SEACO MISS Project Codebook

Seaco, Monash 30 October, 2019

Form ID: seaco_miss_pro	ject Form Version: 1910301316
Variable Name:	starttime
Variable Label: NULL Data Type: date-time (sta	ert)
Variable Name:	endtime
Variable Label: NULL Data Type: date-time (end	d)
Variable Name:	deviceid
Variable Label: NULL Data Type: deviceid (strin	ng)
Variable Name:	subscriberid
Variable Label: NULL Data Type: subscriberid	
Variable Name:	duration
Variable Label: NULL	
Data Type: unknown (calc	culate)
Variable Name:	simid
Variable Label: NULL	

Data Type: simserial

Variable Name: devicephonenum

Variable Label: NULL
Data Type: phonenumber

Variable Name: dc_namelist

Variable Label: Please select your name:

Data Type: factor (select one)

Value	Label
dc_password	dc_name

Variable Name: dc name

Variable Label: DC's Name

Data Type: unknown (calculate)

Variable Name: dc_type

Variable Label: DC's Type

Data Type: unknown (calculate)

Variable Name: dc_id

Variable Label: Please key in your password:

Data Type: string

Variable Name: sensitive_response

Variable Label: NULL

Data Type: calculate_here

Variable Name: trigger1

Variable Label: Starting the enrollment of a new baby/babies here.

Data Type: acknowledge

Variable Name: HouseDetails_Mukim

Variable Label: Which Mukim is that dwelling in?

Data Type: factor (select one)

Value	Label
1	Bekok
2	Chaah
3	Gemereh
4	Jabi
5	Sungai Segamat

Variable Name: HouseDetails_Batu

Variable Label: Which Batu is that dwelling along?

Data Type: string

Variable Name: HouseDetails_Area

Variable Label: Type of the Taman/Kampung/Felda/Felcra/Quarters

of that dwelling?

Data Type: factor (select one)

Value	Label
1	Taman
2	Kampung
3	Felda
4	Felcra
5	Quarters
6	Not applicable

Variable Name: HouseDetails_Area2

Variable Label: Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?

Variable Name: HouseDetails_Area3

 $\label{tabel: Type of the Taman/Kampung/Felda/Felcra/Quarters} Variable\ Label:\ Type\ of\ the\ Taman/Kampung/Felda/Felcra/Quarters$

of that dwelling?

Data Type: factor (select one)

Value	Label
1	Taman
2	Kampung
3	Felda
4	Felcra
5	Quarters
6	Not applicable

Variable Name: HouseDetails_Area4

Variable Label: Please specify the Taman/Kampung/Felda/Felcra/Quarters

of that dwelling?

Data Type: string

Variable Name: HouseDetails_Street

Variable Label: Type of the Street/Lorong of that dwelling?

Data Type: factor (select one)

Value	Label
1	Jalan
2	Lorong
3	Not applicable

Variable Name: HouseDetails_Street2

Variable Label: Please specify the Street name/Lorong of that dwelling?

Data Type: string

Variable Name: HouseDetails Street3

Variable Label: Type of the Street/Lorong of that dwelling?

Data Type: factor (select one)

Value	Label
1	Jalan
2	Lorong
3	Not applicable

Variable Name: HouseDetails_Street4

Variable Label: Please specify the Street name/Lorong of that dwelling?

Data Type: string

Variable Name: HouseDetails Number

Variable Label: Type of the Lot number/House number/Pole number of that dwelling?

Data Type: factor (select one)

Value	Label
1	Lot
2	Number
3	Pole number
4	Not applicable

Variable Name: HouseDetails_Number2

Variable Label: Please specify the Lot number/House number/Pole number of that dwelling?

Data Type: string

Variable Name: HouseDetails_Number3

Variable Label: Type of the Lot number/House number/Pole number of that dwelling?

Value	Label
1	Lot
2	Number
3	Pole number

Value	Label
4	Not applicable

Variable Name: HouseDetails_Number4

Variable Label: Please specify the Lot number/House number/Pole number of that dwelling?

Data Type: string

Variable Name: ibu nama

Variable Label: Enter the mother's FULL name

Data Type: string

Variable Name: agree_no

Variable Label: Does this household agree to participate in the MISS Project?

