

Codebook for C-Foo Study

Variable	Question text	Value						
starttime	System generated	Timestamp of form open						
startdate	System generated	Date of form open						
endtime	System generated	Timestamp of form save						
deviceid	System generated	IMEI						
participate_missp	Has the infant participated in MISS P study?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
yes_missp	Please enter MISS P baby ID	User Input						
no_missp	Enter new ID	User Input						
name_child	1a. Child's name	User Input						
gender	1b. What is the child's sex?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>male</td> </tr> <tr> <td>Female</td> <td>female</td> </tr> </tbody> </table>	Text	Value	Male	male	Female	female
Text	Value							
Male	male							
Female	female							
name_mother	2a. Mother's name	User Input						
mother_contact	2b. Contact number	User Input						
mother_ic	Does the mother have a NRIC	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2
Text	Value							
Yes	1							
No	2							
mother_ic_yes	Enter NRIC number	User Input						

Variable	Question text	Value											
mother_ic_no	What other identification does the mother have?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Other Malaysian government issued ID</td> <td>1</td> </tr> <tr> <td>Foreign passport</td> <td>2</td> </tr> <tr> <td>Other</td> <td>3</td> </tr> <tr> <td>ID missing</td> <td>4</td> </tr> </tbody> </table>	Text	Value	Other Malaysian government issued ID	1	Foreign passport	2	Other	3	ID missing	4	
Text	Value												
Other Malaysian government issued ID	1												
Foreign passport	2												
Other	3												
ID missing	4												
mother_ic_no_other	Please specify other	User Input											
id_number	Please enter the ID number	User Input											
address_number	What is the number of that dwelling?	User Input											
address_Street_type	What type of the street of that dwelling?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Jalan</td> <td>1</td> </tr> <tr> <td>Lorong</td> <td>2</td> </tr> <tr> <td>Not applicable</td> <td>3</td> </tr> </tbody> </table>	Text	Value	Jalan	1	Lorong	2	Not applicable	3			
Text	Value												
Jalan	1												
Lorong	2												
Not applicable	3												
address_street	What is the street name of that dwelling?	User Input											
address_Area_type	What type of area that dwelling in?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Taman</td> <td>1</td> </tr> <tr> <td>Kampung</td> <td>2</td> </tr> <tr> <td>Felda</td> <td>3</td> </tr> <tr> <td>Not applicable</td> <td>4</td> </tr> </tbody> </table>	Text	Value	Taman	1	Kampung	2	Felda	3	Not applicable	4	
Text	Value												
Taman	1												
Kampung	2												
Felda	3												
Not applicable	4												
address_Area	Which taman/kampung/felda is that dwelling in?	User Input											

Variable	Question text	Value												
address_Batu	What batu is that dwelling along?	User Input												
address_Mukim	Which mukim is that dwelling in?	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Bekok</td> <td>1</td> </tr> <tr> <td>Chaah</td> <td>2</td> </tr> <tr> <td>Sg.Segamat</td> <td>3</td> </tr> <tr> <td>Gemereh</td> <td>4</td> </tr> <tr> <td>Jabi</td> <td>5</td> </tr> </tbody> </table>	Text	Value	Bekok	1	Chaah	2	Sg.Segamat	3	Gemereh	4	Jabi	5
Text	Value													
Bekok	1													
Chaah	2													
Sg.Segamat	3													
Gemereh	4													
Jabi	5													
consent_note	I confirm the following	User Input												
consent_1	I agree to be interviewed by the researcher.	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2						
Text	Value													
Yes	1													
No	2													
consent_2	I agree to allow the interview to be audio-taped (if I am selected for the in depth interview).	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2						
Text	Value													
Yes	1													
No	2													
consent_3	I agree to be contacted for a future or follow-up interview or research by the current researchers.	<table border="1"> <thead> <tr> <th>Text</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2						
Text	Value													
Yes	1													
No	2													

Variable	Question text	Value							
consent_4	I agree to complete a brief demographic questionnaire asking me about my age, race, marital status, level of education, occupation, household income, religion, the number and ages of my children, and the medical history of me and my child.	<table border="1"> <thead> <tr> <th data-bbox="1034 237 1198 311">Text</th> <th data-bbox="1214 237 1430 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 311 1198 385">Yes</td> <td data-bbox="1214 311 1430 385">1</td> </tr> <tr> <td data-bbox="1034 385 1198 461">No</td> <td data-bbox="1214 385 1430 461">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								
consent_5	I agree to be interviewed regarding the feeding practices and nutritional intake of my child.	<table border="1"> <thead> <tr> <th data-bbox="1034 752 1198 826">Text</th> <th data-bbox="1214 752 1430 826">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 826 1198 900">Yes</td> <td data-bbox="1214 826 1430 900">1</td> </tr> <tr> <td data-bbox="1034 900 1198 976">No</td> <td data-bbox="1214 900 1430 976">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								
consent_6	I agree for the data collectors to take the anthropometry measurements of my child.	<table border="1"> <thead> <tr> <th data-bbox="1034 1043 1198 1117">Text</th> <th data-bbox="1214 1043 1430 1117">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1117 1198 1191">Yes</td> <td data-bbox="1214 1117 1430 1191">1</td> </tr> <tr> <td data-bbox="1034 1191 1198 1267">No</td> <td data-bbox="1214 1191 1430 1267">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								
consent_7	I understand that I can withdraw before completing the questionnaires, during completing the questionnaires, and then only within two weeks after completing the questionnaires. If I am chosen for the in depth interview, I understand that I can withdraw before the interview, during the interview, and then only within two weeks after the interview.	<table border="1"> <thead> <tr> <th data-bbox="1034 1335 1198 1408">Text</th> <th data-bbox="1214 1335 1430 1408">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1408 1198 1482">Yes</td> <td data-bbox="1214 1408 1430 1482">1</td> </tr> <tr> <td data-bbox="1034 1482 1198 1559">No</td> <td data-bbox="1214 1482 1430 1559">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	
Text	Value								
Yes	1								
No	2								

Variable	Question text	Value								
consent_8	The information I provide can be used in further research projects which have ethics approval as long as my name and contact information is removed.	<table border="1"> <thead> <tr> <th data-bbox="1034 235 1214 309">Text</th> <th data-bbox="1214 235 1428 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1214 383">Yes</td> <td data-bbox="1214 309 1428 383">1</td> </tr> <tr> <td data-bbox="1034 383 1214 456">No</td> <td data-bbox="1214 383 1428 456">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									
signed	Did sign the consent?	<table border="1"> <thead> <tr> <th data-bbox="1034 586 1326 660">Text</th> <th data-bbox="1326 586 1428 660">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 660 1326 734">Yes</td> <td data-bbox="1326 660 1428 734">1</td> </tr> <tr> <td data-bbox="1034 734 1326 808">No</td> <td data-bbox="1326 734 1428 808">2</td> </tr> <tr> <td data-bbox="1034 808 1326 920">No, but gave verbal consent</td> <td data-bbox="1326 808 1428 920">3</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	No, but gave verbal consent	3
Text	Value									
Yes	1									
No	2									
No, but gave verbal consent	3									
verbal	Did provide verbal consent record	<table border="1"> <thead> <tr> <th data-bbox="1034 996 1214 1070">Text</th> <th data-bbox="1214 996 1428 1070">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1070 1214 1144">Yes</td> <td data-bbox="1214 1070 1428 1144">1</td> </tr> <tr> <td data-bbox="1034 1144 1214 1218">No</td> <td data-bbox="1214 1144 1428 1218">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									
house_geo	3c. GPS coordinate	User Input								
name_interviewer	4a. Interviewer's name	User Input								
date_	5a. Today's date	User Input								
child_age	6. What is your child's age in weeks currently?	User Input								
child_birthege	7. What was your child's age (in weeks) at birth ?	User Input								
child_weight	8. What was your child's weight (in kg) at birth?	User Input								
child_length	9. What was your child's length (in cm) at birth?	User Input								

Variable	Question text	Value																			
child1_6_and_above	10. Hierarchy among siblings?	<table border="1"> <thead> <tr> <th data-bbox="1034 237 1294 311">Text</th> <th data-bbox="1294 237 1428 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 311 1294 385">One</td> <td data-bbox="1294 311 1428 385">1</td> </tr> <tr> <td data-bbox="1034 385 1294 459">Two</td> <td data-bbox="1294 385 1428 459">2</td> </tr> <tr> <td data-bbox="1034 459 1294 533">Three</td> <td data-bbox="1294 459 1428 533">3</td> </tr> <tr> <td data-bbox="1034 533 1294 607">Four</td> <td data-bbox="1294 533 1428 607">4</td> </tr> <tr> <td data-bbox="1034 607 1294 680">Five</td> <td data-bbox="1294 607 1428 680">5</td> </tr> <tr> <td data-bbox="1034 680 1294 754">Six and above</td> <td data-bbox="1294 680 1428 754">6</td> </tr> </tbody> </table>		Text	Value	One	1	Two	2	Three	3	Four	4	Five	5	Six and above	6				
Text	Value																				
One	1																				
Two	2																				
Three	3																				
Four	4																				
Five	5																				
Six and above	6																				
child_ethnic_group	11. Child's ethnic group?	<table border="1"> <thead> <tr> <th data-bbox="1034 831 1315 904">Text</th> <th data-bbox="1315 831 1428 904">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 904 1315 978">Malay</td> <td data-bbox="1315 904 1428 978">1</td> </tr> <tr> <td data-bbox="1034 978 1315 1052">Indian</td> <td data-bbox="1315 978 1428 1052">2</td> </tr> <tr> <td data-bbox="1034 1052 1315 1126">Chinese</td> <td data-bbox="1315 1052 1428 1126">3</td> </tr> <tr> <td data-bbox="1034 1126 1315 1200">Bumiputera</td> <td data-bbox="1315 1126 1428 1200">4</td> </tr> <tr> <td data-bbox="1034 1200 1315 1274">Orang Asli</td> <td data-bbox="1315 1200 1428 1274">8</td> </tr> <tr> <td data-bbox="1034 1274 1315 1348">Other</td> <td data-bbox="1315 1274 1428 1348">5</td> </tr> <tr> <td data-bbox="1034 1348 1315 1422">Don't Know</td> <td data-bbox="1315 1348 1428 1422">-8</td> </tr> <tr> <td data-bbox="1034 1422 1315 1496">Refused to answer</td> <td data-bbox="1315 1422 1428 1496">-9</td> </tr> </tbody> </table>		Text	Value	Malay	1	Indian	2	Chinese	3	Bumiputera	4	Orang Asli	8	Other	5	Don't Know	-8	Refused to answer	-9
Text	Value																				
Malay	1																				
Indian	2																				
Chinese	3																				
Bumiputera	4																				
Orang Asli	8																				
Other	5																				
Don't Know	-8																				
Refused to answer	-9																				
child_ethnic_group_other	Specify other:	User Input																			

