. Not applicable (No changes in health)

Q 43) How much free time for leisure, exercise, and/or rest do you have each day on average?

Leisure Time

Time that can be used to do leisure activities, exercises, rest, etc. excluding the time that is used for labor work, housework, sleeping at night, having meals, and time spent with children.

minutes per day

※ Lastly, I will ask you about some general characteristics.

Q 44) This is a question about your past work history. Please tell me about your employment status from pre-marriage to when you gave birth. (Employment status is based on "work at least 1 hour in a week for income".)

List	44-1) Employment Status	44-2) Occupation	44-3) Average monthly income	44-4) Reason for quitting
Before marriage				
After marriage				
Before giving birth to first child				
After giving birth to first child				
Before giving birth to second child				
After giving birth to second child				

Q44-1) Code

1. Employed 2. On leave 3. Unemployed →

Q44-2) Code

1. Administrative/managerial 2. Professional 3. Clerical
 4. Service 5. Sales 6. Farming, fishing, forestry
 7. Technician 8. Machinery, Engineer 9. Simple laborer
 10. Other (Specify: _____)

Q44-3) Code

1. Below 100 2. Between 100-150 3. Between 150-200 4. Between 200-250
 5. Between 250-300 6. Between 300-350 7. Between 350-400 8. Between 400-450
 9. Between 450-500 10. 500 or above

Q44-4) Code

1. Marriage (Quit by choice) 2. Spouse or other family opposed 3. For childcare
 4. Laid off from work 5. To take care of family's health or dependents 6. Respondent's own health problems
 7. The company closed 8. For school 9. Other (Specify: _____)

Q 45) Has taking care of your child(ren) affected your employment or job-seeking activities?

- 1. Yes
- 2. No → Skip to Q46)

Q 45-1) If yes, please select all that apply.

- 1. I quit my job or business.
- 2. I switched to a less demanding job.
- 3. I reduced my work hours.
- 4. I reduced my work tasks and responsibilities.
- 5. I adjusted my work hours for flexibility.
- 6. I switched to working from home.
- 7. I moved.
- 8. I gave up/declined better work opportunities.
- 9. Other (Specify: _____)

Q 46) What do you think about the following statements?

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1) Employment is critical/needed for my personal growth and satisfaction.	1	2	3	4
2) A married couple should manage income/wages separately.	1	2	3	4
3) It is ideal for a man to have a job and for a woman to look after the household.	1	2	3	4
4) A married couple becomes equal if the woman also works.	1	2	3	4

Q 47) What is the current tenure of your (respondent or spouse or household member's) household?

- 1. Owner-occupied
- 2. Key money deposit (*jeonse*, no monthly rent)
- 3. Monthly rent with security deposit
- 4. Monthly rent with no security deposit
- 5. Free of charge (includes company housing and

official residence)

Q 48) What is the average monthly income and expenses of your household? Household income includes wage income, financial income, pension income and transfer income. If possible, please respond in pre-tax amount. (Amount in ₩10,000)

Q48-1) Average monthly household income	
Q48-2) Average monthly household expenditure	

- 1. Below 100
- 2. 100-150
- 3. 150-200
- 4. 200-250
- 5. 250-300
- 6. 300-350
- 7. 350-400
- 8. 400-450
- 9. 450-500
- 10. 500-550
- 11. 550-600
- 12. 600-650
- 13. 650-700
- 14. 700-750
- 15. 750-800
- 16. 800 or above

Q 49) For the following items, please record the code that applies to you and your spouse.

If you've never been married, or are separated/divorced/widowed, please only respond for 'Respondent'.

List		Q 53-1) Respondent	Q 53-2) Spouse
1) Education Level	1. No schooling 2. Primary school graduate 3. Middle school graduate 4. High school graduate 5. College graduate 6. Graduate school graduate * Currently enrolled and drop out do not count as graduate.		
2) Employment Status	1. Employed 2. On leave 3. Unemployed, looking for work 4. Unemployed, not looking for work		
3) Employment Type	1. Regular employee 2. Temporary employee 3. Daily employee 4. Self-employed with employees 5. Self-employed with no employees 6. Unpaid family work		
4) Occupation	1. Administrative/manageria 2. Professional 3. Clerical 4. Service 5. Sales 6. Farming, fishing, forestry 7. Technician 8. Machinery, Engineer 9. Simple laborer 10. Military 11. Other (Specify: _____)		
5) Employment Contract	1. Full-time 2. Part-time		
6) Average Monthly Income (Amount in ₩10,000)	1. Below 100 2. Between 100-150 3. Between 150-200 4. Between 200-250 5. Between 250-300 6. Between 300-350 7. Between 350-400 8. Between 400-450 9. Between 450-500 10. 500 or above		
7) Average weekly work hours	<input type="text"/> hours		
8) Commute Time	Time leave house for work <input type="text"/> : <input type="text"/>		
	Time arrive at house from work <input type="text"/> : <input type="text"/>		
9) Work on weekends	1. Work regularly on weekends 2. Work irregularly on weekends 3. Don't work on weekends		

* Please respond only if you're currently employed.

Q 50) Do you think that your job and childcare work are well balanced?

My job negatively affects childcare.	←	Well balanced	→	Childcare negatively affects my job.
-2	-1	0	1	2

Q 51) How much time would you like to spend working in your job in order to take good care of your child(ren)?

days in a week

hours and minutes in a day

Q 52) If you were guaranteed a monthly income of ₩1,500,000 for the next 3 years, would you quit your job and take care of your child(ren) yourself?

1. Yes
2. No

Q 52-1) (Only if responded 2 in Q52) How much guaranteed monthly income for the next 3 years would make you quit your job and take care of your child(ren) yourself?

(in ₩10,000) monthly

9998. I will not quit my job and take care of the child(ren) myself even if I have guaranteed income.

Thank you very much for responding.

To Record After Investigation

Respondent's Name	
Respondent's Phone Number	
Interview Date	<input type="text"/> m : <input type="text"/> m / <input type="text"/> d : <input type="text"/> d / 2018
Interview Time	Start time: <input type="text"/> : <input type="text"/> End time: <input type="text"/> : <input type="text"/> Total response time: <input type="text"/> minutes

Investigator	Name				
	ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Validator	Name				
	ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Validation		1. Complete	2. Incomplete:	(Signature)	



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Gallup 2018-166-007-01

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2018 South Korea Paid Carework Survey - Eldercare

Introduction

Greetings!