Data Type: factor (select one)

Value	Label
1	Yes
2	No
3	Empty House
4	No respondent at home
6	Overdue

Variable Name: infant_8

Variable Label: How many weeks old of baby today?

Data Type: factor (select one)

Value	Label
1	Less than or equal to 16 weeks
2	More than 16 weeks

Variable Name: infant_8a

Variable Label: Please state the weeks old of baby

Data Type: integer			
Variable Name:	infant_eligible		
Variable Label: For less the	at 19 weeks		
Data Type: begin_group			
Variable Name:	visit 0		
Variable Label: Visit	· 1210 <u> </u>		
Data Type: begin_group			
Variable Name:	nric_available		
Variable Label: Can you se Data Type: factor (select of		C (MyKAD, MyPR, MyTe	atera, etc.)?
	Value	Label	
	1 2	Yes No	
Variable Name:	nric1		
Variable Label: Enter \${ib}	u_nama}'s NRIC (MyKA	D, MyKID, MyPolis, MyTe	ntera, MyPR, etc.)
Data Type: string			
Variable Name			

Variable Name: nric2

 $Variable\ Label:\ Re-enter\ \$\{ibu_nama\}'s\ NRIC\ (MyKAD,\ MyKID,\ MyPolis,\ MyTentera,\ MyPR,\ etc.)$

Data Type: string

Variable Name: type_of_id

Variable Label: If you cannot see the NRIC, what form of ID is recorded on the SEACO Form/Maternal health record?

Value	Label
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)

Variable Name: other_id

Variable Label: Enter the ID number they have

Data Type: string

Variable Name: dob_ic_key_1

Variable Label: Verify Date of Birth.

Data Type: unknown (calculate)

Variable Name: dob_04

Variable Label: Is the date of birth shown correct?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: ibu_dob

Variable Label: What is the mother's date of birth

Data Type: date

Variable Name: contactno

Variable Label: Participant contact number

Data Type: string

Variable Name: occupation

Variable Label: What is the mother's occupation?

Data Type: factor (select one)

Value	Label
-9	Refused
1	Student
2	Working full-time
3	Working part-time
4	Casual jobs
5	Homemaker
6	Self-employed
7	Retired
8	Unemployed (unable to work)
9	Unemployed (able to work)

Variable Name: HouseDetails_present

Variable Label: Is the SEACO Barcode available?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: HouseDetails_reason

Variable Label: Why is there no Barcode?

Data Type: factor (select one)

Value	Label
1	The household is not part of SEACO
2	The Barcode was removed
3	The Barcode is missing/lost
4	The household is part of SEACO, but no Barcode was ever attached to the house

Variable Name: HouseDetails_ID

Variable Label: Try to record the barcode with the camera

Data Type: string	
	$HouseDetails_ID_manual$
Variable Label: The barco	de was not recorded. Enter it.
Data Type: string	
T7	

Variable Name: visit_0

Variable Label: NULL
Data Type: end_group

Variable Name: picture

Variable Label: Please take picture of the consent form

Data Type: image

Variable Name: trigger_3

Variable Label: We do not have consent to continue. Save and Close the form.

Data Type: acknowledge

Variable Name: trigger1b

Variable Label: This is the start of questions for the follow-up visit

Data Type: acknowledge

Variable Name: screen_1

Variable Label: Is the mother the principal carer?

Data Type: factor (select one)

 $\begin{array}{c|cc} \hline \text{Value} & \text{Label} \\ \hline 1 & \text{Yes} \\ \hline \end{array}$

(For example: baby is fully taken care by the mother or after working hours (if the mother works)) $2 \mid \text{No}$ (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) *** # Variable Name: screen_2 Variable Label: How many weeks after the birth did the mother cease to be the principal carer?

Data Type: factor (select one)

Label
1 week or less
More than 1 week, but less than 1 month
1 month or more, but less than 2 Months
2 Months or more

Variable Name: screen_3

Variable Label: Who is the principal carer now?