Variable	Question text	Value																									
child_religion	12. Child's religion ?	<table border="1"> <thead> <tr> <th data-bbox="1034 235 1316 309">Text</th> <th data-bbox="1316 235 1431 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1316 383">Islam</td> <td data-bbox="1316 309 1431 383">1</td> </tr> <tr> <td data-bbox="1034 383 1316 456">Buddhism</td> <td data-bbox="1316 383 1431 456">2</td> </tr> <tr> <td data-bbox="1034 456 1316 530">Hindu</td> <td data-bbox="1316 456 1431 530">3</td> </tr> <tr> <td data-bbox="1034 530 1316 604">Sikh</td> <td data-bbox="1316 530 1431 604">4</td> </tr> <tr> <td data-bbox="1034 604 1316 678">Christian</td> <td data-bbox="1316 604 1431 678">5</td> </tr> <tr> <td data-bbox="1034 678 1316 752">Taoist</td> <td data-bbox="1316 678 1431 752">6</td> </tr> <tr> <td data-bbox="1034 752 1316 826">Other</td> <td data-bbox="1316 752 1431 826">7</td> </tr> <tr> <td data-bbox="1034 826 1316 900">Atheist or Agnostic</td> <td data-bbox="1316 826 1431 900">8</td> </tr> <tr> <td data-bbox="1034 900 1316 974">Animism</td> <td data-bbox="1316 900 1431 974">11</td> </tr> <tr> <td data-bbox="1034 974 1316 1048">Don't Know</td> <td data-bbox="1316 974 1431 1048">-8</td> </tr> <tr> <td data-bbox="1034 1048 1316 1122">Refused to answer</td> <td data-bbox="1316 1048 1431 1122">-9</td> </tr> </tbody> </table>		Text	Value	Islam	1	Buddhism	2	Hindu	3	Sikh	4	Christian	5	Taoist	6	Other	7	Atheist or Agnostic	8	Animism	11	Don't Know	-8	Refused to answer	-9
Text	Value																										
Islam	1																										
Buddhism	2																										
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Atheist or Agnostic	8																										
Animism	11																										
Don't Know	-8																										
Refused to answer	-9																										
child_religion_other	Specify other:	User Input																									
medical_condition	13 Was this child diagnosed with any medical condition at birth?	<table border="1"> <thead> <tr> <th data-bbox="1034 1272 1326 1346">Text</th> <th data-bbox="1326 1272 1431 1346">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1346 1326 1458">Congenital heart disease</td> <td data-bbox="1326 1346 1431 1458">1</td> </tr> <tr> <td data-bbox="1034 1458 1326 1532">Jaundice</td> <td data-bbox="1326 1458 1431 1532">2</td> </tr> <tr> <td data-bbox="1034 1532 1326 1606">Digestive disorder</td> <td data-bbox="1326 1532 1431 1606">3</td> </tr> <tr> <td data-bbox="1034 1606 1326 1718">Chromosome and genetic disorder</td> <td data-bbox="1326 1606 1431 1718">4</td> </tr> <tr> <td data-bbox="1034 1718 1326 1792">Other</td> <td data-bbox="1326 1718 1431 1792">5</td> </tr> <tr> <td data-bbox="1034 1792 1326 1865">None</td> <td data-bbox="1326 1792 1431 1865">6</td> </tr> </tbody> </table>		Text	Value	Congenital heart disease	1	Jaundice	2	Digestive disorder	3	Chromosome and genetic disorder	4	Other	5	None	6										
Text	Value																										
Congenital heart disease	1																										
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Chromosome and genetic disorder	4																										
Other	5																										
None	6																										
medical_condition_other	Specify other:	User Input																									

Variable	Question text	Value			
mode_delivery	14. Mode of delivery?	<table border="1"> <thead> <tr> <th data-bbox="1024 244 1319 300">Text</th> <th data-bbox="1319 244 1430 300">Value</th> </tr> </thead> </table>	Text	Value	
Text	Value				
		Vaginally and not induced	1		
		Vaginally and induced	2		
		A planned caesarean	3		
		An unplanned caesarean	4		
medical_problem	15. Which of the following problems did your baby encounter during the past 2 weeks?	<table border="1"> <thead> <tr> <th data-bbox="1024 772 1319 828">Text</th> <th data-bbox="1319 772 1430 828">Value</th> </tr> </thead> </table>	Text	Value	
Text	Value				
		fever	1		
		diarrhoea	2		
		vomiting	3		
		ear infection	4		
		colic	5		
		fussy or irritable	6		
		reflux	7		
		runny nose or cold	8		
		respiratory problems	9		
		cough or wheezing	10		
		asthma	11		
		food allergy	12		
		eczema	13		
		none of this	14		

Variable	Question text	Value																
medicines_2_weeks	16. Was your child given any of these following medicines in the past two weeks?	<table border="1"> <thead> <tr> <th data-bbox="1034 237 1310 311">Text</th> <th data-bbox="1310 237 1433 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 311 1310 385">Antibiotics</td> <td data-bbox="1310 311 1433 385">1</td> </tr> <tr> <td data-bbox="1034 385 1310 459">Cough syrup</td> <td data-bbox="1310 385 1433 459">2</td> </tr> <tr> <td data-bbox="1034 459 1310 533">Flu medication</td> <td data-bbox="1310 459 1433 533">3</td> </tr> <tr> <td data-bbox="1034 533 1310 607">Fever medication</td> <td data-bbox="1310 533 1433 607">4</td> </tr> <tr> <td data-bbox="1034 607 1310 680">None</td> <td data-bbox="1310 607 1433 680">5</td> </tr> </tbody> </table>	Text	Value	Antibiotics	1	Cough syrup	2	Flu medication	3	Fever medication	4	None	5				
Text	Value																	
Antibiotics	1																	
Cough syrup	2																	
Flu medication	3																	
Fever medication	4																	
None	5																	
medicines_2_weeks_other	Specify other:	User Input																
vitamin_mineral	17 Which of the following vitamins or mineral drops was your baby given for at least 3 days in the past 2 weeks?	<table border="1"> <thead> <tr> <th data-bbox="1034 831 1321 904">Text</th> <th data-bbox="1321 831 1433 904">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 904 1321 978">Multivitamin</td> <td data-bbox="1321 904 1433 978">1</td> </tr> <tr> <td data-bbox="1034 978 1321 1052">Vitamin C</td> <td data-bbox="1321 978 1433 1052">2</td> </tr> <tr> <td data-bbox="1034 1052 1321 1126">Vitamin D</td> <td data-bbox="1321 1052 1433 1126">3</td> </tr> <tr> <td data-bbox="1034 1126 1321 1238">Iron supplementation</td> <td data-bbox="1321 1126 1433 1238">4</td> </tr> <tr> <td data-bbox="1034 1238 1321 1312">Fish oil</td> <td data-bbox="1321 1238 1433 1312">5</td> </tr> <tr> <td data-bbox="1034 1312 1321 1386">None</td> <td data-bbox="1321 1312 1433 1386">6</td> </tr> <tr> <td data-bbox="1034 1386 1321 1460">Others</td> <td data-bbox="1321 1386 1433 1460">7</td> </tr> </tbody> </table>	Text	Value	Multivitamin	1	Vitamin C	2	Vitamin D	3	Iron supplementation	4	Fish oil	5	None	6	Others	7
Text	Value																	
Multivitamin	1																	
Vitamin C	2																	
Vitamin D	3																	
Iron supplementation	4																	
Fish oil	5																	
None	6																	
Others	7																	
vitamin_mineral_other	Specify other:	User Input																
herbal_botanical	18. Was your baby given any kind of herbal or botanical preparations or tea ?	<table border="1"> <thead> <tr> <th data-bbox="1034 1615 1214 1688">Text</th> <th data-bbox="1214 1615 1433 1688">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1688 1214 1762">Yes</td> <td data-bbox="1214 1688 1433 1762">1</td> </tr> <tr> <td data-bbox="1034 1762 1214 1836">No</td> <td data-bbox="1214 1762 1433 1836">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2										
Text	Value																	
Yes	1																	
No	2																	
selfprepared_medicine	19. Please list all kind of herbal or botanical preparation or tea your baby was given.	User Input																

Variable	Question text	Value																											
preparation_teas_	20. Why was your child given the above preparation or teas?	<table border="1"> <thead> <tr> <th data-bbox="1024 228 1321 300">Text</th> <th data-bbox="1321 228 1430 300">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 300 1321 383">to ease diaper rash</td> <td data-bbox="1321 300 1430 383">1</td> </tr> <tr> <td data-bbox="1024 383 1321 465">to ease colic</td> <td data-bbox="1321 383 1430 465">2</td> </tr> <tr> <td data-bbox="1024 465 1321 548">to ease digestion</td> <td data-bbox="1321 465 1430 548">3</td> </tr> <tr> <td data-bbox="1024 548 1321 631">to ease fussiness</td> <td data-bbox="1321 548 1430 631">4</td> </tr> <tr> <td data-bbox="1024 631 1321 714">to help the baby relax</td> <td data-bbox="1321 631 1430 714">5</td> </tr> <tr> <td data-bbox="1024 714 1321 831">to ease a cold or other respiratory problem</td> <td data-bbox="1321 714 1430 831">6</td> </tr> <tr> <td data-bbox="1024 831 1321 987">to ease an illness other than respiratory problem</td> <td data-bbox="1321 831 1430 987">7</td> </tr> <tr> <td data-bbox="1024 987 1321 1070">diarrhoea</td> <td data-bbox="1321 987 1430 1070">8</td> </tr> <tr> <td data-bbox="1024 1070 1321 1153">fever</td> <td data-bbox="1321 1070 1430 1153">9</td> </tr> <tr> <td data-bbox="1024 1153 1321 1236">cough</td> <td data-bbox="1321 1153 1430 1236">10</td> </tr> <tr> <td data-bbox="1024 1236 1321 1341">to stimulate baby's immune system</td> <td data-bbox="1321 1236 1430 1341">11</td> </tr> <tr> <td data-bbox="1024 1341 1321 1424">others</td> <td data-bbox="1321 1341 1430 1424">12</td> </tr> </tbody> </table>	Text	Value	to ease diaper rash	1	to ease colic	2	to ease digestion	3	to ease fussiness	4	to help the baby relax	5	to ease a cold or other respiratory problem	6	to ease an illness other than respiratory problem	7	diarrhoea	8	fever	9	cough	10	to stimulate baby's immune system	11	others	12	
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preparation_teas_other	Specify other:	User Input																											

Variable	Question text	Value																
times_hospitalized	21.How many times has your child been hospitalized for any reason from birth?	<table border="1"> <thead> <tr> <th data-bbox="1034 235 1262 309">Text</th> <th data-bbox="1262 235 1431 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1262 383">None</td> <td data-bbox="1262 309 1431 383">1</td> </tr> <tr> <td data-bbox="1034 383 1262 456">1 time</td> <td data-bbox="1262 383 1431 456">2</td> </tr> <tr> <td data-bbox="1034 456 1262 530">2 times</td> <td data-bbox="1262 456 1431 530">3</td> </tr> <tr> <td data-bbox="1034 530 1262 604">3 times</td> <td data-bbox="1262 530 1431 604">4</td> </tr> <tr> <td data-bbox="1034 604 1262 678">4 times</td> <td data-bbox="1262 604 1431 678">5</td> </tr> <tr> <td data-bbox="1034 678 1262 752">5 times</td> <td data-bbox="1262 678 1431 752">6</td> </tr> <tr> <td data-bbox="1034 752 1262 826">≥ 6 times</td> <td data-bbox="1262 752 1431 826">7</td> </tr> </tbody> </table>	Text	Value	None	1	1 time	2	2 times	3	3 times	4	4 times	5	5 times	6	≥ 6 times	7
Text	Value																	
None	1																	
1 time	2																	
2 times	3																	
3 times	4																	
4 times	5																	
5 times	6																	
≥ 6 times	7																	
child_admitted	22. How many days was your child admitted?	<table border="1"> <thead> <tr> <th data-bbox="1034 900 1262 974">Text</th> <th data-bbox="1262 900 1431 974">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 974 1262 1048">≤ 3 days</td> <td data-bbox="1262 974 1431 1048">1</td> </tr> <tr> <td data-bbox="1034 1048 1262 1122">≥ 3 days</td> <td data-bbox="1262 1048 1431 1122">2</td> </tr> </tbody> </table>	Text	Value	≤ 3 days	1	≥ 3 days	2										
Text	Value																	
≤ 3 days	1																	
≥ 3 days	2																	
procedure_surgery	23. Has your child been taken to the hospital for any outpatient procedure or surgery in the past 4 weeks?	<table border="1"> <thead> <tr> <th data-bbox="1034 1198 1214 1272">Text</th> <th data-bbox="1214 1198 1431 1272">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1272 1214 1346">Yes</td> <td data-bbox="1214 1272 1431 1346">1</td> </tr> <tr> <td data-bbox="1034 1346 1214 1420">No</td> <td data-bbox="1214 1346 1431 1420">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2										
Text	Value																	
Yes	1																	
No	2																	
mother_age	25. Mother's age :	User Input																
mother_weight	26. Mother's current weight (kg):	User Input																
mother_height	27. Mother's height (cm):	User Input																