This survey is part of the work of the Center for Transnational Migration and Social Inclusion at the Graduate School of International Studies, Seoul National University. Korea today confronts many challenges arising from the demographic changes related to low fertility and population aging. Amid this context, the provision of care for children and the elderly has ceased to be a matter of private concern for individuals and families and has now become a serious social issue. Nonetheless, there is insufficient understanding of by whom and how care is being provided for the young and the elderly.

Our research team endeavors to systematically survey how childcare and eldercare are currently being arranged in Korea so to search for ways to socially redistribute the care burdens primarily shouldered by individuals and families. After successfully administrating and analyzing the 2018 Eldercare and Childcare Survey, it is our goal to provide policy recommendations based on our research findings and thereby contribute to resolving the difficulties associated with childcare and eldercare.

All information provided will be coded and your personal information kept strictly confidential and completely erased upon termination of the survey period. We kindly request your participation in this survey, which will be invaluable for developing solutions to the provision of care in Korea. Thank you.

September 2018

Ki-Soo Eun

Professor, Graduate School of International Studies, Seoul National University

※ I agree.

(Please check in the box if you agree to participate in the survey based on the introduction above.)

※ The investigator fills out the boxes below.

Location	1. Seoul	2. Busan	3. Daegu	4. Incheon	5. Gwangju	6. Daejeon
	7. Ulsan	8. Sejong	9. Gyeonggi	10. Gangweon	11. Chungbuk	12. Chungnam
	13. Jeonbuk	14. Jeonnam	15. Gyeongbuk	16. Gyeongnam		
Size of location	1. Metropolis		2. Small and Medium Sized City		3. County (eup, myeon)	
Type of Carework	1. Home-visit		2. Institution		3. Informal personal contract	

Principal Research Institution



서울대학교

Investigating Agency



■ Gallup Korea || Eunji Lee / Eunhye Jang || ☎ 02-3702-2686 / 2119

■ Seoul National University Graduate School of International Studies || ☎ 02-880-9220

Eldercare

※ I will ask about the type, intensity, and time spent on carework. In this survey, "carework" refers to paid work related to caring for a person who needs help with daily activities.

Q 1) Over the past month, how many **days per week** did you do paid carework on average? Please respond separately for weekdays and weekend.

* Please record '0' if you did not engage in paid carework.

days during the week

days during the weekend

Q 2) Over the past month, how many **hours per day** did you do carework on average? Please record separately for a weekday and a day of the weekend.

* Please record '0' if you did not engage in paid carework.

hours minutes on a weekday

hours minutes on a weekend day

Q 3) Have you done any **night shift carework** over the past month?

※ **Night shift** refers to work between the hours of 6pm-6am the next day.

1. Yes

2. No → Skip to Q4)

Q 3-1) (Only if responded 1 in Q3) How many **days per week** do you work night shifts on average?

days per week

Q 3-2) (Only if responded 1 in Q3) What time does your **night shift carework** start and end usually? If the time slot changes frequently, please respond regarding the most recent night shift.

(E.g.: Work from 7:30pm to 2:30am the next day

= Record as 19:30, 02:30)

Start time: :

End time: :

Q 4) Where do you do your paid carework most of the time? Please respond regarding your current workplace. Select all that apply.

1. Commute to and from care recipient's house
2. Reside and work at care recipient's house
3. Care for recipient at respondent's own house
4. Work at an institution or care center

Skip to Q5)

Q 4-1) (Only if responded 1 in Q4) Over the past week, how many **houses** did you visit in a day on average?

houses

Q 5) How many care recipients have you taken care of over the past week?

1. 1 person
2. 2 people
3. 3 people
4. 4 people
5. 5 people or more

※ Now I will ask you about the elderly people to whom you are providing care. If you're taking care of more than 5 people, please select 5 people that require the most care hours or are the most strenuous to care for.

- Q 6-1) How old is the elderly person you're currently taking care of?
- Q 6-2) What is the sex of the elderly person you're currently taking care of?
- Q 6-3) Has she/he been diagnosed with dementia by a doctor?
- Q 6-4) What is his/her Long-term Care Insurance rating?
- Q 6-5) Where do you take care of the elderly person?
- Q 6-6) How long have you taken care of him/her?
- Q 6-7) How many times a week do you visit his/her house? If you take care of him/her in an institution, please select '0. Don't visit'.
- Q 6-8) (For home visits) How many hours do you take care of him/her in one visit?

ID	Q6-1) Age	Q6-2) Sex		Q6-3) Dementia Diagnosis		Q6-4) Long-term Care Insurance Grade Code 1. Grade 1 6. Cognitive support 2. Grade 2 7. Other: Type A 3. Grade 3 8. Other: Type B 4. Grade 4 9. Other: Type C 5. Grade 5 98. Not applicable	Q6-5) Carework Place					Q6-6) Years and months of care given		Q6-7) Number of visits per week						Q6-8) Average hours and minutes spent on 1 visit		
		Male	Female	Yes	No		Care recipient's house	Respondent's house	Other person's house	Institution/center	Other	years	months	Don't visit	1time	2times	3times	4times	5times	6times or more	hours	minutes
1		1	2	1	2		1	2	3	4	5			0	1	2	3	4	5	6		
2		1	2	1	2		1	2	3	4	5			0	1	2	3	4	5	6		
3		1	2	1	2		1	2	3	4	5			0	1	2	3	4	5	6		
4		1	2	1	2		1	2	3	4	5			0	1	2	3	4	5	6		
5		1	2	1	2		1	2	3	4	5			0	1	2	3	4	5	6		

Q 7) This is a question on specific care activities you engage in your carework. Over the past month, how many times have you done the following care activities and how difficult were they? If you work at an institution, please respond regarding one of the care recipients from Q 6). If you don't work at an institution and you're taking care of more than 1 person, please choose the care recipient you take care of the most (or with the highest carework intensity).

