# Birth Cohort Study - Group B Questionnaire

Seaco, Monash 19 August, 2021

Form ID: SIHAT1-01b Form Version: Version 1.0
Variable Name: starttime
Variable Label: Timestamp of form open  Data Type: System generated
Variable Name: startdate
Variable Label: Date of form open
Data Type: System generated
Variable Name: endtime
Variable Label: Timestamp of form save
Data Type: System generated
Variable Name: enddate
Variable Label: Date of form save
Data Type: System generated
Variable Name: deviceid
Variable Label: IMEI
Data Type: System generated
Variable Name: FormVersion

Variable Label: Form ID

Data Type: System generated

#### Variable Name: name\_interviewer

Variable Label: Interviewer's name

Data Type: string

## Variable Name: date\_

Variable Label: Today's date

Data Type: date

Variable Name: verbal consent

Variable Label: Does this person agree to participate in the SIHAT Birth Cohort project?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: ibu nama

Variable Label: Enter the mother's FULL name

Data Type: string

## Variable Name: mother\_ic

Variable Label: Does the mother have a NRIC

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: mother\_ic\_2

Variable Label: Please scan the mother's NRIC using the IC reader.

Data Type: acknowledge

#### Variable Name: mother\_ic\_3

Variable Label: MyKAD Data

Data Type: string

#### Variable Name: mother ic 4

Variable Label: Were you able to scan the mother's NRIC?

Data Type: factor (select one)

Value	Label
1 2	Yes No

## Variable Name: mother\_ic\_yes

Variable Label: Enter NRIC number

Data Type: string

## Variable Name: mother\_ic\_yes.2

Variable Label: Enter NRIC number (repeat)

Data Type: string

## Variable Name: mother\_ic\_no

Variable Label: What other identification does the mother have?

Value	Label
1	Other Malaysian government issued ID
2	Foreign passport
3	Other
4	ID missing

## Variable Name: mother\_ic\_no\_other

Variable Label: Please specify other

Data Type: string

#### Variable Name: id number

Variable Label: Please enter the ID number

Data Type: string

Variable Name: ibu\_dob

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

Data Type: date

Variable Name: mother\_contact

Variable Label: Contact number

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
-7	Not applicable
1	Lot
2	Number
3	Pole number

#### Variable Name: HouseDetails\_Number2

Variable Label: Please specify the lot number/house number/pole number of that dwelling?

#### Variable Name: HouseDetails\_Number3

Variable Label: Type of the lot number/house number/pole number of that dwelling?

Data Type: factor (select one)

Value	Label
-7	Not applicable
1	Lot
2	Number
3	Pole number

#### Variable Name: HouseDetails Number4

Variable Label: Please specify the lot number/house number/pole number 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
-7	Not applicable
1	Jalan
2	Lorong

#### 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?

Value	Label
-7	Not applicable
1	Jalan
2	Lorong

#### Variable Name: HouseDetails\_Street4

Variable Label: Please specify the street name/lorong of that dwelling?

Data Type: string

#### Variable Name: HouseDetails\_Area

Variable Label: Type of the taman/kampung/Felda/Felcra of that dwelling?

Data Type: factor (select one)

Value	Label
-7	Not applicable
1	Taman
2	Kampung
3	Felda

#### Variable Name: HouseDetails\_Area2

Variable Label: Please specify the taman/kampung/Felda/Felcra of that dwelling?

Data Type: string

#### Variable Name: HouseDetails\_Area3

Variable Label: Type of the taman/kampung/Felda/Felcra of that dwelling?

Data Type: factor (select one)

Value	Label
-7	Not applicable
1	Taman
2	Kampung
3	Felda

## Variable Name: HouseDetails\_Area4

Variable Label: Please specify the taman/kampung/Felda/Felcra of that dwelling?

#### Variable Name: HouseDetails\_Batu

Variable Label: What batu is that dwelling along?