Data Type: factor (select one)

Value	Label
1	The mother's mother
2	The mother's mother-in-law
3	One of the mother's siblings
4	Another blood relation
5	Another person

Variable Name: screen_4

Variable Label: Why is the Mother no longer the principal carer?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Had to leave home for work
2	Could not cope
3	Abandoned the baby
4	Other

Variable Name: screen_5

Variable Label: How many infants were born? (Recent births)

Data Type: integer

Variable Name: mum

Variable Label: Mother

Data Type: begin_group

Variable Name: mum_0a

Variable Label: What is your Nationality?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Malaysian
2	Singaporean
3	Indonesian
4	Indian
5	Vietnamese
6	Other

Variable Name: mum_0b

Variable Label: What is your ethnicity?

Data Type: factor (select multiple)

Value	Label
-8	Refused to answer
1	Malay
2	Indian
3	Chinese
4	Orang Asli
5	Other Bumiputera
6	Other

Variable Name: mum_0c

Variable Label: What is your religion?

Value	Label
-8	Refused to answer
1	Islam
2	Buddhism

Value	Label
3	Hindu
4	Sikh
5	Christian
6	Taoist
7	Animist
8	Athiest / Agnostic
9	Other

Variable Name: mum_0d

Variable Label: What is the highest level of schooling you have achieved?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Never attended school
2	Attended but did not complete primary school
3	Completed primary school
4	Started high school
5	Finished form 3
6	Finished form 5
7	Finished form 6
8	Started college (Diploma)
9	Finished college (Diploma)
10	Started university (Degree))
11	Finished university (Degree))
12	Masters
13	PhD

Variable Name: mum_1a

Variable Label: At the time of the birth, what was your marital status?

Value	Label
-8	Refused to answer
1	Single
2	Married
3	Separated / Living Apart (Not Divorced)
4	Divorced
5	Widow / Widower

Variable Name: mum_1aa

Variable Label: How long have you been married (years)?

Data Type: integer

Variable Name: mum_1ab

Variable Label: How long have you been married (months)?

Data Type: integer

Variable Name: mum 1ac

Variable Label: What is your husband's FULL name?

Data Type: string

Variable Name: husband_occupation

Variable Label: What is the husband's occupation?

Data Type: factor (select one)

Value	Label
-9	Refused
1	Student
2	Working full-time
3	Working part-time
4	Casual jobs
5	Homemaker
6	Self-employed
7	Retired
8	Unemployed (unable to work)
9	Unemployed (able to work)

Variable Name: husband_nric_available

Variable Label: Can you see the \${ibu_nama}'s husband NRIC (MyKAD, MyPR, MyTentera, etc.)?

Label
Yes
No

Variable Name: husband_nric1

Variable Label: Enter \${ibu_nama}'s husband NRIC (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.)

Data Type: string

Variable Name: husband nric2

Variable Label: Re-enter \${ibu_nama}'s husband NRIC (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.)

Data Type: string

Variable Name: husband_type_of_id

Variable Label: If you cannot see the husband NRIC, what form of ID is recorded on the SEACO Form/Maternal health record?

Data Type: factor (select one)

Value	Label
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)

Variable Name: husband_other_id

Variable Label: Enter the ID number they have

Data Type: string

Variable Name: mum_1b

Variable Label: Are you in a polygamous marriage?

Value	Labe
1	Yes
2	No

Variable Name: mum_1c

Variable Label: Which wife are you?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	First
2	Second
3	Third
4	Fourth

Variable Name: mum_1d

Variable Label: How many times have you been pregnant before? (Including recent births and abortion)

Data Type: integer

Variable Name: mum_1e

Variable Label: How many live births have had before? (Including recent births)

Data Type: integer

Variable Name: mum_1f

Variable Label: Number of living children you have excluding the recent birth:

Data Type: string

Variable Name: mum_1g

Variable Label: Which of the following conditions did you have prior to this recent pregnancy?

Data Type: factor (select multiple)

Value	Label
-8	Refused to answer
0	NO COMPLICATIONS
1	Diabetes (not GDM)
2	Hypertension (not pregnancy related)
3	A Heart Condition

Value	Label
4	Thalassaemia
5	Anaemia
6	Asthma
7	TB
8	Other

Variable Name: mum_1g_other

Variable Label: If the 'other', please specify.

Data Type: string

Variable Name: mum_1h

Variable Label: Which of the following conditions did you develop during this recent pregnancy?