List	Elderly Care Recipient (ID:)										
	Q7-1) Frequency						Q7-2) Difficulty				
	None	Many times a day	Once a day	3+ times a week	1-2 times a week	1-2 times a month	Very difficult	Somewhat difficult	Neutral	Not too difficult	Not difficult at all
1) Help put on/take off clothes or undergarments	0	1	2	3	4	5	1	2	3	4	5
2) Help with washing their face, brushing their teeth, shaving, trimming finger/toenails, etc.	0	1	2	3	4	5	1	2	3	4	5
3) Help enter/exit the bathroom, clean and dress after toilet use (including changing diapers)	0	1	2	3	4	5	1	2	3	4	5
4) Help bathe or shower	0	1	2	3	4	5	1	2	3	4	5
5) Change postures in bed or chair, help move around indoors	0	1	2	3	4	5	1	2	3	4	5
6) Help eat or drink	0	1	2	3	4	5	1	2	3	4	5
7) Prepare food and clean dishes	0	1	2	3	4	5	1	2	3	4	5
8) Housework (cleaning, laundry, organizing)	0	1	2	3	4	5	1	2	3	4	5
9) Help taking the right dosage of medication at set times	0	1	2	3	4	5	1	2	3	4	5
10) Going to the hospital together, picking up prescriptions	0	1	2	3	4	5	1	2	3	4	5
11) Having a conversation or playing indoors (including reading books/newspapers)	0	1	2	3	4	5	1	2	3	4	5
12) Watching TV or other media together	0	1	2	3	4	5	1	2	3	4	5
13) Taking a walk (including using wheelchair)	0	1	2	3	4	5	1	2	3	4	5
14) Help with transportation (using public transportation, giving a ride in the car, commuting to/from nursing home, etc.)	0	1	2	3	4	5	1	2	3	4	5

※ Now I will ask about the background and current work conditions of your carework. Carework refers to work related to caring for people who need help conducting daily activities.

Q 8) Are you the head of your household (main financial provider of your household)?

1. Yes
2. No

Q 9) There are many jobs out there. What is the main reason you chose to do carework?

1. Satisfactory income
2. Work stability
3. Have work experience or majored in nursery, social work, or other care related work
4. Flexible work hours
5. Can't find work in other desired fields
6. Can't find work in fields related to work experience or major
7. Carework is the only type of work I'm capable of doing
8. Other (Specify: _____)

Q 10) When did you first start as a paid care worker?

Year: : :

Q 11) How did you start carework? Please choose all that apply.

1. Through taking care of a family member or an acquaintance
2. An acquaintance was doing carework
3. By introduction or recommendation from a friend or an acquaintance
4. Because I enjoy taking care of other people
5. Through volunteer work or a training opportunity
6. Saw an advertisement from a public institution, association, or private organization
7. Through a government campaign
8. Simply by coincidence
9. Other (Specify: _____)

Q 12) How long have you engaged in paid carework since the first time you started?

: years : months

Q 13) Did you have any other jobs before you started carework?

1. Yes
2. No → Skip to Q14

Q 13-1)(Only if responded 1 in Q 13)

If yes, in what occupation did you work?

* If you had multiple jobs, please respond regarding the job you had **immediately before** your care job.

1. Administrative/managerial
2. Professional
3. Clerical
4. Service
5. Sales
6. Farming, fishing, forestry
7. Technician
8. Machinery, Engineer
9. Simple laborer
10. Military
11. Other (Specify: _____)

Q 14) How did you meet the care recipient to whom you're currently providing care?

* If currently taking care of multiple people, please respond regarding the care recipient you've taken care of for the **longest period**.

1. Assigned by workplace/care institution
2. Through an offline classified ad
3. Through an online classified ad
4. Met through volunteer work or training
5. Was introduced by a family member or an acquaintance
6. Was introduced by an HR company, organization, or association
7. From a religious organization
8. Other (Specify: _____)

Q 15) Have you signed an official written labor contract related to your current carework?

1. Yes → Skip to Q15-1)

2. No

3. Don't know → Skip to Q16)

Q 15-1) (Only if responded 1 in Q15) If yes, who did you sign a contract with?

1. The institution/center that the respondent commutes to and work for (e.g. nursing home)

2. The center/company that hired and dispatched the respondent to the care recipient

3. The household that the respondent visits and works for

4. Other (Specify: _____)

Q 15-2) (Only if responded 1 in Q15) Does the labor contract indicate the wage, work hours, and other working conditions?

1. Indicates them all

2. Indicates some items

3. Indicates none

Q 16) Are you expected to quit whenever the employer requests it even before the end of the contract?

1. Yes

2. No

3. Working period is not indicated in the contract

Q 17) Do you have regular holidays at your current workplace?

1. Yes

2. No → Skip to Q18-1)

Q 17-1) (Only if responded 1 in Q17) How many holidays do you have?

1. 1 day per week

2. 2 days per week

3. 3 days per week

4. 1 day every 2 weeks

5. Irregular holidays

6. Other (Specify: _____)

Q 17-2) (Only if responded 1 in Q17) Are your holidays paid?

1. Yes

2. No

Q 18-1) What is your main mode of transportation for commuting to and from work?

1. Bus

2. Subway

3. Car

4. Walk

5. Other (Specify: _____)

Q 18-2) How much time does it take to commute to work from your home on average?

hours minutes

Q 19) What type of employment do you have at your current workplace?

Employment Status

Regular employee

Either have 1 or more contracted years or continuous work without a set contracted period (Is subject to the employer's HR regulations or receives pension and bonus payments)

Temporary employee

Contract period between 1 month and 1 year (Including the case of extending the contract annually for the same employer)

Daily employee

Contract period of less than 1 month (Someone who is employed on a daily basis and receives daily payments)

1. Regular employee

2. Contract (up to 2 years) or dispatched employee

3. Temporary employee

4. Daily employee

Q 20) What is your wage schedule?

Please respond based on how wage is paid, now how it is received.

For example, a caregiver's wage that is calculated hourly is considered an hourly wage regardless of when the wage is received.

Monthly rates refer to cases where the wage is decided on a monthly level.

Wage contracted on a yearly level is considered a yearly rate even if you receive monthly wages.

1. Hourly

2. Daily

3. Weekly

4. Biweekly

5. Monthly

6. Yearly

7. Other (Specify: _____)

Q 21) What was your average monthly wage for caregiving over the past 3 months? (in ₩10,000)

- | | |
|------------------|-------------|
| 1. Less than 50 | 2. 50-100 |
| 3. 100-150 | 4. 150-200 |
| 5. 200-250 | 6. 250-300 |
| 7. 300-350 | 8. 350-400 |
| 9. 400-450 | 10. 450-500 |
| 11. 500 or above | |

Q 22) Are you satisfied with your current wage?

1. Yes
2. No

Q 22-1) (Only if responded 2 in Q22)

If not, how much more income is appropriate? Please respond in terms of your wage schedule.

My current income + (monthly / weekly / hourly)

(₩10,000) more is appropriate.

Eg.

For monthly wage, monthly ₩_____0,000

For weekly wage, weekly ₩_____0,000

For hourly wage, hourly ₩_____0,000

※ This is a question regarding your work environment.

Q 23) The following statements pertain to your work environment. Please select the response that most accurately describes your work environment.