Data Type: string

#### 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	Sg Segamat
5	Jabi
6	Other

## Variable Name: HouseDetails\_Mukim\_other

Variable Label: Please specify other:

Data Type: string

## Variable Name: consent\_age

Variable Label: Is the participant (Mother) above 18 years old?

Data Type: factor (select one)

Label
Yes
No

## Variable Name: guardian\_name

Variable Label: For participant's (Mother) under 18 years old, please state the parent's / husband's / guardian's name: (Guardian must be 21 years old and above)

#### Variable Name: guardian\_ic

Variable Label: Does the parent / husband / guardian have a NRIC?

Data Type: factor (select one)

Label
Yes No

#### Variable Name: guardian\_ic\_2

Variable Label: Please scan the parent's / husband's / guardian's NRIC using the IC reader.

Data Type: acknowledge

Variable Name: guardian\_ic\_3

Variable Label: MyKAD Data

Data Type: string

Variable Name: guardian\_ic\_4

Variable Label: Were you able to scan the parent's / husband's / guardian's NRIC?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

## Variable Name: guardian\_ic\_yes

Variable Label: Enter the parent's / husband's / guardian's NRIC number

Data Type: string

Variable Name: guardian\_ic\_yes.2

Variable Label: Enter NRIC number (repeat)

## Variable Name: guardian\_ic\_no

Variable Label: What other identification does the parent / husband / guardian have?

Data Type: factor (select one)

Value	Label
1	Other Malaysian government issued ID
2	Foreign passport
3	Other
4	ID missing

#### Variable Name: guardian\_ic\_no\_other

Variable Label: Please specify other

Data Type: string

## Variable Name: guardian\_id\_number

Variable Label: Please enter the ID number

Data Type: string

## Variable Name: consent\_above\_1

Variable Label: By signing below, I agree to take part in the above study entitled SEACO SI:HAT Birth Cohort.

Data Type: factor (select one)

Value	Labe
1	Yes
2	No

Variable Name: consent\_above\_2

Variable Label: I understand the information sheet I have read, or have had read to me.

Value	Label
1	Yes
2	No

#### Variable Name: consent\_above\_3

Variable Label: I have had the opportunity to discuss the study and ask questions, and I understand why the study is being done.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent above 4

Variable Label: I agree to be recorded on video whilst giving consent.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_above\_5

Variable Label: I consent to participate in this research project voluntarily.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_above\_6

Variable Label: I consent to be asked questions about my health and lifestyle, socioeconomic status, and medical history.

Value	Label
1	Yes
2	No

## Variable Name: consent\_above\_7

Variable Label: I consent for data collectors to take my height and weight measurements.

Data Type: factor (select one)

Label
Yes
No

#### Variable Name: consent above 8

Variable Label: I agree to give blood, cord blood, hair and urine samples for this study. I understand that about 16ml of blood (about 2 tablespoons) will be collected from me when I am admitted to the hospital for the delivery of my baby.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_above\_9

Variable Label: I agree to allow my blood, cord blood, urine, and hair samples to be tested for research. I understand that the results of these tests will not be relayed to me.

Data Type: factor (select one)

Label
Yes
No

## Variable Name: consent\_above\_10

Variable Label: I consent to the collection of information from my clinic and hospital medical records for this research.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent above 11

Variable Label: I agree to be contacted for a future follow-up data collection session for this project by SEACO.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_above\_12

Variable Label: I understand that any research analysis or publication outcome will be based on anonymised data, that is, without my name, identifiable information or contact details attached.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_above\_13

Variable Label: I understand that any information gathered about me and the blood, hair and urine samples I provide will be kept confidential, and stored anonymously and securely in the SEACO database for future research studies.

Value	Labe
1	Yes
2	No

#### Variable Name: consent\_above\_14

Variable Label: I understand that future studies using my anonymised information or stored samples may be undertaken by other research institutions in Malaysia or other countries. I understand that the results of these future studies are unlikely to have any implications for me personally, and that I will not benefit financially if this research leads to the development of a new treatment or medical test.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent above 15

Variable Label: I agree to genetic analysis of my samples, including DNA sequencing, information from which will not be relayed to me. I understand that the deidentified genetic information will be made available, including via public databases of anonymised information for future analyses.