Data Type: factor (select multiple)

Value	Label
0	NO HEALTH CONDITIONS
1	Gestational Diabetes
2	Hypertension (Pregnancy related)
3	Other

Variable Name: mum_1h_other

Variable Label: If 'Other', please state.

Data Type: string

Variable Name: mum_1i

Variable Label: Did you take regular medication during this recent pregnancy (including vitamins or herbal medicines)?

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: mum_1j

Variable Label: What type of regular medication did you take during this recent pregnancy?

Data Type: factor (select multiple)

Value	Label
-8	Refused to answer
1	Medication for diabetes prescribed by a doctor
2	Medication for hypertension prescribed by a doctor
3	Iron supplement tablets
4	Vitamin supplement tablets

Variable Name: mum_1k

Variable Label: Did you ever smoke during your most recent pregnancy?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: mum_1m

Variable Label: Did anyone living in the house smoke around you during your most recent pregnancy?

Data Type: factor (select one)

Value	Label
1 2	Yes No

Variable Name: mum_1n

Variable Label: Does anyone currently living in the house smoke?

Value	Label
1	Yes
2	No

Variable Name: mum_1

Variable Label: Since the birth, what support have you had? (Select all that apply)

Data Type: factor (select multiple)

Value	Label
-8	Refused to answer
1	No support, sole carer
2	Someone to help with baby-care, if I were sick
3	Someone to take me or the baby a clinic or hospital if needed
4	Someone to talk to about any problems
5	Financial support

Variable Name: mum_2

Variable Label: Who is your primary support?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Husband
2	Mother
3	Father
4	Mother-in-law
5	Extended family
6	Friend
7	Paid help
8	None of the above

Variable Name: mum_3

Variable Label: Did you ever breastfeed you baby/babies?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: mum_4

Variable Label: Why didn't you breastfeed?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Did not want to
2	Wanted to, but was not able to
3	Was not allowed to

Variable Name: mum_5

Variable Label: Are you still breastfeeding?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: mum_6

Variable Label: Why did you stop?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Difficult for the baby
2	Difficult for me (e.g., sore, cracked, bleeding nipples)
3	Insufficient milk (the baby was always hungry)
4	Insufficient weight gain
5	Baby unwell
6	I was unwell
7	Other responsibilities (e.g., work)
8	Felt it was the right time
9	Other

Variable Name: mum_6_other

Variable Label: If 'Other', please state.

Data Type: string

Variable Name: mum_6a

Variable Label: How old was your baby when you stopped breastfeeding

Data Type: integer

Variable Name: mum_7

Variable Label: Are you exclusively breastfeeding?

Data Type: factor (select one)

Label
Refused to answer
Yes
No

Variable Name: mum_8

Variable Label: For how many weeks did you exclusively breastfeed?

Data Type: decimal

Variable Name: mum 9

Variable Label: Why did you stop exclusive breastfeeding?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Difficult for the baby
2	Difficult for me (e.g., sore, cracked, bleeding nipples)
3	Insufficient milk (the baby was always hungry)
4	Insufficient weight gain
5	Baby unwell
6	I was unwell
7	Other responsibilities (e.g., work)
8	Felt it was the right time
9	Bottle feeding allowed others to care for my baby

Variable Name: mibs01

Variable Label: Loving

Data Type: factor (select one)

Value	Label
0	Very much
1	A lot
2	A little
3	Not at all

Variable Name: mibs02

Variable Label: Resentful

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	A lot
3	Very much

Variable Name: mibs03

Variable Label: Neutral or felt nothing

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	A lot
3	Very much

Variable Name: mibs04

Variable Label: Joyful

Value	Label
0	Very much
1	A lot
2	A little
3	Not at all

Variable Name: mibs05

Variable Label: Dislike

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	A lot
3	Very much

Variable Name: mibs06

Variable Label: Protective

Data Type: factor (select one)

Label
Very much
A lot
A little
Not at all

Variable Name: mibs07

Variable Label: Disappointed Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	A lot
3	Very much

Variable Name: mibs08

Variable Label: Aggressive

Value	Label
0	Not at all
1	A little
2	A lot
3	Very much

Variable Name: mum_10

Variable Label: Are you currently using birth control?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: mum_11

Variable Label: What type of birth control are you using?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Female sterilisation
2	Male sterilisation
3	Oral contraceptive pill
4	Oral emergency contraceptive pill
5	Sub dermal implant
6	Condoms
7	IUD
8	Natural (e.g., abstinence, withdrawal, rhythm)
9	Injection

Variable Name: mum_12

Variable Label: Do you have ready access to birth control?