List	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1) I work more hours than the standard number of hours.	1	2	3	4	5
2) I can apply for holidays when I want to.	1	2	3	4	5
3) It's easy to change my work place to another institution or house.	1	2	3	4	5
4) My experience in carework is helpful for finding employment in a field outside of carework.	1	2	3	4	5
5) I have received enough training for my work.	1	2	3	4	5
6) My employer, the government, or HR company provides or finances training related to my work.	1	2	3	4	5
7) My experience in carework is helpful for finding employment in a field outside of carework.	1	2	3	4	5
8) It is very difficult to deal with the care recipient's family members.	1	2	3	4	5
9) (Eg.: I only do laundry for my care recipient and not for his/her family members.) The scope of my carework is very clear.	1	2	3	4	5
10) There are times when my work schedule gets cancelled without notice.	1	2	3	4	5
11) I am usually alone with my care recipient.	1	2	3	4	5
12) I need to watch my care recipient at all times.	1	2	3	4	5
13) I can take a rest when I want to.	1	2	3	4	5
14) I can use the bathroom freely.	1	2	3	4	5
15) I can eat my meals at work without disruption.	1	2	3	4	5
16) I am satisfied with my current work.	1	2	3	4	5
17) My current work is rewarding.	1	2	3	4	5
18) Carework allows for personal improvement.	1	2	3	4	5
19) I am proud of working as a careworker.	1	2	3	4	5

Q 24) How much time do you think it takes to get skilled at your work tasks?

1. Less than 1 month
2. 1 to 3 months
3. 4 to 6 months
4. 7 months to 1 year
5. 1 year or more

Q 25) Do you have any intention of changing jobs or occupation in the next year?

1. No, I want to continue to do carework.
2. Yes, I want to switch to a job outside of carework.
3. I'm not sure.

Skip to Q26)

Q 25-1) (Only if responded 2 in Q25) What is the reason you want to change to a job outside of carework? Choose two main reasons.

1 st reason		2 nd reason	
---------------------------	--	---------------------------	--

1. Not enough pay
2. Unstable employment
3. Unflexible work hours
4. Too much overtime
5. Carework is too physically demanding
6. Carework is too mentally demanding
7. My family doesn't like me doing carework
8. Because carework is not socially respected
9. Because the work is not enjoyable
10. Other (Specify: _____)

Q 26) How much responsibility do you feel for the health and safety of your care recipient(s)?

I feel % responsibility for the health and safety of my care recipient(s).

Code

Not my responsibility at all Neutral Entirely my responsibility

0 10 20 30 40 50 60 70 80 90 100

Q 27) In general, how much physical difficulty do you have taking care of the elderly person?

1. Not difficult at all
2. Not too difficult
3. Normal
4. Slightly difficult
5. Very difficult

Q 28) In general, how much stress do you have taking care of the elderly person?

1. Not stressful at all
2. Not too stressful
3. Normal
4. Slightly stressful
5. Very stressful

* I will now ask about the quality of your life in general.

Q 29) Do you feel that you are short on time?

1. Always feel short on time
2. Sometimes feel short on time
3. Don't usually feel short on time
4. Never feel short on time

Q 30) How much fatigue do you usually feel after a normal workday?

1. Very tired
2. Slightly tired
3. Not very tired
4. Not tired at all

Q 31) How's your own health in general?

1. Very healthy
2. Somewhat healthy
3. Normal
4. Somewhat unhealthy
5. Very unhealthy

Q 32) Has your health changed since starting carework? Please select all that apply.

1. I feel more tired.
2. I feel more depressed.
3. I experienced a loss in appetite.
4. It's hard to fall asleep.
5. I feel stressed.
6. I feel physically strained.
7. My health has deteriorated (developed an illness, etc).
8. My pre-existing illness has been exacerbated.
9. Other (Specify: _____)
98. Not applicable (No changes in health)

Q 33) How satisfied are you with your life in general?

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied

Q 34) Since July 1 of this year, a regulation mandating 30 minutes of rest for every 4 hours of work and 1 hour of rest for every 8 hours of work has been implemented I will ask about this new policy.

Are you currently using rest time between work hours?

1. Yes

2. No → Skip to Q36

Q 35) (Only if responded 1 in Q34)

Please respond regarding the following statements.

List	Yes	No
1) The rest time has helped relieve my fatigue.	1	2
2) The rest time has helped me take care of the elderly.	1	2
3) My income/wages have decreased due to the rest time.	1	2
4) I finish work later because of the rest time.	1	2

※ The following are general questions for statistical use.

Q 36) What is your sex?

1. Female

2. Male

Q 37) What is your age?

:
:

Q 38) What is your education level?

(Currently enrolled and on leave don't count as graduate.)

1. No schooling

2. Primary school graduate

3. Middle school graduate

4. High school graduate

5. College graduate

6. Graduate school graduate

Q38-1) (Only if responded 5 or 6 in Q38) What did you major in your most recent degree?

1. Child welfare

2. Early childhood education

3. Social welfare

4. Child care and education

5. Special education

6. Home management

7. Nutrition

8. Nursing

9. Education

10. Other (_____)

Q 39) What kind of carework license do you hold? Please select all that apply.

1. Caregiver for the sick

2. Physical therapist

3 Nurse's aide

4. Nursing teacher

5. Kindergarten teacher

6. Social worker

7. Nurse

8. Eldercare social worker

9. Elder care giver

10. Babysitter

11. Other (Specify: _____)

98. No license → Skip to Q40

Q 39-1) When did you obtain your first care license?

Year: : : :

Q 40) What is your current marital status?

1. Never married → Skip to Q41)

2. Currently married

3. Divorced

4. Widowed → Skip to Q40-3)

Q 40-1) (Only if responded 2 in Q40) What is your spouse's employment status?

1. Full-time employment

2. Part-time employment

3. Unemployed, looking for work

4. Unemployed, not looking for work

5. On leave from work

Q 40-2) (Only if responded 1 or 2 in Q40-1) What is the average monthly income of your spouse? (in ₩10,000)

1. Below 100

2. 100-150

3. 150-200

4. 200-250

5. 250-300

6. 300-350

7. 350-400

8. 400-450

9. 450-500

10. 500 or above

Q 40-3) (Only if responded 2-4 in Q40) How many children do you have in total?

□

Q 40-4) (Only if responded 2-4 in Q40) Do you have any children under the age of 10?

1. Yes

2. No → Skip to Q41)

Q 40-5) (Only if responded 1 in Q40-4) If yes, how old is he/she? If you have more than 1 child under the age of 10, please record the youngest child's age.