Data Type: factor (select one)

Value	Label
1	Yes
2	No
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## Variable Name: consent above 16

Variable Label: I understand that I am free to withdraw my participation from this project at any time, or, I may refuse to participate in any one or more parts of this project, without giving a reason and without this affecting my medical care or legal rights in any way.

Data Type: factor (select one)

Label
Yes
No

Variable Name: consented\_initial\_1

Variable Label: NULL

Data Type: unknown (calculate)

#### Variable Name: consent\_above\_17

Variable Label: \${ibu\_nama}'s signature

Data Type: image

Variable Name: consent\_above\_18

Variable Label: Record the participant on video saying: I \${ibu\_nama} from ADDRESS agree to participate in this SEACO SI:HAT Birth Cohort research study.

Data Type: video

Variable Name: consented\_1

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: consent\_below\_1

Variable Label: By signing below, I agree to allow my child / wife / ward \*, (NAME of participant), to take part in the above study entitled SEACO SI:HAT Birth Cohort.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent\_below\_2

Variable Label: I understand the information sheet I have read, or have had read to me.

Value	Label
1	Yes
2	No

#### Variable Name: consent\_below\_3

Variable Label: I have had the opportunity to discuss the study and ask questions, and I understand why the study is being done.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_below\_4

Variable Label: I agree to be recorded on video whilst giving consent.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_below\_5

Variable Label: I consent to my child's / wife's / ward's \* participation in this research project voluntarily.

Data Type: factor (select one)

Label
Yes
No

#### Variable Name: consent\_below\_6

Variable Label: I consent to my child / wife / ward \* being asked questions about her health and lifestyle, socioeconomic status, and medical history.

Value	Labe
1	Yes
2	No
1	Yes

#### Variable Name: consent\_below\_7

Variable Label: I consent for data collectors to take my child's / wife's / ward's \* height and weight measurements.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_below\_8

Variable Label: I agree for my child / wife / ward \* to give blood, cord blood, hair and urine samples for this study. I understand that about 16ml of blood (about 2 tablespoons) will be collected from her when she is admitted to the hospital for the delivery of her baby.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

### Variable Name: consent\_below\_9

Variable Label: I agree to allow my child's / wife's / ward's \* blood, cord blood, urine, and hair samples to be tested for research. I understand that the results of these tests will not be relayed to me or my child / wife / ward \*.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

## Variable Name: consent\_below\_10

Variable Label: I consent to the collection of information from my child's / wife's / ward's \* clinic and hospital medical records for this research.

Value	Label
1	Yes
2	No

Value Label

#### Variable Name: consent\_below\_11

Variable Label: I agree for my child / wife / ward \* to be contacted for a future follow-up data collection session for this project by SEACO.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_below\_12

Variable Label: I understand that any research analysis or publication outcome will be based on anonymised data, that is, without my child's / wife's / ward's \* name, identifiable information or contact details attached.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

## Variable Name: consent\_below\_13

Variable Label: I understand that any information gathered about my child / wife / ward \* and the blood, hair and urine samples she provides will be kept confidential, and stored anonymously and securely in the SEACO database for future research studies.

Data Type: factor (select one)

Label
Yes
No

#### Variable Name: consent\_below\_14

Variable Label: I understand that future studies using my child's / wife's / ward's \* anonymised information or stored samples may be undertaken by other research institutions in Malaysia or other countries. I understand that the results of these future studies are unlikely to have any implications for my child / wife / ward

\* personally, and that my child / wife / ward \* will not benefit financially if this research leads to the development of a new treatment or medical test.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_below\_15

Variable Label: I agree to genetic analysis of my child's / wife's / ward's \* samples, including DNA sequencing, information from which will not be relayed to me or my child / wife / ward \*. I understand that the deidentified genetic information will be made available, including via public databases of anonymised information for future analyses.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