Value	Label
-8	Refused to answer
1	Ves

Value	Label
2	No

Variable Name: mum_13a

Variable Label: Was this a planned pregnancy?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	Mostly, yes
3	Neither planned nor unplanned
4	Mostly, no
5	No

Variable Name: mum_13

Variable Label: Do you hope to have another baby in the future?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: mum_14

Variable Label: How long would you like to wait before you have another baby?

Value	Label
-8	Refused to answer
1	less than 12 months
2	12-18 Months
3	18-24 Months
4	24-36 Months
5	3-5 Years
6	More than 5 Years

Variable Name: mum

Variable Label: NULL
Data Type: end_group

Variable Name: urineLeak1

Variable Label: How often do you leak urine?

Data Type: factor (select one)

Value	Label
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

Variable Name: urineLeak2

Variable Label: We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?

Data Type: factor (select one)

Value	Label
0	None
1	A small amount
2	A moderate amount
3	A large amount

Variable Name: urineLeak3

Variable Label: 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)

Value	Label
0	0
1	1
2	2

Value	Label
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

Variable Name: urineLeak4

Variable Label: When does urine leak? (Select all that apply)

Data Type: factor (select multiple)

Value	Label
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

Variable Name: trigger2

Variable Label: The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. Please choose the answer that appears most appropriate. If you are unsure about which response to give to a question, the first response you think of is often the best one. Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last four weeks.

Data Type: acknowledge

Variable Name: whoqol

Variable Label: whoqol
Data Type: begin_group

Variable Label: How would you rate your quality of life?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very poor
2	Poor
3	Neither poor nor good
4	Good
5	Very Good

Variable Name: whoqol_2

Variable Label: How satisfied are you with your health?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_3

Variable Label: To what extent do you feel that physical pain prevents you from doing what you need to do? Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	An extreme amount
2	Very much
3	A moderate amount
4	A little
5	Not at all

Variable Name: whoqol_4

Variable Label: How much do you need any medical treatment to function in your daily life?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	An extreme amount
2	Very much
3	A moderate amount
4	A little
5	Not at all

Variable Name: whoqol_5

Variable Label: How much do you enjoy life?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	A moderate amount
4	Very much
5	An extreme amount

Variable Name: whoqol_6

Variable Label: To what extent do you feel your life to be meaningful?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	A moderate amount
4	Very much
5	An extreme amount

Variable Name: whoqol_7

Variable Label: How well are you able to concentrate?

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	A moderate amount
4	Very much
5	Extremely

Variable Label: How safe do you feel in your daily life?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	A moderate amount
4	Very much
5	Extremely

Variable Name: whoqol_9

Variable Label: How healthy is your physical environment?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	A moderate amount
4	Very much
5	Extremely

Variable Name: whoqol_10

Variable Label: Do you have enough energy for everyday life?

Value	Label
-8	Refused to answer

Value	Label
1	Not at all
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Label: Are you able to accept your bodily appearance?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Name: whoqol_12

Variable Label: Have you enough money to meet your needs? ?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Name: whoqol_13

Variable Label: How available to you is the information that you need in your day-to-day life?

Value	Label
-8	Refused to answer
1	Not at all

Value	Label
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Label: To what extent do you have the opportunity for leisure activities?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Not at all
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Name: whoqol_15

Variable Label: How well are you able to get around?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very poor
2	Poor
3	Neither poor nor good
4	Good
5	Very Good

Variable Name: whoqol_16

Variable Label: How satisfied are you with your sleep?

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied

Value	Label
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Label: How satisfied are you with your ability to perform your daily living activities?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_18

Variable Label: How satisfied are you with your capacity for work?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_19

Variable Label: How satisfied are you with yourself?

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied

Value	Label
4	Satisfied
5	Very satisfied

Variable Label: How satisfied are you with your personal relationships?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_21

Variable Label: How satisfied are you with your sex life?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_22

Variable Label: How satisfied are you with the support you get from your friends?

