**Questionnaire Set I: Parenting Support**

**支援者用**

**(A-2) First visit after child has been discharged from hospital: After completing A-1**

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| --- | --- |
| **Date (YYYY/MM/DD):** |  |
| **Mother's name:** |  |
| **Child's name:** |  |

Answer the following questions about how you are feeling and how you find living with your child.   
Circle the answer that applies the most.

☆1　How is your physical health?

Good Average Poor

☆2　How is your mental health?

Good Average Poor

☆3　How has life been since you had your child?

Fun Neither A burden, difficult

4　Is your child easy or difficult to care for?

Easy I don't know Difficult

5　Do you have any worries or concerns about caring for your child?

　　　　　　No Not sure Yes

6　Are you satisfied with the home and environment you are raising your child in?

Yes No

☆7　Are you currently experiencing any household concerns? Circle all that apply.

①　I don't have any concerns

　　 ②　Different parenting styles ③　Difficult to get parenting support ④　Unstable income

⑤　Different financial values ⑥　Little communication ⑦　Getting along with relatives

　 ⑧　Gambling problems　　　　 ⑨　Alcohol / drug abuse　 　 　 ⑩　Violence

　 ⑪　Unemployment ⑫　Changing jobs　　　　　　　　　　　　　 ⑬　Unmanageable debt

　 ⑭　Illness or disability (of husband / the child's siblings / other cohabitants)

　 ⑮　Other　(　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　)