

⑤Are there any issues you are concerned or feel stress about regarding your current life-style or future?

Please circle all issues which pertain to you.

infant in my womb / my body during pregnancy / giving birth / child rearing / older brother/sisters of baby
 issues (ex. DV) of my husband(partner) / my mother/father(my mother/father-in-law) / housework / my job
 expenses for giving birth/child rearing / others () / nothing in particular

⑥Have you consulted a counselor or psychosomatic medicine or psychological medicine professional in the past?

no yes (approximately when?)

⑦What is your current height and weight? Also, what was your weight prior to pregnancy?

height (cm) current weight (kg) weight prior to pregnancy (kg)

⑧Please circle all conditions which pertain to you regarding your recent feelings and physical status.

morning sickness / feel irritated / get tired easily / cannot sleep well / feel depressed
 others () / health condition is good

⑨Do you or your family smoke cigarettes?

(you) do not smoke / quit before pregnancy / quit during pregnancy / considering to quit / smoke (cigarettes/day)
 (family) do not smoke / quit before pregnancy / quit during pregnancy / considering to quit / smoke (cigarettes/day)

※areas to smoke at home (no area for smoking / separated areas for smokers and nonsmokers /
 can smoke everywhere, no care for smoking)

⑩DO you drink alcohol?

Basically no / No after pregnancy / Yes (times a week , kinds : quantity :)

⑪Do you have anyone to consult on your anxiety or stress during/after pregnancy?

Yes (Husband/Partner Your parents Your husband's parents Sisters/brothers Friends) None
 Other ()

⑫Do you have anyone to help you with child rearing and housework during/after pregnancy?

Yes (Husband/Partner Your parents Your husband's parents Sisters/brothers Friends) None
 Other ()

⑬Do you plan to go back to your hometown?

Yes (When Till) Hometown ()
 No
 Not decided yet

⑭Do you know about "Berineital visit" (pre/post childbirth child rearing health consultation) ?

Yes No

*If there any subjects you wish to consult on regarding pregnancy / birth / childrearing, etc., please write down.

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Thank you for your cooperation.

Please feel free to contact us at the Beppu City Health Center if there are any subjects you wish to consult us in regards to pregnancy / birth / childrearing.

There are cases in which a health consultant may contact you upon submitting this Pregnancy Notification Form. We appreciate your understanding on this subject.

担当者 ()

*No need to complete the below.

個人番号確認	・個人番号カード ・通知カード ・住民票 ・健康管理システム ・その他 ()
身元確認	・個人番号カード ・運転免許証 ・住民票 ・住民基本台帳 ・官公署から発行された書類 ・その他 ()
代理権の確認	・委任状 ・電話 ・その他 ()
代理人の身元確認	・個人番号カード ・運転免許証 ・住民票 ・住民基本台帳 ・官公署から発行された書類 ・その他 ()
	確認者

【Contact】
 Beppu City
 Health Promotion Division
 (located in the Beppu City Health
 Center)
 Address 15-33 Nishinoguchi-cho,