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied

Value	Label
5	Very satisfied

Variable Label: How satisfied are you with the conditions of your living place?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: $whoqol_24$

Variable Label: How satisfied are you with your access to health services?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_25

Variable Label: How satisfied are you with your transport?

Value	Label
-8	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Label: How often do you have negative feelings such as blue mood, despair, anxiety, depression?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Always
2	Very Often
3	Quite Often
4	Seldom
5	Never

Variable Name: whoqol

Variable Label: NULL
Data Type: end_group

Variable Name: trigger3

Variable Label: I am now going to ask you some questions about your stress and mental health. Please read/listen to each statement and the rating which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement

Data Type: acknowledge

Variable Name: dass

Variable Label: dass

Data Type: begin_group

Variable Name: dass_1

Variable Label: I found it hard to wind down.

Value	Label
-8	Refused to answer
0	Did not apply to me at all

Value	Label
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Label: was aware of dryness of my mouth.

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_3

Variable Label: I couldn't seem to experience any positive feeling at all.

Data Type: factor (select one)

-8 Refused to answer 0 Did not apply to me at all 1 Applied to me to some degree, or some of the time 2 Applied to me to a considerable degree, or a good part of tim 3 Applied to me very much, or most of the time	Value	Label
1 Applied to me to some degree, or some of the time 2 Applied to me to a considerable degree, or a good part of time	-8	Refused to answer
2 Applied to me to a considerable degree, or a good part of time	0	Did not apply to me at all
	1	Applied to me to some degree, or some of the time
3 Applied to me very much, or most of the time	2	Applied to me to a considerable degree, or a good part of time
	3	Applied to me very much, or most of the time

Variable Name: dass_4

Variable Label: I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion).

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Label: I found it difficult to work up the initiative to do things.

Data Type: factor (select one)

Label
Refused to answer
Did not apply to me at all
Applied to me to some degree, or some of the time
Applied to me to a considerable degree, or a good part of time
Applied to me very much, or most of the time

Variable Name: dass_6

Variable Label: I tended to over-react to situations.

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_7

Variable Label: I experienced trembling (eg, in the hands).

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_8

Variable Label: I think I use a lot of energy during the nervous situation.

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_9

Variable Label: I was worried about situations in which I might panic and make a fool of myself.

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_10

Variable Label: I felt that I had nothing to look forward to.

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_11

Variable Label: I found myself getting agitated.

Value	Label
-8	Refused to answer
0	Did not apply to me at all

Value	Label
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Label: I found it difficult to relax.

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_13

Variable Label: I felt down-hearted and blue.

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_14

Variable Label: I was intolerant of anything that kept me from getting on with what I was doing.

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Label: I felt I was close to panic.

Data Type: factor (select one)

Label
Refused to answer
Did not apply to me at all
Applied to me to some degree, or some of the time
Applied to me to a considerable degree, or a good part of time
Applied to me very much, or most of the time

Variable Name: dass_16

Variable Label: I was unable to become enthusiastic about anything.

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_17

Variable Label: I felt I wasn't worth much as a person.

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_18

Variable Label: I felt that I was rather touchy.

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_19

Variable Label: I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat).

Data Type: factor (select one)

Label
Refused to answer
Did not apply to me at all
Applied to me to some degree, or some of the time
Applied to me to a considerable degree, or a good part of time
Applied to me very much, or most of the time

Variable Name: dass_20

Variable Label: I felt scared without any good reason.

Data Type: factor (select one)

Value	Label
-8	Refused to answer
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Name: dass_21

Variable Label: I felt that life was meaningless.

Value	Label
-8	Refused to answer

Value	Label
0	Did not apply to me at all
1	Applied to me to some degree, or some of the time
2	Applied to me to a considerable degree, or a good part of time
3	Applied to me very much, or most of the time

Variable Label: NULL Data Type: end_group

Variable Name: epds

Variable Label: Edinburgh Postnatal Depression Scale (EPDS)

Data Type: begin_group

Variable Name: epds1

Variable Label: I have been able to laugh and see the funny side of things

Data Type: factor (select one)

Value	Label
0	As much as I always could
1	Not quite so much now
2	Definitely not so much now
3	Not at all

