Questionnaire B

1. Visited Place: □(1) Postpartum nursing centers □(2) Home
2. Baby average wake time per day: hr/day
3. Baby primary caregiver: $\Box(1)$ Mother $\Box(2)$ Father $\Box(3)$ Family $\Box(4)$ Others
4. Mother care baby pattern: □(1) Day and night, 24hrs. □(2) After work
\Box (3) Weekend Only \Box (4) Others:
5. Mother spent to care for and handle with their babies in a week?hr/wk
6. Baby feeding: □(1) Exclusive Breastfeeding □(2) Exclusive Bottle-feeding
\Box (3) Mixed \Box (4) start eating Non-staple food
□(5) Others:
7. Mother perceived resting frequency: □(1) Often □(2) Sometimes □(3) Seldom