Variable	Question text	Value																		
marital_status	28. What is the marital status of ?	<table border="1"> <thead> <tr> <th data-bbox="1034 235 1326 309">Text</th> <th data-bbox="1326 235 1431 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1326 383">Single</td> <td data-bbox="1326 309 1431 383">1</td> </tr> <tr> <td data-bbox="1034 383 1326 456">Married</td> <td data-bbox="1326 383 1431 456">2</td> </tr> <tr> <td data-bbox="1034 456 1326 568">Separated / Living Apart (Not Divorced)</td> <td data-bbox="1326 456 1431 568">3</td> </tr> <tr> <td data-bbox="1034 568 1326 642">Divorced</td> <td data-bbox="1326 568 1431 642">4</td> </tr> <tr> <td data-bbox="1034 642 1326 716">Widow / Widower</td> <td data-bbox="1326 642 1431 716">5</td> </tr> <tr> <td data-bbox="1034 716 1326 790">Don't Know</td> <td data-bbox="1326 716 1431 790">-8</td> </tr> <tr> <td data-bbox="1034 790 1326 864">Refused to answer</td> <td data-bbox="1326 790 1431 864">-9</td> </tr> </tbody> </table>	Text	Value	Single	1	Married	2	Separated / Living Apart (Not Divorced)	3	Divorced	4	Widow / Widower	5	Don't Know	-8	Refused to answer	-9		
Text	Value																			
Single	1																			
Married	2																			
Separated / Living Apart (Not Divorced)	3																			
Divorced	4																			
Widow / Widower	5																			
Don't Know	-8																			
Refused to answer	-9																			
ethnic_group_mother	29. What is 's ethnicity?	<table border="1"> <thead> <tr> <th data-bbox="1034 940 1315 1014">Text</th> <th data-bbox="1315 940 1431 1014">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1014 1315 1088">Malay</td> <td data-bbox="1315 1014 1431 1088">1</td> </tr> <tr> <td data-bbox="1034 1088 1315 1162">Indian</td> <td data-bbox="1315 1088 1431 1162">2</td> </tr> <tr> <td data-bbox="1034 1162 1315 1236">Chinese</td> <td data-bbox="1315 1162 1431 1236">3</td> </tr> <tr> <td data-bbox="1034 1236 1315 1310">Bumiputera</td> <td data-bbox="1315 1236 1431 1310">4</td> </tr> <tr> <td data-bbox="1034 1310 1315 1384">Orang Asli</td> <td data-bbox="1315 1310 1431 1384">8</td> </tr> <tr> <td data-bbox="1034 1384 1315 1458">Other</td> <td data-bbox="1315 1384 1431 1458">5</td> </tr> <tr> <td data-bbox="1034 1458 1315 1532">Don't Know</td> <td data-bbox="1315 1458 1431 1532">-8</td> </tr> <tr> <td data-bbox="1034 1532 1315 1606">Refused to answer</td> <td data-bbox="1315 1532 1431 1606">-9</td> </tr> </tbody> </table>	Text	Value	Malay	1	Indian	2	Chinese	3	Bumiputera	4	Orang Asli	8	Other	5	Don't Know	-8	Refused to answer	-9
Text	Value																			
Malay	1																			
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Refused to answer	-9																			
ethnic_group_mother_text	Specify other:	User Input																		

Variable	Question text	Value																								
mother_religion	30. What is 's religion?	<table border="1"> <thead> <tr> <th data-bbox="1034 235 1316 309">Text</th> <th data-bbox="1316 235 1431 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1316 383">Islam</td> <td data-bbox="1316 309 1431 383">1</td> </tr> <tr> <td data-bbox="1034 383 1316 456">Buddhism</td> <td data-bbox="1316 383 1431 456">2</td> </tr> <tr> <td data-bbox="1034 456 1316 530">Hindu</td> <td data-bbox="1316 456 1431 530">3</td> </tr> <tr> <td data-bbox="1034 530 1316 604">Sikh</td> <td data-bbox="1316 530 1431 604">4</td> </tr> <tr> <td data-bbox="1034 604 1316 678">Christian</td> <td data-bbox="1316 604 1431 678">5</td> </tr> <tr> <td data-bbox="1034 678 1316 752">Taoist</td> <td data-bbox="1316 678 1431 752">6</td> </tr> <tr> <td data-bbox="1034 752 1316 826">Other</td> <td data-bbox="1316 752 1431 826">7</td> </tr> <tr> <td data-bbox="1034 826 1316 900">Atheist or Agnostic</td> <td data-bbox="1316 826 1431 900">8</td> </tr> <tr> <td data-bbox="1034 900 1316 974">Animism</td> <td data-bbox="1316 900 1431 974">11</td> </tr> <tr> <td data-bbox="1034 974 1316 1048">Don't Know</td> <td data-bbox="1316 974 1431 1048">-8</td> </tr> <tr> <td data-bbox="1034 1048 1316 1122">Refused to answer</td> <td data-bbox="1316 1048 1431 1122">-9</td> </tr> </tbody> </table>	Text	Value	Islam	1	Buddhism	2	Hindu	3	Sikh	4	Christian	5	Taoist	6	Other	7	Atheist or Agnostic	8	Animism	11	Don't Know	-8	Refused to answer	-9
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mother_religion_other	Specify other:	User Input																								
weight_gain	31. How much weight did you gain during pregnancy ?	User Input																								
prepregnancy_weight	32. Pre pregnancy weight :	User Input																								
postpregnancy_weight	33. Post pregnancy weight:	User Input																								

Variable	Question text	Value																	
prepregnancy_medcondition	34. Which medical condition were you diagnosed with BEFORE this pregnancy?	<table border="1"> <thead> <tr> <th data-bbox="1034 237 1326 309">Text</th> <th data-bbox="1326 237 1430 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1326 383">Diabetes Mellitus</td> <td data-bbox="1326 309 1430 383">1</td> </tr> <tr> <td data-bbox="1034 383 1326 456">Hypertension</td> <td data-bbox="1326 383 1430 456">2</td> </tr> <tr> <td data-bbox="1034 456 1326 530">Hyperlipidemia</td> <td data-bbox="1326 456 1430 530">3</td> </tr> <tr> <td data-bbox="1034 530 1326 604">Gout</td> <td data-bbox="1326 530 1430 604">4</td> </tr> <tr> <td data-bbox="1034 604 1326 719">Hyperthyroid, hypothyroid</td> <td data-bbox="1326 604 1430 719">5</td> </tr> <tr> <td data-bbox="1034 719 1326 792">None</td> <td data-bbox="1326 719 1430 792">6</td> </tr> <tr> <td data-bbox="1034 792 1326 866">Others</td> <td data-bbox="1326 792 1430 866">7</td> </tr> </tbody> </table>		Text	Value	Diabetes Mellitus	1	Hypertension	2	Hyperlipidemia	3	Gout	4	Hyperthyroid, hypothyroid	5	None	6	Others	7
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None	6																		
Others	7																		
prepregnancy_medcondition_other	Specify other:	User Input																	
pregnancy_medcondition	34b. Which medical condition were you diagnosed with DURING your pregnancy?	<table border="1"> <thead> <tr> <th data-bbox="1034 1014 1326 1086">Text</th> <th data-bbox="1326 1014 1430 1086">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1086 1326 1200">Gestational Diabetes Mellitus</td> <td data-bbox="1326 1086 1430 1200">1</td> </tr> <tr> <td data-bbox="1034 1200 1326 1274">Hypertension</td> <td data-bbox="1326 1200 1430 1274">2</td> </tr> <tr> <td data-bbox="1034 1274 1326 1348">Hyperlipidemia</td> <td data-bbox="1326 1274 1430 1348">3</td> </tr> <tr> <td data-bbox="1034 1348 1326 1462">Hyperthyroid, hypothyroid</td> <td data-bbox="1326 1348 1430 1462">4</td> </tr> <tr> <td data-bbox="1034 1462 1326 1536">Anaemic</td> <td data-bbox="1326 1462 1430 1536">5</td> </tr> <tr> <td data-bbox="1034 1536 1326 1610">None</td> <td data-bbox="1326 1536 1430 1610">6</td> </tr> <tr> <td data-bbox="1034 1610 1326 1684">Others</td> <td data-bbox="1326 1610 1430 1684">7</td> </tr> </tbody> </table>		Text	Value	Gestational Diabetes Mellitus	1	Hypertension	2	Hyperlipidemia	3	Hyperthyroid, hypothyroid	4	Anaemic	5	None	6	Others	7
Text	Value																		
Gestational Diabetes Mellitus	1																		
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None	6																		
Others	7																		
pregnancy_medcondition_other	Specify other:	User Input																	

Variable	Question text	Value																								
regular_medication	35. What kind of regular medication did you take during this recent pregnancy?	<table border="1"> <thead> <tr> <th data-bbox="1034 237 1326 311">Text</th> <th data-bbox="1326 237 1430 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 311 1326 465">Medication for diabetes as prescribed by doctor</td> <td data-bbox="1326 311 1430 465">1</td> </tr> <tr> <td data-bbox="1034 465 1326 620">Medication for hypertension as prescribed by doctor</td> <td data-bbox="1326 465 1430 620">2</td> </tr> <tr> <td data-bbox="1034 620 1326 775">Medication for hyperlipidemia as prescribed by doctor</td> <td data-bbox="1326 620 1430 775">3</td> </tr> <tr> <td data-bbox="1034 775 1326 848">Iron supplements</td> <td data-bbox="1326 775 1430 848">4</td> </tr> <tr> <td data-bbox="1034 848 1326 922">Folic acid</td> <td data-bbox="1326 848 1430 922">5</td> </tr> <tr> <td data-bbox="1034 922 1326 996">Vitamin C</td> <td data-bbox="1326 922 1430 996">6</td> </tr> <tr> <td data-bbox="1034 996 1326 1106">Other vitamin supplements</td> <td data-bbox="1326 996 1430 1106">7</td> </tr> <tr> <td data-bbox="1034 1106 1326 1180">Fish oil</td> <td data-bbox="1326 1106 1430 1180">8</td> </tr> <tr> <td data-bbox="1034 1180 1326 1254">Calcium</td> <td data-bbox="1326 1180 1430 1254">9</td> </tr> <tr> <td data-bbox="1034 1254 1326 1328">None</td> <td data-bbox="1326 1254 1430 1328">10</td> </tr> <tr> <td data-bbox="1034 1328 1326 1402">Others</td> <td data-bbox="1326 1328 1430 1402">11</td> </tr> </tbody> </table>	Text	Value	Medication for diabetes as prescribed by doctor	1	Medication for hypertension as prescribed by doctor	2	Medication for hyperlipidemia as prescribed by doctor	3	Iron supplements	4	Folic acid	5	Vitamin C	6	Other vitamin supplements	7	Fish oil	8	Calcium	9	None	10	Others	11
Text	Value																									
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regular_medication_other	Specify other:	User Input																								
smoke_pregnancy	36. Did you smoke during your recent pregnancy?	<table border="1"> <thead> <tr> <th data-bbox="1034 1550 1214 1624">Text</th> <th data-bbox="1214 1550 1430 1624">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1624 1214 1697">Yes</td> <td data-bbox="1214 1624 1430 1697">1</td> </tr> <tr> <td data-bbox="1034 1697 1214 1771">No</td> <td data-bbox="1214 1697 1430 1771">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2																		
Text	Value																									
Yes	1																									
No	2																									
smoke_pregnancy_yes	How many sticks a day?	User Input																								

Variable	Question text	Value								
alcohol_intake_during_pregnancy	37. Did you drink alcohol during your pregnancy?	<table border="1"> <thead> <tr> <th data-bbox="1034 237 1214 311">Text</th> <th data-bbox="1214 237 1428 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 311 1214 385">Yes</td> <td data-bbox="1214 311 1428 385">1</td> </tr> <tr> <td data-bbox="1034 385 1214 459">No</td> <td data-bbox="1214 385 1428 459">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2		
Text	Value									
Yes	1									
No	2									
frequency_alcohol_intake	38. How often do you drink alcohol during this pregnancy?	<table border="1"> <thead> <tr> <th data-bbox="1034 535 1257 609">Text</th> <th data-bbox="1257 535 1428 609">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 609 1257 683">Weekly</td> <td data-bbox="1257 609 1428 683">1</td> </tr> <tr> <td data-bbox="1034 683 1257 757">Monthly</td> <td data-bbox="1257 683 1428 757">2</td> </tr> <tr> <td data-bbox="1034 757 1257 831">Not sure</td> <td data-bbox="1257 757 1428 831">3</td> </tr> </tbody> </table>	Text	Value	Weekly	1	Monthly	2	Not sure	3
Text	Value									
Weekly	1									
Monthly	2									
Not sure	3									
frequency_alcohol_intake_week	How many times a week?	User Input								
frequency_alcohol_intake_month	How many times a month?	User Input								

