

Questionnaire Set I: Parenting Support

(B-1) First visit after child discharged from hospital: If visit wasn't possible while child was in hospital

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

Answer the following questions about how you are feeling and caring for 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 did you become pregnant?

Through natural conception With the assistance of fertility treatment

4 How did you feel when you learned about this pregnancy?

Happy Neither happy or unhappy Unhappy

5 How did you feel after you gave birth?

Happy Neither happy or unhappy Unhappy

6 Have you ever experienced a miscarriage, stillbirth, or death of an infant (under 1 year of age)?

No Yes

☆7 The following questions are about who you feel comfortable talking to when you need support.

(1) Can you talk about your concerns with your husband?

Yes No N/A

(2) Can you talk about your concerns with your mother?

Yes No N/A

(3) Do you have anyone else you can talk to about your concerns besides your husband and mother?

Yes No

☆8 Are there organisations or people you can ask for support when you need help?

Yes No

9 Have you ever been seen by a psychiatrist (psychiatry department) or spoken to a counselor about a psychological (mental health) concern?

Yes No

10 Do you have a good relationship with your husband?

Yes Neither yes or no No

☆11 Do you have any financial concerns in your day-to-day life?

Yes No

12 You tend to feel uncomfortable if things are not done perfectly.

Agree Disagree Neither

13 You tend to be concerned about what others think of you.

Agree Disagree Neither

14 You tend not to rely on others or seek support even when you need help.

Agree Disagree Neither

15 You tend to be meticulous and have a strong sense of responsibility and duty.

Agree Disagree Neither

16 Do you feel like you were raised with love when you were growing up?

Yes No Neither

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

Fun Neither A burden, difficult

18 Is your child easy or difficult to care for?

Easy I don't know Difficult

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

No Not sure Yes

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

Yes No

☆21 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 (

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