

(住民コード:)

Questionnaire for the Parent and Child Health Handbook Issuance

単胎 ・ 多胎 ・ 出生後 ・ 外国出産

【来所者： 本人 ・ パートナー ・ 子 ・ その他 ()】

交付番号 47205 - 20 -

交付日 令和 年 月 日 ()

	Furigana Name	Marital Status	Occupation/School	Birthplace
Pregnant woman	S・H year month day (y.o.)	①Married ②Not married plans to register the marriage Yes / No /Undecided ③Remarried	Job title :	(-shi -machi/-cho -mura/-son) (市・ 町・ 村)
			①Full-time (permanent・contract・temporary) ②Part-time・day laborer ③Independent business・agriculture・fishing industry ④Student () ⑤Housewife ⑥Unemployed ⑦Other ()	
Spouse or partner	S・H year month day (y.o.)	③Remarried	Job title :	(-shi -machi/-cho -mura/-son) (市・ 町・ 村)
			①Full-time (permanent・contract・temporary) ②Part-time・day labore ③Independent business・agriculture・fishing industry ④Student () ⑤Unemployed ⑥Other ()	
Residential Address	Ginowan-shi		Nationality (foreigners only)	
Address	※Please fill in this part if the residential address written above is different from the address registered in the basic resident register.			
Phone number		Number of weeks of pregnancy	If you are over 12 weeks pregnant, please circle the reason for the delay in submitting this form. ①Work / busy ②Illness ③Instructed by the doctor ④Was unaware of pregnancy ⑤Moving / address change / returning to hometown ⑥Other ()	
Due date	year month day	weeks	If you don't know your expected due date, please provide the date of the first day of your last menstruation: (yyyy) (mm) (dd)	
Medical facility that diagnosed the pregnancy		Planned hospital for the delivery		
Medical check-ups	«Sexually transmitted diseases testing» Done ・ No		«Tuberculosis check-up» Done ・ No	
Type of insurance	①Social Insurance (insured person・dependent) ③Public Assistance ④Other ()		②National Health Insurance	
Plans to move out before or after the birth	①No ・ ②Yes () Month [within the city・to a different city ()] ・ Undecided (maybe)			
*We will support you through your pregnancy, delivery and child rearing from your pregnancy and onwards. Please kindly answer the questions below.				
1 How are you currently feeling?	①Well ②Not well : morning sickness・bloated stomach・bleeding・swelling・lack of sleep・exhaustion・back pain・tender or painful breasts・Other ()			
2 Have you ever given birth?	①No (first childbirth) ②Yes (I have given birth times)	Number of children	child(ren)	
3 Have you ever experienced a miscarriage or premature birth? A miscarriage is: childbirth after less than 22 weeks of pregnancy A premature birth is: childbirth between 22 and 6 weeks and 6 days of pregnancy	①No ②Yes (miscarriage time(s)・premature birth time(s)・stillbirth time(s)・abortion time(s)・Death of an infant below one year of age time(s))			
4 Please tell us about your pregnancy・childbirth up until now. (multiple answers)	①No issues ②Severe morning sickness ③Multiple birth (twins, etc.) ④Anemia ⑤Pregnancy diabetes ⑥Pregnancy hypertension (toxemia of pregnancy) ⑦Baby weighing less than 2500 g ⑧Baby weighing over 4000 g ⑨Postpartum depression, feeling down, feeling irritated ⑩Other ()			

5 How did you feel when you found out you were pregnant?	①Happy ②Happy although it was unexpected ③Confused as it was unexpected ④Troubled ⑤No feelings ⑥Other (reaction: _____)
6 Are you planning to go back to your home country/hometown?	①No ②Yes (Your home country/hometown : _____) (From _____ ^{year} 年 _____ ^{month} 月 Until _____ ^{year} 年 _____ ^{month} 月)
7 Please tell us about your family structure (people who live with you).	I live with (_____) people Members (Me • Husband (partner) • Child (_____) child(ren) Other (_____) people)
8 Is there anyone that can help you if you are struggling with something? (multiple answers)	①Yes → Husband (Partner) • Parent(s) • Sibling(s) Parent(s)-in-law • Friend(s) • Other (_____) ②No
9 Are you currently struggling, or feel worried, or are unsure about something? (multiple answers)	①No ②Yes A About pregnancy/giving birth B About financial issues C About work D About my body E About my relationship with my partner (marital relationship) F About familial relationship G About how to raise a child H Other (_____)
10 Please tell us about your financial situation.	①How do you feel about your overall living situation at the moment? A Very comfortable B Somewhat comfortable C Normal D Somewhat difficult E Very difficult ②Your household annual income A Less than 1,260,000 yen (less than 100,000 monthly) B Over 1,260,000 yen but less than 2,400,000 yen (over 100,000 but less than 200,000 yen monthly) C 2,400,000 yen or more (200,000 yen or more monthly) D I don't know
11 Do you (the pregnant mother) currently smoke? (circle one answer)	①I have never smoked ②I stopped smoking before getting pregnant ③I stopped smoking after finding out I was pregnant ④I smoke (Cigarettes per day: _____ cigarettes) →If you answered②③④, when did you start smoking? At (_____) years old
12 (If you smoke) How much are you considering quitting smoking? (circle one answer)	①I am not considering it ②I am considering it but I do not plan on quitting in the next three months ③I am considering it but I do not plan on quitting in the next month ④I plan on quitting by the end of this month ※I have stopped smoking before A Yes B No
13 Does your partner or someone who lives with you currently smoke?	①No ②Yes →Do you want your partner or the person(s) living with you to quit smoking? ①Yes ②No ③Neither
14 Do you (the pregnant mother) currently drink alcohol?	①I have never drink alcohol (I rarely drink) ②I have stopped before I got pregnant ③I stopped when I found out I was pregnant ④I drink alcohol (_____ time(s)/week) →If you drink alcohol, What and how much do you drink when you do?→ (_____)