Variable	Question text	Value																															
education_level	39. What was the highest level of education achieved by	<table border="1"> <thead> <tr> <th data-bbox="1034 235 1327 309">Text</th> <th data-bbox="1327 235 1431 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1327 421">Never attended school</td> <td data-bbox="1327 309 1431 421">1</td> </tr> <tr> <td data-bbox="1034 421 1327 533">Attended but did not finish Primary School</td> <td data-bbox="1327 421 1431 533">2</td> </tr> <tr> <td data-bbox="1034 533 1327 645">Finished Primary School</td> <td data-bbox="1327 533 1431 645">3</td> </tr> <tr> <td data-bbox="1034 645 1327 719">Started High School</td> <td data-bbox="1327 645 1431 719">4</td> </tr> <tr> <td data-bbox="1034 719 1327 792">Finished Form 3</td> <td data-bbox="1327 719 1431 792">5</td> </tr> <tr> <td data-bbox="1034 792 1327 866">Finished Form 5</td> <td data-bbox="1327 792 1431 866">6</td> </tr> <tr> <td data-bbox="1034 866 1327 940">Finished Form 6</td> <td data-bbox="1327 866 1431 940">7</td> </tr> <tr> <td data-bbox="1034 940 1327 1052">Started College (Diploma)</td> <td data-bbox="1327 940 1431 1052">8</td> </tr> <tr> <td data-bbox="1034 1052 1327 1164">Finished College (Diploma)</td> <td data-bbox="1327 1052 1431 1164">9</td> </tr> <tr> <td data-bbox="1034 1164 1327 1276">Started University (Degree)</td> <td data-bbox="1327 1164 1431 1276">10</td> </tr> <tr> <td data-bbox="1034 1276 1327 1388">Finished University (Degree)</td> <td data-bbox="1327 1276 1431 1388">11</td> </tr> <tr> <td data-bbox="1034 1388 1327 1462">Other</td> <td data-bbox="1327 1388 1431 1462">12</td> </tr> <tr> <td data-bbox="1034 1462 1327 1536">Do not know</td> <td data-bbox="1327 1462 1431 1536">13</td> </tr> <tr> <td data-bbox="1034 1536 1327 1610">Refused to answer</td> <td data-bbox="1327 1536 1431 1610">14</td> </tr> </tbody> </table>		Text	Value	Never attended school	1	Attended but did not finish Primary School	2	Finished Primary School	3	Started High School	4	Finished Form 3	5	Finished Form 5	6	Finished Form 6	7	Started College (Diploma)	8	Finished College (Diploma)	9	Started University (Degree)	10	Finished University (Degree)	11	Other	12	Do not know	13	Refused to answer	14
Text	Value																																
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education_other	Specify other:	User Input																															
work_after_delivery	40. Did you work anytime since you delivered this child?	<table border="1"> <thead> <tr> <th data-bbox="1034 1769 1216 1843">Text</th> <th data-bbox="1216 1769 1431 1843">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1843 1216 1917">Yes</td> <td data-bbox="1216 1843 1431 1917">1</td> </tr> <tr> <td data-bbox="1034 1917 1216 1991">No</td> <td data-bbox="1216 1917 1431 1991">2</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2																								
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Yes	1																																
No	2																																

Variable	Question text	Value																			
child_age_when_mum_work	41. How old was your baby when you started to work?	<table border="1"> <thead> <tr> <th data-bbox="1023 232 1262 309">Text</th> <th data-bbox="1262 232 1433 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1023 309 1262 385">1 month</td> <td data-bbox="1262 309 1433 385">1</td> </tr> <tr> <td data-bbox="1023 385 1262 461">2 months</td> <td data-bbox="1262 385 1433 461">2</td> </tr> <tr> <td data-bbox="1023 461 1262 537">3 months</td> <td data-bbox="1262 461 1433 537">3</td> </tr> <tr> <td data-bbox="1023 537 1262 613">4 months</td> <td data-bbox="1262 537 1433 613">4</td> </tr> <tr> <td data-bbox="1023 613 1262 689">5 months</td> <td data-bbox="1262 613 1433 689">5</td> </tr> <tr> <td data-bbox="1023 689 1262 766">6 months</td> <td data-bbox="1262 689 1433 766">6</td> </tr> <tr> <td data-bbox="1023 766 1262 842">7 months</td> <td data-bbox="1262 766 1433 842">7</td> </tr> <tr> <td data-bbox="1023 842 1262 918">8 months</td> <td data-bbox="1262 842 1433 918">8</td> </tr> </tbody> </table>		Text	Value	1 month	1	2 months	2	3 months	3	4 months	4	5 months	5	6 months	6	7 months	7	8 months	8
Text	Value																				
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3 months	3																				
4 months	4																				
5 months	5																				
6 months	6																				
7 months	7																				
8 months	8																				
total_working_hours	42. How many hours per week did you usually work at your job during this past 4 weeks? (if you have been working in more than one job, than answer for the total number of hours you worked).	<table border="1"> <thead> <tr> <th data-bbox="1023 972 1326 1048">Text</th> <th data-bbox="1326 972 1433 1048">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1023 1048 1326 1124">1 to 9 hours per week</td> <td data-bbox="1326 1048 1433 1124">1</td> </tr> <tr> <td data-bbox="1023 1124 1326 1240">10 to 19 hours per week</td> <td data-bbox="1326 1124 1433 1240">2</td> </tr> <tr> <td data-bbox="1023 1240 1326 1357">20 to 29 hours per week</td> <td data-bbox="1326 1240 1433 1357">3</td> </tr> <tr> <td data-bbox="1023 1357 1326 1473">30 to 34 hours per week</td> <td data-bbox="1326 1357 1433 1473">4</td> </tr> <tr> <td data-bbox="1023 1473 1326 1590">35 to 40 hours per week</td> <td data-bbox="1326 1473 1433 1590">5</td> </tr> <tr> <td data-bbox="1023 1590 1326 1706">more than 40 hours per week</td> <td data-bbox="1326 1590 1433 1706">6</td> </tr> </tbody> </table>		Text	Value	1 to 9 hours per week	1	10 to 19 hours per week	2	20 to 29 hours per week	3	30 to 34 hours per week	4	35 to 40 hours per week	5	more than 40 hours per week	6				
Text	Value																				
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more than 40 hours per week	6																				

Variable	Question text	Value																									
caretaker_child	43. Who looks after your child while you are at work?	<table border="1"> <thead> <tr> <th data-bbox="1034 235 1326 309">Text</th> <th data-bbox="1326 235 1431 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1326 383">A family member</td> <td data-bbox="1326 309 1431 383">1</td> </tr> <tr> <td data-bbox="1034 383 1326 456">A babysitter</td> <td data-bbox="1326 383 1431 456">2</td> </tr> <tr> <td data-bbox="1034 456 1326 568">A day care or child care centre</td> <td data-bbox="1326 456 1431 568">3</td> </tr> <tr> <td data-bbox="1034 568 1326 680">I keep my baby with me while i work</td> <td data-bbox="1326 568 1431 680">4</td> </tr> </tbody> </table>		Text	Value	A family member	1	A babysitter	2	A day care or child care centre	3	I keep my baby with me while i work	4														
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A family member	1																										
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I keep my baby with me while i work	4																										
household_income	44. What is your total household income?	<table border="1"> <thead> <tr> <th data-bbox="1034 757 1326 831">Text</th> <th data-bbox="1326 757 1431 831">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 831 1326 943">Less than RM 400 per month</td> <td data-bbox="1326 831 1431 943">1</td> </tr> <tr> <td data-bbox="1034 943 1326 1016">RM 400 – RM 700</td> <td data-bbox="1326 943 1431 1016">2</td> </tr> <tr> <td data-bbox="1034 1016 1326 1090">RM 700 – RM 999</td> <td data-bbox="1326 1016 1431 1090">3</td> </tr> <tr> <td data-bbox="1034 1090 1326 1164">RM 1,000 – RM 1,999</td> <td data-bbox="1326 1090 1431 1164">4</td> </tr> <tr> <td data-bbox="1034 1164 1326 1238">RM 2,000 – RM 2,999</td> <td data-bbox="1326 1164 1431 1238">5</td> </tr> <tr> <td data-bbox="1034 1238 1326 1312">RM 3,000 – RM 3,999</td> <td data-bbox="1326 1238 1431 1312">6</td> </tr> <tr> <td data-bbox="1034 1312 1326 1386">RM 4,000 – RM 4,999</td> <td data-bbox="1326 1312 1431 1386">7</td> </tr> <tr> <td data-bbox="1034 1386 1326 1460">RM 5,000 – RM 5,999</td> <td data-bbox="1326 1386 1431 1460">8</td> </tr> <tr> <td data-bbox="1034 1460 1326 1534">RM 6,000 and above</td> <td data-bbox="1326 1460 1431 1534">9</td> </tr> <tr> <td data-bbox="1034 1534 1326 1608">Don't Know</td> <td data-bbox="1326 1534 1431 1608">-8</td> </tr> <tr> <td data-bbox="1034 1608 1326 1682">Refused to answer</td> <td data-bbox="1326 1608 1431 1682">-9</td> </tr> </tbody> </table>		Text	Value	Less than RM 400 per month	1	RM 400 – RM 700	2	RM 700 – RM 999	3	RM 1,000 – RM 1,999	4	RM 2,000 – RM 2,999	5	RM 3,000 – RM 3,999	6	RM 4,000 – RM 4,999	7	RM 5,000 – RM 5,999	8	RM 6,000 and above	9	Don't Know	-8	Refused to answer	-9
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Don't Know	-8																										
Refused to answer	-9																										
ever_breastfed	45. Did you ever provide breastmilk to your child (direct breastfeeding or pumped milk)?	<table border="1"> <thead> <tr> <th data-bbox="1034 1758 1214 1832">Text</th> <th data-bbox="1214 1758 1431 1832">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1832 1214 1906">Yes</td> <td data-bbox="1214 1832 1431 1906">1</td> </tr> <tr> <td data-bbox="1034 1906 1214 1980">No</td> <td data-bbox="1214 1906 1431 1980">2</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2																		
Text	Value																										
Yes	1																										
No	2																										

Variable	Question text	Value														
currently_breastfeeding	46. Are you still providing breastmilk to your child?	<table border="1"> <thead> <tr> <th data-bbox="1034 237 1214 311">Text</th> <th data-bbox="1214 237 1431 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 311 1214 385">Yes</td> <td data-bbox="1214 311 1431 385">1</td> </tr> <tr> <td data-bbox="1034 385 1214 459">No</td> <td data-bbox="1214 385 1431 459">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2								
Text	Value															
Yes	1															
No	2															
breastfeeding_method	47. How do you provide breastmilk to your child?	<table border="1"> <thead> <tr> <th data-bbox="1034 535 1323 609">Text</th> <th data-bbox="1323 535 1431 609">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 609 1323 683">direct breastfeeding</td> <td data-bbox="1323 609 1431 683">1</td> </tr> <tr> <td data-bbox="1034 683 1323 757">expressed breastmilk</td> <td data-bbox="1323 683 1431 757">2</td> </tr> <tr> <td data-bbox="1034 757 1323 831">both</td> <td data-bbox="1323 757 1431 831">3</td> </tr> </tbody> </table>	Text	Value	direct breastfeeding	1	expressed breastmilk	2	both	3						
Text	Value															
direct breastfeeding	1															
expressed breastmilk	2															
both	3															
breastfeeding_duration	48. How long does an average breastfeeding last?	<table border="1"> <thead> <tr> <th data-bbox="1034 904 1323 978">Text</th> <th data-bbox="1323 904 1431 978">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 978 1323 1052">less than 10 minutes</td> <td data-bbox="1323 978 1431 1052">1</td> </tr> <tr> <td data-bbox="1034 1052 1323 1126">10 to 19 minutes</td> <td data-bbox="1323 1052 1431 1126">2</td> </tr> <tr> <td data-bbox="1034 1126 1323 1200">20 to 29 minutes</td> <td data-bbox="1323 1126 1431 1200">3</td> </tr> <tr> <td data-bbox="1034 1200 1323 1274">30 to 39 minutes</td> <td data-bbox="1323 1200 1431 1274">4</td> </tr> <tr> <td data-bbox="1034 1274 1323 1348">40 to 49 minutes</td> <td data-bbox="1323 1274 1431 1348">5</td> </tr> <tr> <td data-bbox="1034 1348 1323 1422">50 minutes or more</td> <td data-bbox="1323 1348 1431 1422">6</td> </tr> </tbody> </table>	Text	Value	less than 10 minutes	1	10 to 19 minutes	2	20 to 29 minutes	3	30 to 39 minutes	4	40 to 49 minutes	5	50 minutes or more	6
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10 to 19 minutes	2															
20 to 29 minutes	3															
30 to 39 minutes	4															
40 to 49 minutes	5															
50 minutes or more	6															
direct_breastfeeding_frequency	49. How many times a day do you breastfeed your child directly?	User Input														

