

1. Did you smoke during pregnancy?

No

Yes (→ cigarettes per day)

2. Did you drink alcohol during pregnancy?

No

Yes

3. Did you work during pregnancy?

Yes (→No.4)

No (→No.5)

4. Do you think that your workplace gave any consideration for continuing to work during pregnancy?

Yes

No

5. Did you know maternity symbol charm during pregnancy?

Yes (→No.6)

No (→No.7)

6. Have you ever used maternity mark?

Yes

No

7. After delivery, did you receive enough regarding baby care by midwife and *PHN for about a month after you left the hospital?

Yes

No

*Public health nurse

Difficult to say

8. How about nutrition for your baby at one month old?

Breast milk

Baby formula

Both

9. Do you smoke?

No

Yes (→ cigarettes per day)

10. Does your child's father smoke?

No

Yes (→ cigarettes per day)

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

Often

Sometime

Rarely

Difficult to say

12. How about your recent physical and mental condition?

- Good Fair Neither good or bad
 Moderate poor Poor

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

- Yes No Difficult to say

14. Do you find difficult to raise your child?

- Always Sometime (→No.15)
 No (→No.16)

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

(e.g.: know where to consult)

- Yes No

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

(Check all that applies)

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

17. 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

18. Do you know that babies from about six months to 1 year old will follow their parents around?

- Yes No

19. Do you know that the brain damage (shaken baby syndrome) can be caused by wiggling your baby's head back and forth when baby just won't stop crying?

- Yes No

20. Do you know a pediatrics emergency call center (#8000) ?

- Yes No

21. Do you know "Child rearing support center" or "Child rearing circle" in your region?

- Yes No

22. 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

23. How about do you feel your financially?

- Very stable Stable
 Average Difficult Rather difficult

24. What are you worrying about?

(Check all that applies)

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

25. Does your child have a family doctor?

- Yes No

26. Does your baby laugh a lot when you play with a baby?

- Yes No

27. Does your baby try to look at you when you call your baby from a direction your baby can't see?

- Yes No

28. Can your baby make eye contact with you?

- Yes No

29. Does your baby grasp a toy such as a rattle?

- Yes No

30. Does your baby play with his/her both hands together?

- Yes No

31. Have you ever found it difficult to hold your baby?

- Yes No

32. Do you often take a walk with your baby?

- Yes No

33. Do you have any concerns about your baby's allergy?

- Yes No