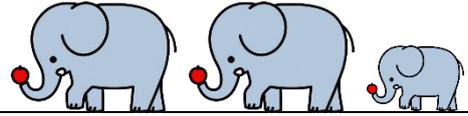


# Hino City Childrearing Questionnaire

© The information you provide will be treated as personal information, and will only be used to supply pregnancy, childbirth, and childrearing support.



1	Please describe your family unit's structure.	Number of people residing together, including pregnant woman: ____ people Please circle all family members living together with you. Husband (partner)   Children (Number: ____ )   · Father   Mother   Others ( ____ )		
2	What has your physical condition been for the past month?	Good	Not good	① Morning sickness ② Easily tired ③ Unable to sleep ④ Feeling irritable ⑤ Prone to tears ⑥ Not feeling like doing anything ⑦ Feeling sick ⑧ Other ( ____ )
3	Have you ever had any of the illnesses at right, and are you currently undergoing treatment for one?	No	Yes	Heart disease, hypertension, kidney disease, diabetes, thyroid disease, intractable disease, hepatitis, Mental health problems (depression, etc.) Other ( ____ ) ----- Around what time ( ____ years old)   Currently undergoing treatment
4	Have you even consulted a specialist in psychosomatic medicine or a psychiatrist?	No	Yes	Consulting doctor ( ____ )   Not sure ----- Around what time was that? ( ____ years old)   Currently undergoing treatment
5	Do you take medicine regularly?	No	Yes	Sleeping pills  Mood stabilizers  Other medicines ( ____ )
6	Do you drink alcohol?	No	Yes	About ____ times per week Do you want to stop drinking? < Yes   No>
7	Do you smoke?	No	Yes	About ____ cigarettes per day Do you want to stop smoking? < Yes   No>
8	Does anyone currently living with you smoke?	No	Yes	Who is it? ( ____ )
9	What is your husband or partner's physical condition?	Good	Not good	
10	How do you feel about your current pregnancy?	I am happy about it	I am not happy about it	I feel uncertain or worried [Other] ( ____ )
11	Can you discuss matters with your husband or partner?	Yes	No	
12	Can you discuss matters with your mother?	Yes	No	
13	Will anyone be helping with housework or childcare after you give birth?	Yes	No	
14	Are you worried or anxious about anything? (Multiple answers allowed)	No	Yes	(A) About pregnancy / childbirth (B) Household finance matters (C) About my body (D) Conjugal relationship (husband/partner) (E) Family relationships (F) Childcare (G) Not being able to find someone to talk to or help me (H) Other