Variable	Question text	Value																							
expressed_brestmilk_frequency	50. If you are feeding your child expressed breastmilk, how many times a day do you feed your child?	<table border="1"> <thead> <tr> <th data-bbox="1034 235 1262 309">Text</th> <th data-bbox="1262 235 1428 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1262 383">never</td> <td data-bbox="1262 309 1428 383">1</td> </tr> <tr> <td data-bbox="1034 383 1262 456">1 times</td> <td data-bbox="1262 383 1428 456">2</td> </tr> <tr> <td data-bbox="1034 456 1262 530">2 times</td> <td data-bbox="1262 456 1428 530">3</td> </tr> <tr> <td data-bbox="1034 530 1262 604">3 times</td> <td data-bbox="1262 530 1428 604">4</td> </tr> <tr> <td data-bbox="1034 604 1262 678">4 times</td> <td data-bbox="1262 604 1428 678">5</td> </tr> <tr> <td data-bbox="1034 678 1262 752">5 times</td> <td data-bbox="1262 678 1428 752">6</td> </tr> <tr> <td data-bbox="1034 752 1262 826">6 times</td> <td data-bbox="1262 752 1428 826">7</td> </tr> <tr> <td data-bbox="1034 826 1262 900">7 times</td> <td data-bbox="1262 826 1428 900">8</td> </tr> <tr> <td data-bbox="1034 900 1262 974">8 times</td> <td data-bbox="1262 900 1428 974">9</td> </tr> <tr> <td data-bbox="1034 974 1262 1048">> 8 times</td> <td data-bbox="1262 974 1428 1048">10</td> </tr> </tbody> </table>		Text	Value	never	1	1 times	2	2 times	3	3 times	4	4 times	5	5 times	6	6 times	7	7 times	8	8 times	9	> 8 times	10
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8 times	9																								
> 8 times	10																								
expressed_brestmilk_quantity	51. How many ounces of expressed breast milk does your child drink in each feeding?	<table border="1"> <thead> <tr> <th data-bbox="1034 1120 1227 1193">Text</th> <th data-bbox="1227 1120 1428 1193">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1193 1227 1267">1 to 2</td> <td data-bbox="1227 1193 1428 1267">1</td> </tr> <tr> <td data-bbox="1034 1267 1227 1341">3</td> <td data-bbox="1227 1267 1428 1341">2</td> </tr> <tr> <td data-bbox="1034 1341 1227 1415">4</td> <td data-bbox="1227 1341 1428 1415">3</td> </tr> <tr> <td data-bbox="1034 1415 1227 1489">5</td> <td data-bbox="1227 1415 1428 1489">4</td> </tr> <tr> <td data-bbox="1034 1489 1227 1563">6</td> <td data-bbox="1227 1489 1428 1563">5</td> </tr> <tr> <td data-bbox="1034 1563 1227 1637">7</td> <td data-bbox="1227 1563 1428 1637">6</td> </tr> <tr> <td data-bbox="1034 1637 1227 1711">8</td> <td data-bbox="1227 1637 1428 1711">7</td> </tr> <tr> <td data-bbox="1034 1711 1227 1785">> 8</td> <td data-bbox="1227 1711 1428 1785">8</td> </tr> </tbody> </table>		Text	Value	1 to 2	1	3	2	4	3	5	4	6	5	7	6	8	7	> 8	8				
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Variable	Question text	Value																		
breastfed_exclusively	52. Is your child exclusively breastfed?	<table border="1"> <thead> <tr> <th data-bbox="1034 237 1214 311">Text</th> <th data-bbox="1214 237 1425 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 311 1214 385">Yes</td> <td data-bbox="1214 311 1425 385">1</td> </tr> <tr> <td data-bbox="1034 385 1214 459">No</td> <td data-bbox="1214 385 1425 459">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2												
Text	Value																			
Yes	1																			
No	2																			
given_formula_milk	52a. Is your child given formula milk	<table border="1"> <thead> <tr> <th data-bbox="1034 535 1214 609">Text</th> <th data-bbox="1214 535 1425 609">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 609 1214 683">Yes</td> <td data-bbox="1214 609 1425 683">1</td> </tr> <tr> <td data-bbox="1034 683 1214 757">No</td> <td data-bbox="1214 683 1425 757">2</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2												
Text	Value																			
Yes	1																			
No	2																			
stop_bf_months	How many months?	User Input																		
stop_bf_weeks	How many weeks?	User Input																		
milk_type	54. What type of milk are you giving your child now?	<table border="1"> <thead> <tr> <th data-bbox="1034 981 1326 1055">Text</th> <th data-bbox="1326 981 1425 1055">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1055 1326 1128">breastmilk only</td> <td data-bbox="1326 1055 1425 1128">1</td> </tr> <tr> <td data-bbox="1034 1128 1326 1240">formula milk only(dairy milk base)</td> <td data-bbox="1326 1128 1425 1240">2</td> </tr> <tr> <td data-bbox="1034 1240 1326 1397">combination of breastmilk and formula milk</td> <td data-bbox="1326 1240 1425 1397">3</td> </tr> <tr> <td data-bbox="1034 1397 1326 1509">fresh milk (cow's milk/ goat's milk)</td> <td data-bbox="1326 1397 1425 1509">4</td> </tr> <tr> <td data-bbox="1034 1509 1326 1583">whole milk</td> <td data-bbox="1326 1509 1425 1583">5</td> </tr> <tr> <td data-bbox="1034 1583 1326 1657">low fat / skim milk</td> <td data-bbox="1326 1583 1425 1657">6</td> </tr> <tr> <td data-bbox="1034 1657 1326 1731">soy based milk</td> <td data-bbox="1326 1657 1425 1731">7</td> </tr> <tr> <td data-bbox="1034 1731 1326 1805">other</td> <td data-bbox="1326 1731 1425 1805">8</td> </tr> </tbody> </table>	Text	Value	breastmilk only	1	formula milk only(dairy milk base)	2	combination of breastmilk and formula milk	3	fresh milk (cow's milk/ goat's milk)	4	whole milk	5	low fat / skim milk	6	soy based milk	7	other	8
Text	Value																			
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milk_other	Specify other:	User Input																		

Variable	Question text	Value																									
time_introduced_other_milk	55. How old was your child when he or she was first introduced to formula/cow's milk/ other milk?	<table border="1"> <thead> <tr> <th data-bbox="1024 235 1289 309">Text</th> <th data-bbox="1289 235 1430 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 309 1289 383">1 day or less</td> <td data-bbox="1289 309 1430 383">1</td> </tr> <tr> <td data-bbox="1024 383 1289 456">2 to 6 days</td> <td data-bbox="1289 383 1430 456">2</td> </tr> <tr> <td data-bbox="1024 456 1289 530">7 to 13 days</td> <td data-bbox="1289 456 1430 530">3</td> </tr> <tr> <td data-bbox="1024 530 1289 604">14 to 20 days</td> <td data-bbox="1289 530 1430 604">4</td> </tr> <tr> <td data-bbox="1024 604 1289 678">20 to 30 days</td> <td data-bbox="1289 604 1430 678">5</td> </tr> <tr> <td data-bbox="1024 678 1289 752">>30 days</td> <td data-bbox="1289 678 1430 752">6</td> </tr> <tr> <td data-bbox="1024 752 1289 826">2 months</td> <td data-bbox="1289 752 1430 826">7</td> </tr> <tr> <td data-bbox="1024 826 1289 900">3 months</td> <td data-bbox="1289 826 1430 900">8</td> </tr> <tr> <td data-bbox="1024 900 1289 974">4 months</td> <td data-bbox="1289 900 1430 974">9</td> </tr> <tr> <td data-bbox="1024 974 1289 1048">5 months</td> <td data-bbox="1289 974 1430 1048">10</td> </tr> <tr> <td data-bbox="1024 1048 1289 1122">6 months</td> <td data-bbox="1289 1048 1430 1122">11</td> </tr> </tbody> </table>		Text	Value	1 day or less	1	2 to 6 days	2	7 to 13 days	3	14 to 20 days	4	20 to 30 days	5	>30 days	6	2 months	7	3 months	8	4 months	9	5 months	10	6 months	11
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frequency_other_milk_intake	56. If you are feeding your child formula milk / cow's milk/ any type of milk, how many times a day do you feed your child?	<table border="1"> <thead> <tr> <th data-bbox="1024 1198 1262 1272">Text</th> <th data-bbox="1262 1198 1430 1272">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 1272 1262 1346">1 time</td> <td data-bbox="1262 1272 1430 1346">1</td> </tr> <tr> <td data-bbox="1024 1346 1262 1420">2 times</td> <td data-bbox="1262 1346 1430 1420">2</td> </tr> <tr> <td data-bbox="1024 1420 1262 1494">3 times</td> <td data-bbox="1262 1420 1430 1494">3</td> </tr> <tr> <td data-bbox="1024 1494 1262 1568">4 times</td> <td data-bbox="1262 1494 1430 1568">4</td> </tr> <tr> <td data-bbox="1024 1568 1262 1641">5 times</td> <td data-bbox="1262 1568 1430 1641">5</td> </tr> <tr> <td data-bbox="1024 1641 1262 1715">6 times</td> <td data-bbox="1262 1641 1430 1715">6</td> </tr> <tr> <td data-bbox="1024 1715 1262 1789">7 times</td> <td data-bbox="1262 1715 1430 1789">7</td> </tr> <tr> <td data-bbox="1024 1789 1262 1863">8 times</td> <td data-bbox="1262 1789 1430 1863">8</td> </tr> <tr> <td data-bbox="1024 1863 1262 1937">> 8 times</td> <td data-bbox="1262 1863 1430 1937">9</td> </tr> </tbody> </table>		Text	Value	1 time	1	2 times	2	3 times	3	4 times	4	5 times	5	6 times	6	7 times	7	8 times	8	> 8 times	9				
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Variable	Question text	Value																		
quantity_other_milk_intake	57. How many ounces of formula milk/ cow's milk/ any other type of milk does your child drink in each feeding?	<table border="1"> <thead> <tr> <th data-bbox="1034 235 1228 309">Text</th> <th data-bbox="1228 235 1428 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1228 383">1 to 2</td> <td data-bbox="1228 309 1428 383">1</td> </tr> <tr> <td data-bbox="1034 383 1228 456">3</td> <td data-bbox="1228 383 1428 456">2</td> </tr> <tr> <td data-bbox="1034 456 1228 530">4</td> <td data-bbox="1228 456 1428 530">3</td> </tr> <tr> <td data-bbox="1034 530 1228 604">5</td> <td data-bbox="1228 530 1428 604">4</td> </tr> <tr> <td data-bbox="1034 604 1228 678">6</td> <td data-bbox="1228 604 1428 678">5</td> </tr> <tr> <td data-bbox="1034 678 1228 752">7</td> <td data-bbox="1228 678 1428 752">6</td> </tr> <tr> <td data-bbox="1034 752 1228 826">8</td> <td data-bbox="1228 752 1428 826">7</td> </tr> <tr> <td data-bbox="1034 826 1228 900">> 8</td> <td data-bbox="1228 826 1428 900">8</td> </tr> </tbody> </table>	Text	Value	1 to 2	1	3	2	4	3	5	4	6	5	7	6	8	7	> 8	8
Text	Value																			
1 to 2	1																			
3	2																			
4	3																			
5	4																			
6	5																			
7	6																			
8	7																			
> 8	8																			
frequency_emptying_bottle	58. How often does your baby drink all of his or her bottle or formula milk?	<table border="1"> <thead> <tr> <th data-bbox="1034 974 1300 1048">Text</th> <th data-bbox="1300 974 1428 1048">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1048 1300 1122">never</td> <td data-bbox="1300 1048 1428 1122">1</td> </tr> <tr> <td data-bbox="1034 1122 1300 1196">rarely</td> <td data-bbox="1300 1122 1428 1196">2</td> </tr> <tr> <td data-bbox="1034 1196 1300 1270">sometimes</td> <td data-bbox="1300 1196 1428 1270">3</td> </tr> <tr> <td data-bbox="1034 1270 1300 1344">most of the time</td> <td data-bbox="1300 1270 1428 1344">4</td> </tr> <tr> <td data-bbox="1034 1344 1300 1417">always</td> <td data-bbox="1300 1344 1428 1417">5</td> </tr> </tbody> </table>	Text	Value	never	1	rarely	2	sometimes	3	most of the time	4	always	5						
Text	Value																			
never	1																			
rarely	2																			
sometimes	3																			
most of the time	4																			
always	5																			
milk_name	59. What is the name of the formula milk fed to your child?	User Input																		
scoops_	How many scoops?	User Input																		
ounces_	How many ounces of water?	User Input																		
ml_	How many ml of water?	User Input																		

