ICHOM

Field	Question	Answer	
dc_namelist *(required)*	1) Please select your name:	dc_password	dc_name
dc_id *(required)*	2) Please key in your password: *Question relevant when: string-length(${sensitive_response})=0* *Response constrained to: .= ${dc_namelist}*		
trigger1 *(required)*	Starting the enrollment of a new baby/babies here.		
ibu_nama *(required)*	3) Enter the mother's FULL name *Please use all CAPITAL LETTER to answer this question and insert full mother's name including 'BINTI' or 'AP' (if any); Eg: ZAINAB BINTI AHMAD* *Response constrained to: regex(.,"^\s*[A-Z/@\s'-]+\s*$")*		
agree_no *(required)*	4) Respondent's Status	1	Agree
		2	Reject
		3	Not at Home (Uncontactable)

agree_group
Group relevant when: ${agree_no} ='1'

Field	Question	Answer	
nric_available *(required)*	5) Can you see the [ibu_nama]'s NRIC (MyKAD, MyPR, MyTentera, etc.)? *The NRIC should be on the Mother's Health Record*	1	Yes
		2	No

agree_group > visit_0

Field	Question	Answer	
nric1 *(required)*	6) Enter [ibu_nama]'s NRIC (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.) *Omit '-' in the NRIC* *Question relevant when: ${nric_available} =1* *Response constrained to: regex(., '^\d\d(0[1-9]\|1[012])(0[1-9]\|[12][0-9]\|3[01])[0-9]{2}[0-9]{4}$')*		
nric2 *(required)*	7) Re-enter [ibu_nama]'s NRIC (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.) *Omit '-' in the NRIC* *Question relevant when: ${nric_available} =1* *Response constrained to: .= ${nric1}*		
type_of_id *(required)*	8) If you cannot see the NRIC, what form of ID is recorded on the SEACO Form/Maternal health record? *Read choices and select one that is most applicable.* *Question relevant when: ${nric_available} =2*	1	Don't have any of the ID
		2	Other Malaysian Government issued ID
		3	Foreign passport
		4	Other
		5	ID Missing (I will ask the Mother)
other_id *(required)*	9) Enter the ID number they have *Question relevant when: ${nric_available} =2 and ${type_of_id} >1*		

agree_group > age_04
Group relevant when: ${nric_available} =1

Field	Question	Answer	
dob_ic_key	10.a) Verify Date of Birth (yyyy-mm-dd): 19--		
dob_04 *(required)*	10.b) Is the date of birth shown correct?	1	Yes
		2	No
ibu_dob *(required)*	10.c) What is the mother's date of birth *Question relevant when: ${nric_available} =2 or ${dob_04} =2* *Response constrained to: (.<today()) and (.>=date('1960-01-05'))*		

agree_group > Infant

Field	Question	Answer	
infant_1a *(required)*	11) What was infant's date of birth? *Response constrained to: (.<today()) and (.>=date('2019-12-01'))*		
infant_8a *(required)*	12) Please state the weeks old of baby *Please enter a whole number of week* *Response constrained to: .<=18*		

agree_group > ONLY FOR CONSENTING MOTHER

Field	Question	Answer	
screen_1 *(required)*	13) Is the mother the principal carer?	1	Yes For example: baby is fully taken care by the mother or after working hours (if the mother works)
		2	No For example: baby is not taken care by the mother and is passed on to the family or other person or the mother does not live with the baby

agree_group > Mother – infant bonding scale
Group relevant when: ${screen_1} =1

Field	Question	Answer	
mibsNote	14) Mother – infant bonding scale		
	Please read to each statement and choose on the space provided which indicates how much the statement applied to you.		
mibs01 *(required)*	14.a) Loving	0	Very much
		1	A lot
		2	A little
		3	Not at all
mibs02 *(required)*	14.b) Resentful	3	Very much
		2	A lot
		1	A little
		0	Not at all
mibs03 *(required)*	14.c) Neutral or felt nothing	3	Very much
		2	A lot
		1	A little
		0	Not at all
mibs04 *(required)*	14.d) Joyful	0	Very much
		1	A lot
		2	A little
		3	Not at all
mibs05 *(required)*	14.e) Dislike	3	Very much
		2	A lot
		1	A little
		0	Not at all
mibs06 *(required)*	14.f) Protective	0	Very much
		1	A lot
		2	A little
		3	Not at all
mibs07 *(required)*	14.g) Disappointed	3	Very much
		2	A lot
		1	A little
		0	Not at all
mibs08 *(required)*	14.h) Aggressive	3	Very much
		2	A lot
		1	A little
		0	Not at all

agree_group > urineLeak

Field	Question	Answer	
urineLeak_note	Many people leak urine some of the time. We are trying to find out how many people leak urine, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.		
urineLeak1 *(required)*	15.a) How often do you leak urine?	0	Never
		1	About once a week or less often
		2	Two or three times a week
		3	About once a day
		4	Several times a day
		5	All the time

agree_group > urineLeakyes
Group relevant when: not(${urineLeak1} =0)

