支援者用

① Other (

Questionnaire Set I: Parenting Support

	(A-2) I	First visit after	child	has been discharged from h	osp	oital: After completing
	Date (Y	YYY/MM/DD):				
	Mot	Mother's name: Child's name:				
	Cł					
		l.				
Ans	wer the following qu	estions about hov	you a	re feeling and how you find living wi	th yo	our child.
Circ	cle the answer that a	pplies the most.				
☆1	How is your physic	al health?				
	Good	Average		Poor		
		J				
☆2	How is your mental health?					
	Good	Average		Poor		
☆3	How has life been s	since you had you	r child?	,		
	Fun	Neither		A burden, difficult		
4	ls your child easy o					
	Easy	I don't kno	W	Difficult		
5	Do you have any w	vorries or concern	s ahou	caring for your child?		
J	No	Not sure	, abou	Yes		
	140	1401 0410		100		
6	Are you satisfied w	ith the home and	enviror	nment you are raising your child in?		
	Yes	No				
☆7	Are you currently e	xperiencing any h	ouseho	old concerns? Circle all that apply.		
	① I don't have an	y concerns				
	② Different parer	iting styles	3	Difficult to get parenting support	4	Unstable income
	⑤ Different finance	cial values	6	Little communication	7	Getting along with relatives
	8 Gambling prob	lems	9	Alcohol / drug abuse	10	Violence
	① Unemploymen	t	12	Changing jobs	13	Unmanageable debt
	(1) Illness or disab	oility (of husband /	the ch	ild's siblings / other cohabitants)		

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