Variable	Question text	Value									
water	61A. Was your child fed water (H2O) in this first 6 months?	<table border="1"> <thead> <tr> <th data-bbox="1024 235 1267 309">Text</th> <th data-bbox="1267 235 1430 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 309 1267 383">Yes</td> <td data-bbox="1267 309 1430 383">1</td> </tr> <tr> <td data-bbox="1024 383 1267 456">No</td> <td data-bbox="1267 383 1430 456">2</td> </tr> <tr> <td data-bbox="1024 456 1267 530">don't know</td> <td data-bbox="1267 456 1430 530">-8</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	don't know	-8	
Text	Value										
Yes	1										
No	2										
don't know	-8										
other_milk	61B. Was your child fed any kind of milk in this first 6 months?	<table border="1"> <thead> <tr> <th data-bbox="1024 604 1267 678">Text</th> <th data-bbox="1267 604 1430 678">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 678 1267 752">Yes</td> <td data-bbox="1267 678 1430 752">1</td> </tr> <tr> <td data-bbox="1024 752 1267 826">No</td> <td data-bbox="1267 752 1430 826">2</td> </tr> <tr> <td data-bbox="1024 826 1267 900">don't know</td> <td data-bbox="1267 826 1430 900">-8</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	don't know	-8	
Text	Value										
Yes	1										
No	2										
don't know	-8										
any_type_sugar	61C. Was your child fed any kind of sugar(sugar water, rock sugar, honey) in this first 6 months?	<table border="1"> <thead> <tr> <th data-bbox="1024 974 1267 1048">Text</th> <th data-bbox="1267 974 1430 1048">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 1048 1267 1122">Yes</td> <td data-bbox="1267 1048 1430 1122">1</td> </tr> <tr> <td data-bbox="1024 1122 1267 1196">No</td> <td data-bbox="1267 1122 1430 1196">2</td> </tr> <tr> <td data-bbox="1024 1196 1267 1270">don't know</td> <td data-bbox="1267 1196 1430 1270">-8</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	don't know	-8	
Text	Value										
Yes	1										
No	2										
don't know	-8										
any_type_drink	61D. Was your child fed any kind of drinks (soya, juice) in this first 6 months?	<table border="1"> <thead> <tr> <th data-bbox="1024 1344 1267 1417">Text</th> <th data-bbox="1267 1344 1430 1417">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 1417 1267 1491">Yes</td> <td data-bbox="1267 1417 1430 1491">1</td> </tr> <tr> <td data-bbox="1024 1491 1267 1565">No</td> <td data-bbox="1267 1491 1430 1565">2</td> </tr> <tr> <td data-bbox="1024 1565 1267 1639">don't know</td> <td data-bbox="1267 1565 1430 1639">-8</td> </tr> </tbody> </table>	Text	Value	Yes	1	No	2	don't know	-8	
Text	Value										
Yes	1										
No	2										
don't know	-8										
any_type_drink_other	Please specify what kind of drink was given	User Input									

Variable	Question text	Value																		
add_item	62. Did you add any of the following items to your baby's bottle of formula or expressed breast milk in the past two weeks?	<table border="1"> <thead> <tr> <th data-bbox="1034 235 1321 309">Text</th> <th data-bbox="1321 235 1428 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1321 383">Vitamins or minerals</td> <td data-bbox="1321 309 1428 383">1</td> </tr> <tr> <td data-bbox="1034 383 1321 456">Baby cereal</td> <td data-bbox="1321 383 1428 456">2</td> </tr> <tr> <td data-bbox="1034 456 1321 530">Sugar</td> <td data-bbox="1321 456 1428 530">3</td> </tr> <tr> <td data-bbox="1034 530 1321 604">Rock sugar</td> <td data-bbox="1321 530 1428 604">4</td> </tr> <tr> <td data-bbox="1034 604 1321 678">Honey</td> <td data-bbox="1321 604 1428 678">5</td> </tr> <tr> <td data-bbox="1034 678 1321 752">Medicine</td> <td data-bbox="1321 678 1428 752">6</td> </tr> <tr> <td data-bbox="1034 752 1321 826">Herbal preparation</td> <td data-bbox="1321 752 1428 826">7</td> </tr> <tr> <td data-bbox="1034 826 1321 900">Others</td> <td data-bbox="1321 826 1428 900">8</td> </tr> </tbody> </table>	Text	Value	Vitamins or minerals	1	Baby cereal	2	Sugar	3	Rock sugar	4	Honey	5	Medicine	6	Herbal preparation	7	Others	8
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add_item_other	Please specify other	User Input																		
add_item_vitamin_minerals	62a . How often have you added the vitamins or mineral to your baby's bottle of formula or expressed breast milk in the past two weeks?	<table border="1"> <thead> <tr> <th data-bbox="1034 1048 1299 1122">Text</th> <th data-bbox="1299 1048 1428 1122">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1122 1299 1196">never</td> <td data-bbox="1299 1122 1428 1196">1</td> </tr> <tr> <td data-bbox="1034 1196 1299 1270">rarely</td> <td data-bbox="1299 1196 1428 1270">2</td> </tr> <tr> <td data-bbox="1034 1270 1299 1344">every few days</td> <td data-bbox="1299 1270 1428 1344">3</td> </tr> <tr> <td data-bbox="1034 1344 1299 1417">once a day</td> <td data-bbox="1299 1344 1428 1417">4</td> </tr> <tr> <td data-bbox="1034 1417 1299 1491">most feedings</td> <td data-bbox="1299 1417 1428 1491">5</td> </tr> <tr> <td data-bbox="1034 1491 1299 1565">every feeding</td> <td data-bbox="1299 1491 1428 1565">6</td> </tr> </tbody> </table>	Text	Value	never	1	rarely	2	every few days	3	once a day	4	most feedings	5	every feeding	6				
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Variable	Question text	Value															
add_item_babycereal	62b. How often have you added the baby cereal to your baby's bottle of formula or expressed breast milk in the past two weeks?	<table border="1"> <thead> <tr> <th data-bbox="1024 235 1292 309">Text</th> <th data-bbox="1292 235 1431 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 309 1292 383">never</td> <td data-bbox="1292 309 1431 383">1</td> </tr> <tr> <td data-bbox="1024 383 1292 456">rarely</td> <td data-bbox="1292 383 1431 456">2</td> </tr> <tr> <td data-bbox="1024 456 1292 530">every few days</td> <td data-bbox="1292 456 1431 530">3</td> </tr> <tr> <td data-bbox="1024 530 1292 604">once a day</td> <td data-bbox="1292 530 1431 604">4</td> </tr> <tr> <td data-bbox="1024 604 1292 678">most feedings</td> <td data-bbox="1292 604 1431 678">5</td> </tr> <tr> <td data-bbox="1024 678 1292 752">every feeding</td> <td data-bbox="1292 678 1431 752">6</td> </tr> </tbody> </table>	Text	Value	never	1	rarely	2	every few days	3	once a day	4	most feedings	5	every feeding	6	
Text	Value																
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every feeding	6																
add_item_sugar	62c. How often have you added the sugar to your baby's bottle of formula or expressed breast milk in the past two weeks?	<table border="1"> <thead> <tr> <th data-bbox="1024 824 1292 898">Text</th> <th data-bbox="1292 824 1431 898">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 898 1292 972">never</td> <td data-bbox="1292 898 1431 972">1</td> </tr> <tr> <td data-bbox="1024 972 1292 1046">rarely</td> <td data-bbox="1292 972 1431 1046">2</td> </tr> <tr> <td data-bbox="1024 1046 1292 1120">every few days</td> <td data-bbox="1292 1046 1431 1120">3</td> </tr> <tr> <td data-bbox="1024 1120 1292 1193">once a day</td> <td data-bbox="1292 1120 1431 1193">4</td> </tr> <tr> <td data-bbox="1024 1193 1292 1267">most feedings</td> <td data-bbox="1292 1193 1431 1267">5</td> </tr> <tr> <td data-bbox="1024 1267 1292 1341">every feeding</td> <td data-bbox="1292 1267 1431 1341">6</td> </tr> </tbody> </table>	Text	Value	never	1	rarely	2	every few days	3	once a day	4	most feedings	5	every feeding	6	
Text	Value																
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every feeding	6																
add_item_rock sugar	62d. How often have you added the rock sugar to your baby's bottle of formula or expressed breast milk in the past two weeks?	<table border="1"> <thead> <tr> <th data-bbox="1024 1413 1292 1487">Text</th> <th data-bbox="1292 1413 1431 1487">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 1487 1292 1561">never</td> <td data-bbox="1292 1487 1431 1561">1</td> </tr> <tr> <td data-bbox="1024 1561 1292 1635">rarely</td> <td data-bbox="1292 1561 1431 1635">2</td> </tr> <tr> <td data-bbox="1024 1635 1292 1709">every few days</td> <td data-bbox="1292 1635 1431 1709">3</td> </tr> <tr> <td data-bbox="1024 1709 1292 1783">once a day</td> <td data-bbox="1292 1709 1431 1783">4</td> </tr> <tr> <td data-bbox="1024 1783 1292 1856">most feedings</td> <td data-bbox="1292 1783 1431 1856">5</td> </tr> <tr> <td data-bbox="1024 1856 1292 1930">every feeding</td> <td data-bbox="1292 1856 1431 1930">6</td> </tr> </tbody> </table>	Text	Value	never	1	rarely	2	every few days	3	once a day	4	most feedings	5	every feeding	6	
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Variable	Question text	Value															
add_item_honey	62e. How often have you added the honey to your baby's bottle of formula or expressed breast milk in the past two weeks?	<table border="1"> <thead> <tr> <th data-bbox="1024 232 1292 306">Text</th> <th data-bbox="1292 232 1430 306">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 306 1292 380">never</td> <td data-bbox="1292 306 1430 380">1</td> </tr> <tr> <td data-bbox="1024 380 1292 454">rarely</td> <td data-bbox="1292 380 1430 454">2</td> </tr> <tr> <td data-bbox="1024 454 1292 528">every few days</td> <td data-bbox="1292 454 1430 528">3</td> </tr> <tr> <td data-bbox="1024 528 1292 602">once a day</td> <td data-bbox="1292 528 1430 602">4</td> </tr> <tr> <td data-bbox="1024 602 1292 676">most feedings</td> <td data-bbox="1292 602 1430 676">5</td> </tr> <tr> <td data-bbox="1024 676 1292 750">every feeding</td> <td data-bbox="1292 676 1430 750">6</td> </tr> </tbody> </table>	Text	Value	never	1	rarely	2	every few days	3	once a day	4	most feedings	5	every feeding	6	
Text	Value																
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rarely	2																
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every feeding	6																
add_item_medicine	62f. How often have you added the medicine to your baby's bottle of formula or expressed breast milk in the past two weeks?	<table border="1"> <thead> <tr> <th data-bbox="1024 822 1292 896">Text</th> <th data-bbox="1292 822 1430 896">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 896 1292 969">never</td> <td data-bbox="1292 896 1430 969">1</td> </tr> <tr> <td data-bbox="1024 969 1292 1043">rarely</td> <td data-bbox="1292 969 1430 1043">2</td> </tr> <tr> <td data-bbox="1024 1043 1292 1117">every few days</td> <td data-bbox="1292 1043 1430 1117">3</td> </tr> <tr> <td data-bbox="1024 1117 1292 1191">once a day</td> <td data-bbox="1292 1117 1430 1191">4</td> </tr> <tr> <td data-bbox="1024 1191 1292 1265">most feedings</td> <td data-bbox="1292 1191 1430 1265">5</td> </tr> <tr> <td data-bbox="1024 1265 1292 1339">every feeding</td> <td data-bbox="1292 1265 1430 1339">6</td> </tr> </tbody> </table>	Text	Value	never	1	rarely	2	every few days	3	once a day	4	most feedings	5	every feeding	6	
Text	Value																
never	1																
rarely	2																
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add_item_herbal_preparation	62g. How often have you added the herbal preparation to your baby's bottle of formula or expressed breast milk in the past two weeks?	<table border="1"> <thead> <tr> <th data-bbox="1024 1411 1292 1485">Text</th> <th data-bbox="1292 1411 1430 1485">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 1485 1292 1559">never</td> <td data-bbox="1292 1485 1430 1559">1</td> </tr> <tr> <td data-bbox="1024 1559 1292 1632">rarely</td> <td data-bbox="1292 1559 1430 1632">2</td> </tr> <tr> <td data-bbox="1024 1632 1292 1706">every few days</td> <td data-bbox="1292 1632 1430 1706">3</td> </tr> <tr> <td data-bbox="1024 1706 1292 1780">once a day</td> <td data-bbox="1292 1706 1430 1780">4</td> </tr> <tr> <td data-bbox="1024 1780 1292 1854">most feedings</td> <td data-bbox="1292 1780 1430 1854">5</td> </tr> <tr> <td data-bbox="1024 1854 1292 1928">every feeding</td> <td data-bbox="1292 1854 1430 1928">6</td> </tr> </tbody> </table>	Text	Value	never	1	rarely	2	every few days	3	once a day	4	most feedings	5	every feeding	6	
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Variable	Question text	Value															
add_item_other2	62h. How often have you added the to your baby's bottle of formula or expressed breast milk in the past two weeks?	<table border="1"> <thead> <tr> <th data-bbox="1034 237 1299 311">Text</th> <th data-bbox="1299 237 1431 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 311 1299 385">never</td> <td data-bbox="1299 311 1431 385">1</td> </tr> <tr> <td data-bbox="1034 385 1299 459">rarely</td> <td data-bbox="1299 385 1431 459">2</td> </tr> <tr> <td data-bbox="1034 459 1299 533">every few days</td> <td data-bbox="1299 459 1431 533">3</td> </tr> <tr> <td data-bbox="1034 533 1299 607">once a day</td> <td data-bbox="1299 533 1431 607">4</td> </tr> <tr> <td data-bbox="1034 607 1299 680">most feedings</td> <td data-bbox="1299 607 1431 680">5</td> </tr> <tr> <td data-bbox="1034 680 1299 754">every feeding</td> <td data-bbox="1299 680 1431 754">6</td> </tr> </tbody> </table>		Text	Value	never	1	rarely	2	every few days	3	once a day	4	most feedings	5	every feeding	6
Text	Value																
never	1																
rarely	2																
every few days	3																
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most feedings	5																
every feeding	6																
frequency_adding_food_to_bottle	63. During the past two weeks, how often was your baby put to bed with a bottle of formula, breast milk, juice or any kind of milk?	<table border="1"> <thead> <tr> <th data-bbox="1034 831 1326 904">Text</th> <th data-bbox="1326 831 1431 904">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 904 1326 1016">at most bedtimes, including naps</td> <td data-bbox="1326 904 1431 1016">1</td> </tr> <tr> <td data-bbox="1034 1016 1326 1173">mostly night bedtimes, but not naps</td> <td data-bbox="1326 1016 1431 1173">2</td> </tr> <tr> <td data-bbox="1034 1173 1326 1285">at most naps, but not night bedtimes</td> <td data-bbox="1326 1173 1431 1285">3</td> </tr> <tr> <td data-bbox="1034 1285 1326 1442">only occasionally at bedtimes including naps</td> <td data-bbox="1326 1285 1431 1442">4</td> </tr> <tr> <td data-bbox="1034 1442 1326 1516">never</td> <td data-bbox="1326 1442 1431 1516">5</td> </tr> </tbody> </table>		Text	Value	at most bedtimes, including naps	1	mostly night bedtimes, but not naps	2	at most naps, but not night bedtimes	3	only occasionally at bedtimes including naps	4	never	5		
Text	Value																
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never	5																
knowledge_exclusively_breastfed	64. As you best know, what is the recommended number of months to exclusively breastfeed your baby?	User Input															