Variable Name: epds2

Variable Label: I have looked forward with enjoyment to things

Value	Label
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

Variable Name: epds3

Variable Label: I have blamed myself unnecessarily when things went wrong

Data Type: factor (select one)

Value	Label
0	Yes, most of the time
1	Yes, some of the time
2	Not very often
3	No, never

Variable Name: epds4

Variable Label: I have been anxious or worried for no good reason

Data Type: factor (select one)

Value	Label
0	No, not at all
1	Hardly ever
2	Yes, sometimes
3	Yes, very often

Variable Name: epds5

Variable Label: I have felt scared or panicky for no very good reason

Data Type: factor (select one)

Value	Label
0	Yes, quite a lot
1	Yes, sometimes
2	No, not much
3	No, not at all

Variable Name: epds6

Variable Label: Things have been getting on top of me

Value	Label
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

Value	Label
2	No, most of the time I have coped quite well
3	No, I have been coping as well as ever

Variable Name: epds7

Variable Label: I have been so unhappy that I have had difficulty sleeping

Data Type: factor (select one)

Value	Label
0	Yes, most of the time
1	Yes, sometimes
2	Not very often
3	No, not at all

Variable Name: epds8

Variable Label: I have felt sad or miserable

Data Type: factor (select one)

Value	Label
0	Yes, most of the time
1	Yes, quite often
2	Not very often
3	No, not at all

Variable Name: epds9

Variable Label: I have been so unhappy that I have been crying

Value	Label
0	Yes, most of the time
1	Yes, quite often
2	Only occasionally
3	No, never

Variable Name: epds10

Variable Label: The thought of harming myself has occurred to me

Data Type: factor (select one)

Value	Label
0	Yes, quite often
1	Sometimes
2	Hardly ever
3	Never

Variable Name: epds

Variable Label: NULL
Data Type: end_group

Variable Name: trigger5

Variable Label: Now I would like to ask you some questions about your baby/babies. Some of the question may be answered more easily from the Rekod Ibu

Data Type: acknowledge

Variable Name: infant

Variable Label: Infant

Data Type: begin_group

Variable Name: infant_repeat

Variable Label: Infant to the mother

Data Type: begin_repeat

Variable Name: infant_1

Variable Label: What is your baby's name?

Variable Name: infant_1a

Variable Label: What was \${infant_1}'s date of birth?

Data Type: date

Variable Name: infant_1b

Variable Label: What time \${infant_1} was born (24 Hour clock)?

Data Type: time

Variable Name: infant 1c

Variable Label: What is the sex of \${infant_1}

Data Type: factor (select one)

Value	Label
1	Male
2	Female
3	Ambiguous / Indeterminate

Variable Name: infant_1d

Variable Label: What was \${infant_1}'s gestational age at birth (in weeks)?

Data Type: integer

Variable Name: infant_1e

Variable Label: Where was \${infant_1} born?

Value	Label
-8	Refused to answer
1	Segamat District Hospital
2	Other Government Hopsital not in the district
3	Private Hopsital
4	Private Clinic
5	Klinik Kesihatan
6	Klinik Desa
7	Home

Variable Name: infant_1f

Variable Label: What was the type of delivery?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Standard Vaginal delivery
2	Breech vaginal delivery
3	Forceps vaginal delivery
4	Vacuum vaginal delivery
5	Elective Caesarean
6	Emergency Caesarean

Variable Name: infant_1g

Variable Label: What complications were there?

Data Type: factor (select multiple)

Value	Label
-8	Refused to answer
0	NO COMPLICATIONS
1	Foetal distress
2	Prolonged labour
3	Meconium stained liquor
4	Neonatal jaundice
5	Congenital abnormalities
6	Maternal postpartum haemorrhage

Variable Name: infant_1h

Variable Label: What was the APGAR Score at 1 Minute?

Data Type: string

Variable Name: infant_1i

Variable Label: What was the APGAR Score at 5 Minutes?

