

1. Do you smoke?

- No
 Yes (→ cigarettes per day)

2. Does your child's father smoke?

- No
 Yes (→ cigarettes per day)

3. Does your child's father rear your child?

- Often Sometime
 Rarely Difficult to say

4. How about your recent physical and mental condition?

- Good Fair Neither good nor bad
 Moderate poor Poor

5. Do you have time to spend with your child in a relaxed mood?

- Yes No Difficult to say

6. Do you find difficult to raise your child?

- Always Sometime (→No.7)
 No (→No.8)

7. When you find difficult to raise your child, do you have any measures to take?

(e.g.: know where to consult)

- Yes No

8. Do you have anyone who can support you to raise your child?

(Check all that applies)

- Spouse Parents (parents in low) Neighbors
 Friends A family doctor PHN in your region
 Nursery Telephone consultation
 Internet Others None

9. Have you experienced any of the following at home in the past few months?

- Discipline children too much
 Hitting children emotionally
 Leaving children at home without adult attendance
 Not feeding children for a long time
 Scolding children emotionally
 Not applicable

10. Do you know that children aged around 3~4 are likely to join in playing, when invited by other children?

- Yes No

11. Do you know "Child raising support center" or "Child raising circle" in your community?

- Yes No

12. Do you intend to raise your child in the community where you are now?

- Yes If I had to choose, yes
If I had to choose, no No

13. How about do you feel your financially?

- Very stable Stable
Average Difficult Rather difficult

14. What are you worrying about?

(Check all that applies)

- Your child Relationship with spouse
Relationship with parents (parents in low) Friends of child raising
Others There is nothing

15. Does your child have a family doctor?

- Yes No Difficult to say

16. Does your child have a regular dentist?

- Yes No Difficult to say

17. Does your child want to wear or take off clothes by oneself?

- Yes No

18. Can your child do pretend play? (e.g.: playing as action heroes and playing house)

- Yes No

19. Does your child brush teeth and wash hands?

- Yes No

20. What time does your child usually get up?

- Before 5 AM 5 AM 6 AM 7 AM
8 AM 9 AM 10 AM After 11 AM

21. What time does your child usually go to bed?

- Before 6 PM 6 PM 7 PM 8 PM
 9 PM 10 PM 11 PM After 12 PM

22. Does your child often drink sweet beverages?

- Yes No

23. Do you have any concerns about your child's diet such as small appetite and unbalanced diet?

- Yes No

24. Does your child watch TV or DVD more than 2 hours a day?

- Yes No

25. Has your child ever been to the hospital for an accident?

- Yes No