Variable	Question text	Value																			
food_other_than_milk	65. Is your baby fed with any food other than breastmilk/ formula milk ?	<table border="1"> <thead> <tr> <th data-bbox="1034 237 1214 311">Text</th> <th data-bbox="1214 237 1431 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 311 1214 385">Yes</td> <td data-bbox="1214 311 1431 385">1</td> </tr> <tr> <td data-bbox="1034 385 1214 459">No</td> <td data-bbox="1214 385 1431 459">2</td> </tr> </tbody> </table>		Text	Value	Yes	1	No	2												
Text	Value																				
Yes	1																				
No	2																				
age_introduction_solid	66.How old was your child when you first introduced SOLIDS to him/her?	<table border="1"> <thead> <tr> <th data-bbox="1034 535 1262 609">Text</th> <th data-bbox="1262 535 1431 609">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 609 1262 683">0 month</td> <td data-bbox="1262 609 1431 683">1</td> </tr> <tr> <td data-bbox="1034 683 1262 757">1 month</td> <td data-bbox="1262 683 1431 757">2</td> </tr> <tr> <td data-bbox="1034 757 1262 831">2 months</td> <td data-bbox="1262 757 1431 831">3</td> </tr> <tr> <td data-bbox="1034 831 1262 904">3 months</td> <td data-bbox="1262 831 1431 904">4</td> </tr> <tr> <td data-bbox="1034 904 1262 978">4 months</td> <td data-bbox="1262 904 1431 978">5</td> </tr> <tr> <td data-bbox="1034 978 1262 1052">5 months</td> <td data-bbox="1262 978 1431 1052">6</td> </tr> <tr> <td data-bbox="1034 1052 1262 1126">6 months</td> <td data-bbox="1262 1052 1431 1126">7</td> </tr> <tr> <td data-bbox="1034 1126 1262 1200">7 monhts</td> <td data-bbox="1262 1126 1431 1200">8</td> </tr> </tbody> </table>		Text	Value	0 month	1	1 month	2	2 months	3	3 months	4	4 months	5	5 months	6	6 months	7	7 monhts	8
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Variable	Question text	Value			
reason_for_starting_complementary_feeding	67. Why did you choose to feed your child solid for the first time?	<table border="1"> <thead> <tr> <th data-bbox="1021 228 1321 309">Text</th> <th data-bbox="1327 228 1430 309">Value</th> </tr> </thead> </table>	Text	Value	
		Text	Value		
		My baby was nursing too much	1		
		My baby was drinking too much formula milk	2		
		My baby seemed hungry all the time	3		
		I didn't have enough milk	4		
		My baby was not gaining enough weight	5		
		I wanted to feed my baby something in addition to breastmilk and formula milk	6		
		It would help my baby sleep longer at night	7		
		My baby was old enough to begin eating solid food	8		
None to the above	9				

Variable	Question text	Value																	
frequency_of_introducing_new_food	68. How often did you introduce new types of food to your baby in the past 2 weeks	<table border="1"> <thead> <tr> <th data-bbox="1024 235 1326 309">Text</th> <th data-bbox="1326 235 1430 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 309 1326 421">No new food in the past 2 weeks</td> <td data-bbox="1326 309 1430 421">1</td> </tr> <tr> <td data-bbox="1024 421 1326 533">about 1 new food per week or less often</td> <td data-bbox="1326 421 1430 533">2</td> </tr> <tr> <td data-bbox="1024 533 1326 645">about 1 new food every 4 to 5 days</td> <td data-bbox="1326 533 1430 645">3</td> </tr> <tr> <td data-bbox="1024 645 1326 757">about 1 new food every 3 days</td> <td data-bbox="1326 645 1430 757">4</td> </tr> <tr> <td data-bbox="1024 757 1326 869">about 1 new food every 2 days</td> <td data-bbox="1326 757 1430 869">5</td> </tr> <tr> <td data-bbox="1024 869 1326 981">about one new food every day</td> <td data-bbox="1326 869 1430 981">6</td> </tr> <tr> <td data-bbox="1024 981 1326 1099">more than 1 new food every day</td> <td data-bbox="1326 981 1430 1099">7</td> </tr> </tbody> </table>		Text	Value	No new food in the past 2 weeks	1	about 1 new food per week or less often	2	about 1 new food every 4 to 5 days	3	about 1 new food every 3 days	4	about 1 new food every 2 days	5	about one new food every day	6	more than 1 new food every day	7
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type_sources	70. Have you obtained information about feeding babies from any of the following sources?	<table border="1"> <thead> <tr> <th data-bbox="1024 235 1326 309">Text</th> <th data-bbox="1326 235 1430 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 309 1326 465">Doctor, nurse, or other health professional</td> <td data-bbox="1326 309 1430 465">1</td> </tr> <tr> <td data-bbox="1024 465 1326 539">Relative or friend</td> <td data-bbox="1326 465 1430 539">2</td> </tr> <tr> <td data-bbox="1024 539 1326 613">Books or video</td> <td data-bbox="1326 539 1430 613">3</td> </tr> <tr> <td data-bbox="1024 613 1326 725">Newspaper or magazine</td> <td data-bbox="1326 613 1430 725">4</td> </tr> <tr> <td data-bbox="1024 725 1326 799">Television or radio</td> <td data-bbox="1326 725 1430 799">5</td> </tr> <tr> <td data-bbox="1024 799 1326 873">Internet</td> <td data-bbox="1326 799 1430 873">6</td> </tr> <tr> <td data-bbox="1024 873 1326 947">None of the above</td> <td data-bbox="1326 873 1430 947">7</td> </tr> </tbody> </table>		Text	Value	Doctor, nurse, or other health professional	1	Relative or friend	2	Books or video	3	Newspaper or magazine	4	Television or radio	5	Internet	6	None of the above	7						
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current_acceptance_pork	How much does your child like eating pork now on a scale of 1 to 5?	<table border="1"> <thead> <tr> <th data-bbox="1024 1489 1214 1563">Text</th> <th data-bbox="1214 1489 1430 1563">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1024 1563 1214 1637">1</td> <td data-bbox="1214 1563 1430 1637">1</td> </tr> <tr> <td data-bbox="1024 1637 1214 1711">2</td> <td data-bbox="1214 1637 1430 1711">2</td> </tr> <tr> <td data-bbox="1024 1711 1214 1785">3</td> <td data-bbox="1214 1711 1430 1785">3</td> </tr> <tr> <td data-bbox="1024 1785 1214 1859">4</td> <td data-bbox="1214 1785 1430 1859">4</td> </tr> <tr> <td data-bbox="1024 1859 1214 1933">5</td> <td data-bbox="1214 1859 1430 1933">5</td> </tr> </tbody> </table>		Text	Value	1	1	2	2	3	3	4	4	5	5						
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5	5																				

Variable	Question text	Value																			
first_introduced_saltedfood	What age was the salted food (salted fish, salted egg, etc) introduced to the infant?	<table border="1"> <thead> <tr> <th data-bbox="1034 235 1286 309">Text</th> <th data-bbox="1286 235 1431 309">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 309 1286 383">0-3 months</td> <td data-bbox="1286 309 1431 383">2</td> </tr> <tr> <td data-bbox="1034 383 1286 456">4-5 months</td> <td data-bbox="1286 383 1431 456">3</td> </tr> <tr> <td data-bbox="1034 456 1286 530">6-7 months</td> <td data-bbox="1286 456 1431 530">4</td> </tr> <tr> <td data-bbox="1034 530 1286 604">8-9 months</td> <td data-bbox="1286 530 1431 604">5</td> </tr> <tr> <td data-bbox="1034 604 1286 678">> 10 months</td> <td data-bbox="1286 604 1431 678">6</td> </tr> </tbody> </table>		Text	Value	0-3 months	2	4-5 months	3	6-7 months	4	8-9 months	5	> 10 months	6						
Text	Value																				
0-3 months	2																				
4-5 months	3																				
6-7 months	4																				
8-9 months	5																				
> 10 months	6																				
frequent_eat_saltedfood	How frequent did you salted food to the infant?	<table border="1"> <thead> <tr> <th data-bbox="1034 750 1311 824">Text</th> <th data-bbox="1311 750 1431 824">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 824 1311 898">Once a day</td> <td data-bbox="1311 824 1431 898">1</td> </tr> <tr> <td data-bbox="1034 898 1311 972">2-3 times a day</td> <td data-bbox="1311 898 1431 972">2</td> </tr> <tr> <td data-bbox="1034 972 1311 1046">Once a week</td> <td data-bbox="1311 972 1431 1046">3</td> </tr> <tr> <td data-bbox="1034 1046 1311 1120">2-3 times a week</td> <td data-bbox="1311 1046 1431 1120">4</td> </tr> <tr> <td data-bbox="1034 1120 1311 1193">> 3 times a week</td> <td data-bbox="1311 1120 1431 1193">5</td> </tr> <tr> <td data-bbox="1034 1193 1311 1267">Once a month</td> <td data-bbox="1311 1193 1431 1267">6</td> </tr> <tr> <td data-bbox="1034 1267 1311 1341">2-3 times a month</td> <td data-bbox="1311 1267 1431 1341">7</td> </tr> <tr> <td data-bbox="1034 1341 1311 1415">Others</td> <td data-bbox="1311 1341 1431 1415">8</td> </tr> </tbody> </table>		Text	Value	Once a day	1	2-3 times a day	2	Once a week	3	2-3 times a week	4	> 3 times a week	5	Once a month	6	2-3 times a month	7	Others	8
Text	Value																				
Once a day	1																				
2-3 times a day	2																				
Once a week	3																				
2-3 times a week	4																				
> 3 times a week	5																				
Once a month	6																				
2-3 times a month	7																				
Others	8																				
current_acceptance_saltedfood	How much does your child like eating salted food now on a scale of 1 to 5?	<table border="1"> <thead> <tr> <th data-bbox="1034 1489 1216 1563">Text</th> <th data-bbox="1216 1489 1431 1563">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1034 1563 1216 1637">1</td> <td data-bbox="1216 1563 1431 1637">1</td> </tr> <tr> <td data-bbox="1034 1637 1216 1711">2</td> <td data-bbox="1216 1637 1431 1711">2</td> </tr> <tr> <td data-bbox="1034 1711 1216 1785">3</td> <td data-bbox="1216 1711 1431 1785">3</td> </tr> <tr> <td data-bbox="1034 1785 1216 1859">4</td> <td data-bbox="1216 1785 1431 1859">4</td> </tr> <tr> <td data-bbox="1034 1859 1216 1933">5</td> <td data-bbox="1216 1859 1431 1933">5</td> </tr> </tbody> </table>		Text	Value	1	1	2	2	3	3	4	4	5	5						
Text	Value																				
1	1																				
2	2																				
3	3																				
4	4																				
5	5																				