□

Q 40-6) (Only if responded 1 in Q40-4) Who takes care of your child(ren) while you work? Please select all that apply.

1. Spouse

2. Parents/parents-in-law

3. Siblings or other relatives

4. Neighbor, friend, acquaintance

5. Institution/center (e.g. daycare center, kindergarten, etc)

6. Home-visit service (e.g. babysitter, visiting child caregiver)

7. Other (Specify: _____)

Q 41) Do you live with an elderly person (aged 65 or above) who needs help physically or mentally?

1. Yes

2. No → Skip to Q42)

Q 41-1) (Only if responded 1 in Q41) Who takes care of the elderly person while you work? Please select all that apply.

1. Elderly person's spouse

2. Respondent's spouse

3. Respondent's children

4. Siblings or other relatives

5. Neighbor, friend, or acquaintance

6. Institution/center (e.g. senior daycare center, etc)

7. Home-visit service (e.g. babysitter, visiting child caregiver)

8. Other (Specify: _____)

Q 42) Who usually does the housework at your home?

1. Respondent

2. Spouse

3. Respondent and spouse together

4. Respondent and child(ren) together

5. Child/child-in-law

6. Parents/parents-in-law

7. Other (Specify: _____)

Q 43) Do you have someone who can take care of you or your family when you're sick or in need of help?

1. Yes →

2. No →

Q 43-1) (Only if responded 1 in Q43) If yes, who is it?

1. Spouse
2. Parent/parent-in-law
3. Child
4. Other relative
5. Friend, neighbor, or acquaintance
6. Other (_____)

Q 44) What is the current tenure of your household?

1. Owner-occupied
2. Key money deposit (*jeonse*, no monthly rent)
3. Monthly rent with security deposit
4. Monthly rent with no security deposit
5. Free of charge (includes company housing and official residence)

Q 45) Over the past year, what was the average monthly income and expenses of your household? Household income includes wage income, financial income, pension income, and transfer income. If possible, please respond with a pre-tax amount. (Amount in ₩10,000)

Q 45-1) Average monthly household income	Q 45-2) Average monthly household expenditure

- | | |
|-------------|------------------|
| 1. Below100 | 2. 100-150 |
| 3. 150-200 | 4. 200-250 |
| 5. 250-300 | 6. 300-350 |
| 7. 350-400 | 8. 400-450 |
| 9. 450-500 | 10. 500-550 |
| 11. 550-600 | 12. 600-650 |
| 13. 650-700 | 14. 700-750 |
| 15. 750-800 | 16. 800 or above |

Thank you very much for responding.

To Record After Investigation

Respondent's Name	
Respondent's Phone Number	
Interview Date	<input type="text" value="m : m"/> / <input type="text" value="d : d"/> / 2018
Interview Time	Start time: <input type="text" value=""/> : <input type="text" value=""/> End time: <input type="text" value=""/> : <input type="text" value=""/> Total response time: <input type="text" value=""/> minutes

Investigator	Name	
	ID	<input type="text" value=""/> : <input type="text" value=""/> : <input type="text" value=""/> : <input type="text" value=""/>
Data Validator	Name	
	ID	<input type="text" value=""/> : <input type="text" value=""/> : <input type="text" value=""/> : <input type="text" value=""/>
	Validation	1. Complete 2. Incomplete (Signature)



110-054 서울시 종로구 사직동 208 전화 02-3702-2100, 팩스 02-3702-2655, 한국갤럽 홈페이지 www.gallup.co.kr, 갤럽패널홈 panel.gallup.co.kr

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Gallup 2018-166-007-01

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2018 South Korea Paid Carework Survey - Childcare

Introduction

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Our research team endeavors to systematically survey how childcare and eldercare are currently being arranged in Korea so to search for ways to socially redistribute the care burdens primarily shouldered by individuals and families. After successfully administrating and analyzing the 2018 Eldercare and Childcare Survey, it is our goal to provide policy recommendations based on our research findings and thereby contribute to resolving the difficulties associated with childcare and eldercare.

All information provided will be coded and your personal information kept strictly confidential and completely erased upon termination of the survey period. We kindly request your participation in this survey, which will be invaluable for developing solutions to the provision of care in Korea. Thank you.

September 2018

Ki-Soo Eun

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※ I agree.

(Please check in the box if you agree to participate in the survey based on the introduction above.)

※ The investigator fills out the boxes below.

Location	1. Seoul	2. Busan	3. Daegu	4. Incheon	5. Gwangju	6. Daejeon
	7. Ulsan	8. Sejong	9. Gyeonggi	10. Gangweon	11. Chungbuk	12. Chungnam
	13. Jeonbuk	14. Jeonnam	15. Gyeongbuk	16. Gyeongnam		
Size of location	1. Metropolis		2. Small and Medium Sized City		3. County (eup, myeon)	
Type of Carework	1-1. Public home-visit childcare			1-2. Private home-visit childcare		
	2-1. Daycare center (public/corporate)			2-2. Daycare center (private/family)		

Principal Research Institution



서울대학교

Investigating Agency



■ Gallup Korea || Eunji Lee / Eunhye Jang || ☎ 02-3702-2686 / 2119

■ Seoul National University Graduate School of International Studies || ☎ 02-880-9220

Childcare

* I will ask about the type, intensity, and time spent on carework. In this survey, "carework" refers to paid work related to caring for a person who needs help with daily activities.

Q 1) Over the past month, how many **days per week** did you do paid carework on average? Please respond separately for weekdays and weekend.

* Please record '0' if you did not engage in paid carework.

days during the week

days during the weekend

Q 2) Over the past month, how many **hours per day** did you do carework on average? Please record separately for a weekday and a day of the weekend.

* Please record '0' if you did not engage in paid carework.

hours minutes on a weekday

hours minutes on a weekend day

Q 3) Have you done any **night shift carework** over the past month?

* **Night shift** refers to work between the hours of 6pm-6am the next day.

1. Yes

2. No

→

Q 3-1) (Only if responded 1 in Q3) How many **days per week** do you work night shifts on average?

days per week

Q 3-2) (Only if responded 1 in Q3) What time does your **night shift carework** start and end usually? If the time slot changes frequently, please respond regarding the most recent night shift.

Start time: : End time: :

Q 4) Where do you do your paid carework most of the time? Please respond regarding your current workplace. Select all that apply.

* In the case of home-based daycare center, please select '4. Work at an institution or care center' even if carework is done at respondent's own house.