Field	Question	Answer	
urineLeak2 *(required)*	15.b) We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?	0	None
		1	A small amount
	Response constrained to: not(selected(., '0'))	2	A moderate amount
		3	A large amount

Field	Question	Answer	
urineLeak3 *(required)*	15.c) Overall, how much does leaking urine interfere with your everyday life? Please ring a number between 0 (not at all) and 10 (a great deal)	0	0
		1	1
		2	2
		3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		9	9
		10	10
urineLeak4 *(required)*	15.d) When does urine leak? (Select all that apply) *Response constrained to: not(selected(., '0'))*	0	Never – urine does not leak
		1	Leaks before you can get to the toilet
		2	Leaks when you cough or sneeze
		3	Leaks when you are asleep
		4	Leaks when you are physically active/exercising
		5	Leaks when you have finished urinating and are dressed
		6	Leaks for no obvious reason
		7	Leaks all the time

agree_group > Edinburgh Postnatal Depression Scale (EPDS)

Field	Question	Answer	
epdsNote	Please read to each statement and the rating which indicates how much the statement applied to you OVER THE PAST WEEK.		
epds1 *(required)*	16) I have been able to laugh and see the funny side of things	0	As much as I always could
		1	Not quite so much now
		2	Definitely not so much now
		3	Not at all
epds2 *(required)*	17) I have looked forward with enjoyment to things	0	As much as I ever did
		1	Rather less than I used to
		2	Definitely less than I used to
		3	Hardly at all
epds3 *(required)*	18) I have blamed myself unnecessarily when things went wrong	0	Yes, most of the time
		1	Yes, some of the time
		2	Not very often
		3	No, never
epds4 *(required)*	19) I have been anxious or worried for no good reason	0	No, not at all
		1	Hardly ever
		2	Yes, sometimes
		3	Yes, very often
epds5 *(required)*	20) I have felt scared or panicky for no very good reason	0	Yes, quite a lot
		1	Yes, sometimes
		2	No, not much
		3	No, not at all
epds6 *(required)*	21) Things have been getting on top of me	0	Yes, most of the time I haven't been able to cope at all
		1	Yes, sometimes I haven't been coping as well as usual
		2	No, most of the time I have coped quite well
		3	No, I have been coping as well as ever
epds7 *(required)*	22) I have been so unhappy that I have had difficulty sleeping	0	Yes, most of the time
		1	Yes, sometimes
		2	Not very often
		3	No, not at all

Field	Question	Answer	
epds8 *(required)*	23) I have felt sad or miserable	0	Yes, most of the time
		1	Yes, quite often
		2	Not very often
		3	No, not at all
epds9 *(required)*	24) I have been so unhappy that I have been crying	0	Yes, most of the time
		1	Yes, quite often
		2	Only occasionally
		3	No, never
epds10 *(required)*	25) The thought of harming myself has occurred to me	0	Yes, quite often
		1	Sometimes
		2	Hardly ever
		3	Never
reasonGiveGroup			
Group relevant when: ${agree_no} ='2'			
reasonGive *(required)*	26) Is the reason of refusal from:	1	Observation
		2	Respondent answer
categoryRejectChoose *(required)*	27) Category of reject	1	No interest in survey (don't feel interview/research is necessary)
		2	Complete avoidance (ex:Respondent at home but didn't give response/did not have a chance to introduce)
		3	Not a suitable time (Grief / in the period of mourning/ busy with other work)
		4	Too frequent visits from SEACO
		5	Concerning of data privacy
		6	Appointments scheduled but eventually refused with no reason
		10	Blacklist
		9	Withdrawal
		8	Potential withdrawal
		7	Others
reasonOthers *(required)*	28) Please specify the reason of refuse?		
	Question relevant when: ${categoryRejectChoose} =7		
ending			
contactno *(required)*	29) Participant contact number		
	In the form: 01X-XXXXXXX or 0X-XXXXXXX or please enter -99 if no contact number		
field_notes	Field notes		
acknowledge	Finished. Thank you. Make sure you save the form!!		