Variable	Question text	Value																					
baby_age	What month was the measurement taken?	<table border="1"> <thead> <tr> <th data-bbox="1026 237 1262 311">Text</th> <th data-bbox="1262 237 1433 311">Value</th> </tr> </thead> <tbody> <tr> <td data-bbox="1026 311 1262 385">1 month</td> <td data-bbox="1262 311 1433 385">1</td> </tr> <tr> <td data-bbox="1026 385 1262 459">2 months</td> <td data-bbox="1262 385 1433 459">2</td> </tr> <tr> <td data-bbox="1026 459 1262 533">3 months</td> <td data-bbox="1262 459 1433 533">3</td> </tr> <tr> <td data-bbox="1026 533 1262 607">4 months</td> <td data-bbox="1262 533 1433 607">4</td> </tr> <tr> <td data-bbox="1026 607 1262 680">5 months</td> <td data-bbox="1262 607 1433 680">5</td> </tr> <tr> <td data-bbox="1026 680 1262 754">6 months</td> <td data-bbox="1262 680 1433 754">6</td> </tr> <tr> <td data-bbox="1026 754 1262 828">7 months</td> <td data-bbox="1262 754 1433 828">7</td> </tr> <tr> <td data-bbox="1026 828 1262 902">8 months</td> <td data-bbox="1262 828 1433 902">8</td> </tr> <tr> <td data-bbox="1026 902 1262 976">9 months</td> <td data-bbox="1262 902 1433 976">9</td> </tr> </tbody> </table>		Text	Value	1 month	1	2 months	2	3 months	3	4 months	4	5 months	5	6 months	6	7 months	7	8 months	8	9 months	9
Text	Value																						
1 month	1																						
2 months	2																						
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6 months	6																						
7 months	7																						
8 months	8																						
9 months	9																						
months_Weight_1	Weight (g)	User Input																					
months_Length_1	Length (cm)	User Input																					
months_Head_circumference_1	Head circumference (cm)	User Input																					
months_Mid_upper_arm_circumference_1	Mid upper arm circumference (cm)	User Input																					
months_Triceps_skin_fold_1	Triceps skin fold (cm)	User Input																					
months_Sub_scapular_skin_fold_1	Sub scapular skin fold (cm)	User Input																					
months_Weight_2	Weight (g)	User Input																					
months_Length_2	Length (cm)	User Input																					
months_Head_circumference_2	Head circumference (cm)	User Input																					
months_Mid_upper_arm_circumference_2	Mid upper arm circumference (cm)	User Input																					
months_Triceps_skin_fold_2	Triceps skin fold (cm)	User Input																					

Variable	Question text	Value
months_Sub_scapular_skin_fold_2	Sub scapular skin fold (cm)	User Input
months_Weight_3	Weight (g)	User Input
months_Length_3	Length (cm)	User Input
months_Head_circumference_3	Head circumference (cm)	User Input
months_Mid_upper_arm_circumference_3	Mid upper arm circumference (cm)	User Input
months_Triceps_skin_fold_3	Triceps skin fold (cm)	User Input
months_Sub_scapular_skin_fold_3	Sub scapular skin fold (cm)	User Input
months_Weight_4	Weight (g)	User Input
months_Length_4	Length (cm)	User Input
months_Head_circumference_4	Head circumference (cm)	User Input
months_Mid_upper_arm_circumference_4	Mid upper arm circumference (cm)	User Input
months_Triceps_skin_fold_4	Triceps skin fold (cm)	User Input
months_Sub_scapular_skin_fold_4	Sub scapular skin fold (cm)	User Input
months_Weight_5	Weight (g)	User Input
months_Length_5	Length (cm)	User Input
months_Head_circumference_5	Head circumference (cm)	User Input
months_Mid_upper_arm_circumference_5	Mid upper arm circumference (cm)	User Input
months_Triceps_skin_fold_5	Triceps skin fold (cm)	User Input
months_Sub_scapular_skin_fold_5	Sub scapular skin fold (cm)	User Input
months_Weight_6	Weight (g)	User Input

Variable	Question text	Value
months_Length_6	Length (cm)	User Input
months_Head_circumference_6	Head circumference (cm)	User Input
months_Mid_upper_arm_circumference_6	Mid upper arm circumference (cm)	User Input
months_Triceps_skin_fold_6	Triceps skin fold (cm)	User Input
months_Sub_scapular_skin_fold_6	Sub scapular skin fold (cm)	User Input
months_Weight_7_1	Weight (g) – 1st reading	User Input
months_Weight_7_2	Weight (g) – 2nd reading	User Input
months_Weight_7_3	Weight (g) – 3rd reading	User Input
months_Length_7_1	Length (cm) – 1st reading	User Input
months_Length_7_2	Length (cm) – 2nd reading	User Input
months_Length_7_3	Length (cm) – 3rd reading	User Input
months_Head_circumference_7_1	Head circumference (cm) – 1st reading	User Input
months_Head_circumference_7_2	Head circumference (cm) – 2nd reading	User Input
months_Head_circumference_7_3	Head circumference (cm) – 3rd reading	User Input
months_Mid_upper_arm_circumference_7_1	Mid upper arm circumference (cm) – 1st reading	User Input
months_Mid_upper_arm_circumference_7_2	Mid upper arm circumference (cm) – 2nd reading	User Input

Variable	Question text	Value
months_Mid_upper_arm_circumference_7_3	Mid upper arm circumference (cm) – 3rd reading	User Input
months_Triceps_skin_fold_7_1	Triceps skin fold (cm) – 1st reading	User Input
months_Triceps_skin_fold_7_2	Triceps skin fold (cm) – 2nd reading	User Input
months_Triceps_skin_fold_7_3	Triceps skin fold (cm) – 3rd reading	User Input
months_Sub_scapular_skin_fold_7_1	Sub scapular skin fold (cm) – 1st reading	User Input
months_Sub_scapular_skin_fold_7_2	Sub scapular skin fold (cm) – 2nd reading	User Input
months_Sub_scapular_skin_fold_7_3	Sub scapular skin fold (cm) – 3rd reading	User Input
months_Weight_8_1	Weight (g) – 1st reading	User Input
months_Weight_8_2	Weight (g) – 2nd reading	User Input
months_Weight_8_3	Weight (g) – 3rd reading	User Input
months_Length_8_1	Length (cm) – 1st reading	User Input
months_Length_8_2	Length (cm) – 2nd reading	User Input
months_Length_8_3	Length (cm) – 3rd reading	User Input
months_Head_circumference_8_1	Head circumference (cm) – 1st reading	User Input
months_Head_circumference_8_2	Head circumference (cm) – 2nd reading	User Input
months_Head_circumference_8_3	Head circumference (cm) – 3rd reading	User Input

Variable	Question text	Value
months_Mid_upper_arm_circumference_8_1	Mid upper arm circumference (cm) – 1st reading	User Input
months_Mid_upper_arm_circumference_8_2	Mid upper arm circumference (cm) – 2nd reading	User Input
months_Mid_upper_arm_circumference_8_3	Mid upper arm circumference (cm) – 3rd reading	User Input
months_Triceps_skin_fold_8_1	Triceps skin fold (cm) – 1st reading	User Input
months_Triceps_skin_fold_8_2	Triceps skin fold (cm) – 2nd reading	User Input
months_Triceps_skin_fold_8_3	Triceps skin fold (cm) – 3rd reading	User Input
months_Sub_scapular_skin_fold_8_1	Sub scapular skin fold (cm) – 1st reading	User Input
months_Sub_scapular_skin_fold_8_2	Sub scapular skin fold (cm) – 2nd reading	User Input
months_Sub_scapular_skin_fold_8_3	Sub scapular skin fold (cm) – 3rd reading	User Input
months_Weight_9_1	Weight (g) – 1st reading	User Input
months_Weight_9_2	Weight (g) – 2nd reading	User Input
months_Weight_9_3	Weight (g) – 3rd reading	User Input
months_Length_9_1	Length (cm) – 1st reading	User Input
months_Length_9_2	Length (cm) – 2nd reading	User Input
months_Length_9_3	Length (cm) – 3rd reading	User Input
months_Head_circumference_9_1	Head circumference (cm) – 1st reading	User Input

Variable	Question text	Value
months_Head_circumference_9_2	Head circumference (cm) – 2nd reading	User Input
months_Head_circumference_9_3	Head circumference (cm) – 3rd reading	User Input
months_Mid_upper_arm_circumference_9_1	Mid upper arm circumference (cm) – 1st reading	User Input
months_Mid_upper_arm_circumference_9_2	Mid upper arm circumference (cm) – 2nd reading	User Input
months_Mid_upper_arm_circumference_9_3	Mid upper arm circumference (cm) – 3rd reading	User Input
months_Triceps_skin_fold_9_1	Triceps skin fold (cm) – 1st reading	User Input
months_Triceps_skin_fold_9_2	Triceps skin fold (cm) – 2nd reading	User Input
months_Triceps_skin_fold_9_3	Triceps skin fold (cm) – 3rd reading	User Input
months_Sub_scapular_skin_fold_9_1	Sub scapular skin fold (cm) – 1st reading	User Input
months_Sub_scapular_skin_fold_9_2	Sub scapular skin fold (cm) – 2nd reading	User Input
months_Sub_scapular_skin_fold_9_3	Sub scapular skin fold (cm) – 3rd reading	User Input
mother_weight_1	Mother's weight (kg) – 1st reading	User Input
mother_weight_2	Mother's weight (kg) – 2nd reading	User Input
mother_weight_3	Mother's weight (kg) – 3rd reading	User Input
mother_height_1	Mother's height (cm) – 1st reading	User Input

Variable	Question text	Value
mother_height_2	Mother's height (cm) – 2nd reading	User Input
mother_height_3	Mother's height (cm) – 3rd reading	User Input
mother_Mid_upper_arm_circumference_1	Mothers's mid upper arm circumference (cm) – 1st reading	User Input
mother_Mid_upper_arm_circumference_2	Mothers's mid upper arm circumference (cm) – 2nd reading	User Input
mother_Mid_upper_arm_circumference_3	Mothers's mid upper arm circumference (cm) – 3rd reading	User Input
mother_Triceps_skin_fold_1	Mother's triceps skin fold (cm) – 1st reading	User Input
mother_Triceps_skin_fold_2	Mother's triceps skin fold (cm) – 2nd reading	User Input
mother_Triceps_skin_fold_3	Mother's triceps skin fold (cm) – 3rd reading	User Input
mother_waist_1	Mother's waist measurement (cm) – 1st reading	User Input
mother_waist_2	Mother's waist measurement (cm) – 2nd reading	User Input
mother_waist_3	Mother's waist measurement (cm) – 3rd reading	User Input
mother_hip_1	Mother's hip measurement (cm) – 1st reading	User Input
mother_hip_2	Mother's hip measurement (cm) – 2nd reading	User Input

Variable	Question text	Value
mother_hip_3	Mother's hip measurement (cm) – 3rd reading	User Input
field_notes	Field notes	User Input

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