1. Commute to and from care recipient's house
2. Reside and work at care recipient's house
3. Care for recipient at respondent's own house
4. Work at an institution or care center

Q 4-1) (Only if responded 1 in Q4) Over the past week, how many **houses** did you visit in a day on average?

houses

Q 5) How many care recipients have you taken care of over the past week?

1. 1 person
2. 2 people
3. 3 people
4. 4 people
5. 5 people or more

* Now I will ask about up to 5 children to whom you're currently providing care. If you work at a childcare center, please choose one child you take care of the most and respond only regarding this child.

Q 6-1) How old is the child you're currently take care of?

Q 6-2) What is his/her sex?

Q 6-3) Where do you take care of this child?

Q 6-4) How long have you taken care of him/her?

Q 6-5) How many times a week do you visit his/her house?

Q 6-6) (For home visits) How many hours do you take care of this child in one visit?

ID	Q6-1) Age		Q6-2) Sex		Q6-3) Carework Place					Q6-4) Years and months of care given		Q6-5) Number of visits per week						Q6-6) Average hours and minutes spent on 1 visit	
	Male	Female	Care recipient's house	Respondent's house	Other person's house	Institution/center	Other	years	months	Don't visit	1 time	2 times	3 times	4 times	5 times	6 times or more	hours	minutes	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Q 7) This is a question on specific care activities you engage in your carework. Over the past month, how many times have you done the following care activities and how difficult were they? If you work at a daycare center, please respond regarding the child chosen in Q6; if you don't work at a daycare center, please respond regarding the child you take care of the most.

List	Care Recipient Child (Child ID: <input type="text"/>)										
	Q7-1) Frequency						Q7-2) Difficulty				
	None	Many times a day	Once a day	3+ times a week	1-2 times a week	1-2 times a month	Very difficult	Somewhat difficult	Neutral	Not too difficult	Not difficult at all
1) Help put on/take off clothes or undergarments	0	1	2	3	4	5	1	2	3	4	5
2) Help with washing their face, brushing their teeth, washing their hands, etc.	0	1	2	3	4	5	1	2	3	4	5
3) Help enter/exit the bathroom, clean and dress after toilet use (including changing diapers)	0	1	2	3	4	5	1	2	3	4	5
4) Help bathe or shower	0	1	2	3	4	5	1	2	3	4	5
5) Holding child, carrying child on back, helping child move around	0	1	2	3	4	5	1	2	3	4	5
6) Help eat or drink	0	1	2	3	4	5	1	2	3	4	5
7) Prepare food and clean dishes	0	1	2	3	4	5	1	2	3	4	5
8) Housework (cleaning, laundry, organizing)	0	1	2	3	4	5	1	2	3	4	5
9) Help taking the right dosage of medication at set times	0	1	2	3	4	5	1	2	3	4	5
10) Going to the hospital together, picking up prescriptions	0	1	2	3	4	5	1	2	3	4	5
11) Having a conversation or playing indoors (including reading books)	0	1	2	3	4	5	1	2	3	4	5
12) Watching TV or other media together	0	1	2	3	4	5	1	2	3	4	5
13) Taking a walk (including outdoor playgrounds)	0	1	2	3	4	5	1	2	3	4	5
14) Help with transportation (using public transportation, giving a ride in the car, commuting to/from daycare/school, etc.)	0	1	2	3	4	5	1	2	3	4	5

Q 7-7) (Respond only if you work at a daycare center) Which age group classes are you in charge of? Please select all that apply.

- 1. 0 year old
- 2. 1 year old
- 3. 2 years old
- 4. 3 years old
- 5. 4 years old
- 6. 5 years old
- 7. Disabled children
- 8. Short-term care
- 9. Extended hour care
- 10. Other (Specify: _____)

※ Now I will ask about the background and current work conditions of your carework. Carework refers to work related to caring for people who need help conducting daily activities.

Q 8) Are you the head of your household (main financial provider of your household)?

1. Yes
2. No

Q 9) There are many jobs out there. What is the main reason you chose to do carework?

1. Satisfactory income
2. Work stability
3. Have work experience or majored in nursery, social work, or other care related work
4. Flexible work hours
5. Can't find work in other desired fields
6. Can't find work in fields related to work experience or major
7. Carework is the only type of work I'm capable of doing
8. Other (Specify: _____)

Q 10) When did you first start as a paid care worker?

Year: : :

Q 11) How did you start carework? Please choose all that apply.

1. Through taking care of a family member or an acquaintance
2. An acquaintance was doing carework
3. By introduction or recommendation from a friend or an acquaintance
4. Because I enjoy taking care of people
5. Through volunteer work or a training opportunity
6. Saw an advertisement from a public institution, association, or private organization
7. Through a government campaign
8. Simply by coincidence
9. Other (Specify: _____)

Q 12) How long have you engaged in paid carework since the first time you started?

: years : months

Q 13) Did you have any other jobs before you started carework?

1. Yes
2. No → Skip to Q14

Q 13-1) (Only if responded 1 in Q 13)

If yes, in what occupation did you work?

* If you had multiple jobs, please respond regarding the job you had **immediately before** your care job.

1. Administrative/managerial
2. Professional
3. Clerical
4. Service
5. Sales
6. Farming, fishing, forestry
7. Technician
8. Machinery, Engineer
9. Simple laborer
10. Military
11. Other (Specify: _____)

Q 14) How did you meet the care recipient to whom you're currently providing care?

* If currently taking care of multiple people, please respond regarding the care recipient you've taken care of for the **longest period**.

1. Assigned by workplace/care institution
2. Through an offline classified ad
3. Through an online classified ad
4. Met through volunteer work or training
5. Was introduced by a family member or an acquaintance
6. Was introduced by an HR company, organization, or association
7. From a religious organization
8. Other (Specify: _____)

Q 15) Have you signed an official written **labor contract** related to your current carework?

- 1. Yes → Skip to Q15-1)
- 2. No
- 3. Don't know → Skip to Q16)

Q 15-1) (Only if responded 1 in Q15) If yes, who did you sign a contract with?

- 1. The institution/center that the respondent commutes to and work for (e.g. elementary school, daycare center, etc)
- 2. The center/company that hired and dispatched the respondent to the care recipient
- 3. The household that the respondent visits and works for
- 4. Other (Specify: _____)

Q 15-2) (Only if responded 1 in Q15) Does the labor contract indicate the **wage, work hours, and other working conditions?**

- 1. Indicates them all
- 2. Indicates some items
- 3. Indicates none

Q 16) Are you expected to quit whenever the employer requests it even before the end of the contract?

- 1. Yes
- 2. No
- 3. Working period is not indicated in the contract

Q 17) Do you have **regular holidays** at your current workplace?