Variable Name: infant Variable Label: \${infant_1}'s birth wei	Ü	GRAMS	
Data Type: decimal			
Variable Name: infant:	1k		
Variable Label: \${infant_1}'s birth length Data Type: decimal	gth in CENT	IMETERS	
Variable Name: infant_1	1m		
Variable Name: infant Variable Label: \${infant_1}'s head circ Data Type: decimal		birth in CENTIM	ETERS
Variable Label: \${infant_1}'s head circ	umference at		ETERS
Variable Label: \${infant_1}'s head circ Data Type: decimal	eumference at	2	
Variable Label: \$\{\text{infant_1}\}'s head circ Data Type: decimal Variable Name: nric_av Variable Label: Can you see the \$\{\text{infant_1}\}'s	eumference at	2 ID (MyKID, MyP	

Variable Name: mykidl

Variable Label: What is 's MyKID number?

Data Type: string

Variable Name: mykid2

Variable Label: Re-enter MyKID number?

Variable Name: type_of_id2

 $\label{thm:cond} \mbox{Variable Label: If you cannot see the MyKID, what form of ID is recorded on the SEACO Form/Maternal health record?}$

Data Type: factor (select one)

Value	Label
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)

Variable Name: other_id2

Variable Label: Enter the ID number they have

Data Type: string

Variable Name: infant_2

Variable Label: Where does sleep at night?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	In the same bed with an adult?
2	In the same room with an adult, but in their own bed/cot?
3	In a separate room from an adult, in their own bed/cot?
4	In a separate room from an adult, sharing a bed/cot with another infant/child?
5	Other

Variable Name: infant_2_other

Variable Label: If 'Other', please state.

Variable Name: infant_3

Variable Label: Who does \${infant_1} sleep with at night?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	\$\{\text{infant_1}\}'s Mother and Father.
2	\$\{\text{infant_1}\}'s Mother.
3	\${infant_1}'s Father.
4	\$\{\text{infant}_1\}'s Grand-mother or Aunt.
5	A maid.
0	Another adult.

Variable Name: infant_4

Variable Label: Has \${infant_1} sustained any injuries since birth?

Data Type: factor (select one)

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name: infant_5

Variable Label: Describe \${infant_1} 's injuries?

Data Type: string

Variable Name: infant_6

Variable Label: Has \${infant_1} had any health problems since birth? For example, jaundice.

Value	Label
-8	Refused to answer
1	Yes
2	No

Variable Name:	infant_7
Variable Label: Describe 9 Data Type: string	{\text{infant_1} 's health problems.
Variable Name:	infant_9
Variable Label: When was	s \${infant_1} last checked by a nurse?
Variable Name:	infant_10
Variable Label: \${infant_ Data Type: decimal	1}'s weight at the last health check (KILOGRAMS)
Variable Name:	infant_11
Variable Label: \${infant_ Data Type: decimal	1}'s length at the last health check (in CENTIMETERS)
Variable Name:	infant_12
Variable Label: \${infant_ Data Type: decimal	1}'s head circumference at the last health check (in CENTIMETERS)
Variable Name:	NA
Variable Label: NULL Data Type: end_repeat	
Variable Name:	infant
Variable Label: NULL	
Data Type: end_group	

Variable Name: health record

Variable Label: Health Record

Data Type: begin_group

Variable Name: registration_number_1

Variable Label: Do you know the registration number of mother's health record book?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: registration number

Variable Label: What is the registration number of mother's health record book?

Data Type: string

Variable Name: date_tha_1

Variable Label: Do you know the THA (LMP)- last period date stated in mother's health record book?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: date_tha

Variable Label: When is THA (LMP)- last period date stated in mother's health record book?

Data Type: date

Variable Name: date tal 1

Variable Label: Do you know the TAL (EDD)- estimated due date of delivery based on last period stated in mother's health record book?

Value	Label
1	Yes
2	No

Variable	Name:	date	tal

Variable Label: When is TAL (EDD)- estimated due date of delivery based on last period stated in mother's health record book?

Data Type: date

Variable	Name	health	record
variable	mame:	пеанп	record

Variable Label: NULL
Data Type: end_group

Variable Name: infant_eligible

Variable Label: NULL
Data Type: end_group

Variable Name: agree_group

Variable Label: NULL
Data Type: end_group

Variable Name: address_summary

Variable Label: Please enter respondant's address

Data Type: string

Variable Name: field_notes

Variable Label: Field notes

Variable Name: acknowledge

Variable Label: Finished. Thank you. Make sure you save the form!!

Data Type: acknowledge