## Questionnaire (Those who gave birth between April and December 2022)

addrace an	lost the child d phone num		time of applic	ation, plea	se check l		v and v	vrite your	name,
address, and	•		<u>ıy.</u> above reason:	s Twill n	nt answe	r the o	estic	nnaire	
		.0 the a	above reason.	3, 1 WIII II		(Date:	year	month	date)
(Furigana)	(		)		Sapporo		Ward	monun	uate)
Your	`		,						
name				Address		(1.4			,
Date of birth	year n	nonth	Date (Age	)	TEL -	(M	lobile		)
(Furigana)	(		)						
Child's name			(Male	• Female	) 40	ar m	onth	date (Age	)
Date of birth			(Male	' i ciriale	) ус	:ai iii	ionth	uate (Age	,
n order to pr			y information a			out pre	gnancy	y and child	birth,
lease fill out	the following	gs. (Ple	ase mark 🛭 th	nose that a	pply.)				
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$\bigcirc$ After child $\Box$ No $\Box$	dbirth, have ∃Yes(	you n	oticed any ch	nange in y	our feelii	ngs an	d bod	y?	
	_1es (							)	
○How is yo	ur health co	onditio							
□Good	□Not ba	ıd 🗆	Not good [	□Bad					
∩Who do v	ou think of	to sha	re your feelin	as or sun	nort vou	with c	hildre	aring and	
	? (Multiple			igs or sup	port you	vvicii c	illiai C	aring and	
		. –	F:	1		,		\	
□Spous	se ⊔Paren	its ⊔I	Friends $\square$ Re	elatives	⊔Otners	(		) LINO	one
OHow do v	ou feel now	while	spending tim	ne with vo	ur child(	ren)?			
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ors there a center?	nyunng you	ı would	d like to discu	iss with a	public He	zaiui i	iui se c	or the nea	IICII
□No [									
	→If yes, [	]My he	ealth Baby	& other c	hildren .	⊢Fam	ily		
	L	JWORK ∃Livina	□Nursery environment	⊔ECONOr t □Other	nic situat <i>(</i>	ion or	nouse	enoia	)
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	Itations als	ease co	ntact the hea	alth cente	r of the v	ward y	ou live	e in	
* For consu	itations, pie		lealth Center (I						
	Inqu			Toyohir	a Health C			322-2400	
Chuo Health	Inqu Center	011-2	31-2400	,			1 111 0	389-2400	
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