- 1. Yes
- 2. No → Skip to Q18-1)

Q 17-1) (Only if responded 1 in Q17) How many holidays do you have?

- 1. 1 day per week
- 2. 2 days per week
- 3. 3 days per week
- 4. 1 day every 2 weeks
- 5. Irregular holidays
- 6. Other (Specify: _____)

Q 17-2) (Only if responded 1 in Q17) Are your holidays paid?

- 1. Yes
- 2. No

Q 18-1) What is your **main** mode of transportation for commuting to and from work?

- 1. Bus
- 2. Subway
- 3. Car
- 4. Walk
- 5. Other (Specify: _____)

Q 18-2) How much time does it take to commute to work from your home on average?

hours
 minutes

Q 19) What type of employment do you have at your current workplace?

Employment Status

•Regular employee	Either have 1 or more contracted years or continuously work without a set contracted period (Is subject to the employer's HR regulations or receives pension and bonus payments)
•Temporary employee	Contract period between 1 month and 1 year (Including the case of extending the contract annually for the same employer)
•Daily employee	Contract period of less than 1 month (Someone who is employed on a daily basis and receives daily payments)

- 1. Regular employee
- 2. Contract (up to 2 years) or dispatched employee
- 3. Temporary employee
- 4. Daily employee

Q 20) What is your wage schedule?

Please respond based on how wage is paid, now how it is received.

- For example, a caregiver's wage that is calculated hourly is considered an hourly wage regardless of when the wage is received.
- Monthly rates refer to cases where the wage is decided on a monthly level.
- Wage contracted on a yearly level is considered a yearly rate even if you receive monthly wages.

- 1. Hourly
- 2. Daily
- 3. Weekly
- 4. Biweekly
- 5. Monthly
- 6. Yearly
- 7. Other (Specify: _____)

Q 21) What was your average monthly wage for caregiving over past 3 months? (in ₩10,000)

- | | |
|------------------|-------------|
| 1. Less than 50 | 2. 50-100 |
| 3. 100-150 | 4. 150-200 |
| 5. 200-250 | 6. 250-300 |
| 7. 300-350 | 8. 350-400 |
| 9. 400-450 | 10. 450-500 |
| 11. 500 or above | |

Q 22) Are you satisfied with your current wage?

1. Yes
2. No

Q 22-1) (Only if responded 2 in Q22)

If not, how much more income is appropriate? Please respond in terms of your wage schedule.

My current income + (monthly / weekly / hourly)

(₩10,000) more is appropriate.

Eg.

For monthly wage, monthly ₩_____0,000

For weekly wage, weekly ₩_____0,000

For hourly wage, hourly ₩_____0,000

※ This is a question regarding your work environment.

Q 23) The following statements pertain to your work environment. Please select the response that most accurately describes your work environment.

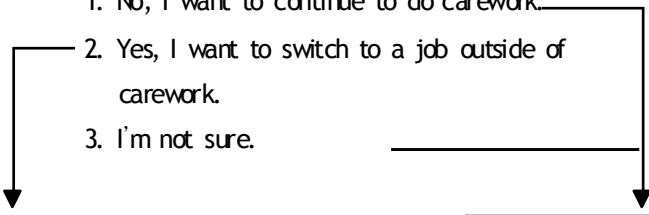
List	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1) I work more hours than the standard number of hours.	1	2	3	4	5
2) I can apply for holidays when I want to.	1	2	3	4	5
3) It's easy to change my work place to another institution or house.	1	2	3	4	5
4) My experience in carework is helpful for finding employment in a field outside of carework.	1	2	3	4	5
5) I have received enough training for my work.	1	2	3	4	5
6) My employer, the government, or HR company provides or finances training related to my work.	1	2	3	4	5
7) It is very difficult to deal with the care recipient's family members.	1	2	3	4	5
8) (E.g.: I only do laundry for my care recipient and not for his/her family members.) The scope of my carework is very clear.	1	2	3	4	5
9) There are times when my work schedule gets cancelled without notice.	1	2	3	4	5
10) I am usually alone with my care recipient.	1	2	3	4	5
11) I need to watch my care recipient at all times.	1	2	3	4	5
12) I can take a rest when I want to.	1	2	3	4	5
13) I can use the bathroom freely.	1	2	3	4	5
14) I can eat my meals at work without disruption.	1	2	3	4	5
15) I am satisfied with my current work.	1	2	3	4	5
16) My current work is rewarding.	1	2	3	4	5
17) Carework allows for personal improvement.	1	2	3	4	5
18) I am proud of working as a careworker.	1	2	3	4	5

Q 24) How much time do you think it takes to get skilled at your work tasks?

1. Less than 1 month
2. 1 to 3 months
3. 4 to 6 months
4. 7 months to 1 year
5. 1 year or more

Q 25) Do you have any intention of changing jobs or occupation in the next year?

1. No, I want to continue to do carework.
2. Yes, I want to switch to a job outside of carework.
3. I'm not sure.



Skip to Q26)

Q 25-1) (Only if responded 2 in Q25) What is the reason you want to change jobs to a job outside of carework? Choose two main reasons.

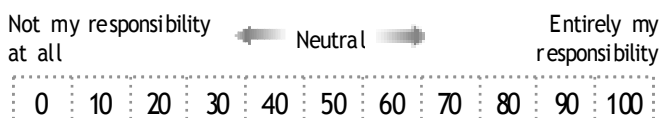
1 st reason		2 nd reason	
---------------------------	--	---------------------------	--

1. Not enough pay
2. Unstable employment
3. Unflexible work hours
4. Too much overtime
5. Carework is too physically demanding
6. Carework is too mentally demanding
7. My family doesn't like me doing carework
8. Because carework is not socially respected
9. Because the work is not enjoyable
10. Other (Specify: _____)

Q 26) How much responsibility do you feel for the health and safety of your care recipient(s)?

I feel % responsibility for the health and safety of my care recipient(s).

Code



Q 27) In general, how much physical difficulty do you have taking care of the elderly person?

1. Not difficult at all
2. Not too difficult
3. Normal
4. Slightly difficult
5. Very difficult

Q 28) In general, how much stress do you have taking care of the elderly person?

1. Not stressful at all
2. Not too stressful
3. Normal
4. Slightly stressful
5. Very stressful

※ I will now ask about the quality of your life in general.

Q 29) Do you feel that you are short on time?

1. Always feel short on time
2. Sometimes feel short on time
3. Don't usually feel short on time
4. Never feel short on time

Q 30) How much fatigue do you usually feel after a normal workday?

1. Very tired
2. Slightly tired
3. Not very tired
4. Not tired at all

Q 31) How's your own health in general?

1. Very healthy
2. Somewhat healthy
3. Normal
4. Somewhat unhealthy
5. Very unhealthy

Q 32) Has your health changed since starting carework?

Please select all that apply.

1. I feel more tired.
2. I feel more depressed.
3. I experienced a loss in appetite.
4. It's hard to fall asleep.
5. I feel stressed.
6. I feel physically strained.
7. My health has deteriorated (developed an illness, etc).
8. My pre-existing illness has been exacerbated.
9. Other (Specify: _____)
98. Not applicable (No changes in health)

Q 33) How satisfied are you with your life in general?

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied

Q 34) Since July 1 of this year, a regulation mandating 30 minutes of rest for every 4 hours of work and 1 hour of rest for every 8 hours of work has been implemented I will ask about this new policy.
Are you currently using rest time between work hours?

1. Yes
2. No

→ Skip to Q36)

Q 35) (Only if responded 1 in Q34)

Please respond regarding the following statements.

List	Yes	No
1) The rest time has helped relieve my fatigue.	1	2
2) The rest time has helped me take care of the elderly.	1	2
3) My income/wages have decreased due to the rest time.	1	2
4) I finish work later because of the rest time.	1	2

* The following are general questions for statistical use.

Q 36) What is your sex?

1. Female
2. Male

Q 37) What is your age?

Q 38) What is your education level?

(Currently enrolled and on leave don't count as graduate.)

1. No schooling
2. Primary school graduate
3. Middle school graduate
4. High school graduate
5. College graduate
6. Graduate school graduate

Q38-1) (Only if responded 5 or 6 in Q38) What did you major in your most recent degree?

1. Child welfare
2. Early childhood education
3. Social welfare
4. Child care and education
5. Special education
6. Home management
7. Nutrition
8. Nursing
9. Education
10. Other (_____)

Q 39) What kind of carework license do you hold? Please select all that apply.

1. Caregiver for the sick
2. Physical therapist
3. Nurse's aide
4. Nursing teacher
5. Kindergarten teacher
6. Social worker
7. Nurse
8. Eldercare social worker
9. Elder care giver
10. Babysitter
11. Other (Specify: _____)

98. No license → Skip to Q40)

Q 39-1) When did you obtain your first care license?

Year:

Q 40) What is your current marital status?

1. Never married → Skip to Q41)

2. Currently married

3. Divorced

4. Widowed → Skip to Q40-3)

Q 40-1) (Only if responded 2 in Q40) What is your spouse's employment status?

1. Full-time employment

2. Part-time employment

3. Unemployed, looking for work

4. Unemployed, not looking for work

5. On leave from work

Q 40-2) (Only if responded 1 or 2 in Q40-1) What is the average monthly income of your spouse? (in ₩10,000)

- 1. Below 100 2. 100-150
- 3. 150-200 4. 200-250
- 5. 250-300 6. 300-350
- 7. 350-400 8. 400-450
- 9. 450-500 10. 500 or above

Q 40-3) (Only if responded 2-4 in Q40) How many children do you have in total?

⋮

Q 40-4) (Only if responded 2-4 in Q40) Do you have any children under the age of 10?

1. Yes

2. No → Skip to Q41)

Q 40-5) (Only if responded 1 in Q40-4) If yes, how old is he/she? If you have more than 1 child under age 10, please record the youngest child's age.

⋮

Q 40-6) (Only if responded 1 in Q40-4) Who takes care of your child(ren) while you work? Please select all that apply.

- 1. Spouse
- 2. Parents/parents-in-law
- 3. Siblings or other relatives
- 4. Neighbor, friend, acquaintance
- 5. Institution/center (e.g. daycare center, kindergarten, etc)
- 6. Home-visit service (e.g. babysitter, visiting child caregiver)
- 7. Other (Specify: _____)

Q 41) Do you live with an elderly person (aged 65 or above) who needs help physically or mentally?

1. Yes

2. No → Skip to Q42)

Q 41-1) (Only if responded 1 in Q41) Who takes care of the elderly person while you work? Please select all that apply.

- 1. Elderly person's spouse
- 2. Respondent's spouse
- 3. Respondent's children
- 4. Siblings or other relatives
- 5. Neighbor, friend, or acquaintance
- 6. Institution/center (e.g. daycare center, kindergarten, etc)
- 7. Home-visit service (e.g. babysitter, home-visit child caregiver, etc)
- 8. Other (Specify: _____)

Q 42) Who usually does the housework at your home?

- 1. Respondent
- 2. Spouse
- 3. Respondent and spouse together
- 4. Respondent and child(ren) together
- 5. Child/child-in-law
- 6. Parents/parents-in-law
- 7. Other (Specify: _____)

Q 43) Do you have someone who can take care of you or your family when you're sick or in need of help?

- 1. Yes →
- 2. No →

Q 43-1) (Only if responded 1 in Q43) If yes, who is it?

- 1. Spouse
- 2. Parent/parent-in-law
- 3. Child
- 4. Other relative
- 5. Friend, neighbor, or acquaintance
- 6. Other (_____)

Q 44) What is the current tenure of your household?

- 1. Owner-occupied
- 2. Key money deposit (*jeonse*, no monthly rent)
- 3. Monthly rent with security deposit
- 4. Monthly rent with no security deposit
- 5. Free of charge (includes company housing and official residence)

Q 45) Over the past year, what was the average monthly income and expenses of your household? Household income includes wage income, financial income, pension income and transfer income. If possible, please respond with a pre-tax amount. (Amount in ₩10,000)

Q 45-1) Average monthly household income	Q 45-2) Average monthly household expenditure

- 1. Below100 2. 100-150
- 3. 150-200 4. 200-250
- 5. 250-300 6. 300-350
- 7. 350-400 8. 400-450
- 9. 450-500 10. 500-550
- 11. 550-600 12. 600-650
- 13. 650-700 14. 700-750
- 15. 750-800 16. 800 or above

Thank you very much for responding.

To Record After Investigation

Respondent's Name	
Respondent's Phone Number	
Interview Date	<input type="text" value="m"/> / <input type="text" value="d"/> / 2018
Interview Time	Start time: <input type="text"/> : <input type="text"/>
	End time: <input type="text"/> : <input type="text"/>
	Total response time: <input type="text"/> minutes

Investigator	Name			
	ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Validator	Name			
	ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Validation	1. Complete	2. Incomplete	(Signature)