## Variable Name: consent\_below\_16

Variable Label: I understand that I am free to withdraw my child's / wife's / ward's \* participation from this project at any time, or, I may refuse to allow my child / wife / ward \* to participate in any one or more parts of this project, without giving a reason and without this affecting my child's / wife's / ward's \* medical care or legal rights in any way.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

## Variable Name: consented\_initial\_2

Variable Label: NULL

Data Type: unknown (calculate)

#### Variable Name: consent\_below\_17

Variable Label: \${guardian\_name}'s signature

Data Type: image

#### Variable Name: consent\_below\_18

Variable Label: Record the participant on video saying: I \${guardian\_name} from ADDRESS agree to allow my daughter / wife / ward to participate in this SEACO SI:HAT Birth Cohort research study.

Data Type: video

#### Variable Name: consented\_2

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: consent infant 1

Variable Label: By signing below, I agree to allow my child / grandchild / ward \* to take part in the above study entitled SEACO SI:HAT Birth Cohort.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

## Variable Name: consent\_infant\_2

Variable Label: I understand the information sheet I have read, or have had read to me.

Value	Labe
1	Yes
2	No

#### Variable Name: consent infant 3

Variable Label: I have had the opportunity to discuss the study and ask questions, and I understand why the study is being done.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_infant\_4

Variable Label: I agree to be recorded on video whilst giving consent.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_infant\_5

Variable Label: I consent voluntarily to my child / grandchild / ward \* participating in this study.

Data Type: factor (select one)

Label
Yes
No

#### Variable Name: consent\_infant\_6

Variable Label: I consent to be asked questions about my child's / grandchild's / ward's \* health, wellbeing, and medical history.

Value	Labe
1	Yes
2	No
1	Yes

#### Variable Name: consent\_infant\_7

Variable Label: I consent for data collectors to take my child's / grandchild's / ward's \* body measurements for this study: my child's / grandchild's / ward's \* length and weight; head, chest, and mid-upper arm circumferences; and skinfold thickness measurements at my child's / grandchild's / ward's \* mid-upper arm, back (below the shoulder), and waist.

Data Type: factor (select one)

Yes
No

#### Variable Name: consent infant 8

Variable Label: I agree to allow for my child's / grandchild's / ward's \* cord blood sample, and hair and urine samples to be collected for this study.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_infant\_9

Variable Label: I agree to allow the cord blood sample, and my child's / grandchild's / ward's \* hair and urine samples, to be tested for research. I understand that the results of these tests will not be relayed to me or my child / grandchild / ward \*.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

## Variable Name: consent\_infant\_10

Variable Label: I consent to the collection of information from my child's / grandchild's / ward's \* clinic and hospital medical records for this research.

Value	Label
1	Yes

Value	Label
2	No

#### Variable Name: consent infant 11

Variable Label: I agree to be contacted for a future follow-up data collection session for this project by SEACO.

Data Type: factor (select one)

Label
Yes
No

#### Variable Name: consent infant 12

Variable Label: I understand that any research analysis or publication outcome will be based on anonymised data, that is, without me or my child's / grandchild's / ward's \* name, identifiable information or contact details attached.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

#### Variable Name: consent\_infant\_13

Variable Label: I understand that any information gathered about my child / grandchild / ward \*and the samples provided will be kept confidential, and stored anonymously and securely in the SEACO database for future research studies.

Label
Yes
No

#### Variable Name: consent\_infant\_14

Variable Label: I understand that future studies using my child's / grandchild's / ward's \* anonymised information or stored samples may be undertaken by other research institutions in Malaysia or other countries. I understand that the results of these future studies are unlikely to have any implications for my child / grandchild / ward \* personally, and that my child / grandchild / ward \* will not benefit financially if this research leads to the development of a new treatment or medical test.

Data Type: factor (select one)

Value	Label		
1	Yes		
2	No		

#### Variable Name: consent\_infant\_15

Variable Label: I agree to genetic analysis of my child's / grandchild's / ward's \* samples, including DNA sequencing, information from which will not be relayed to me or my child / grandchild / ward \*. I understand that the deidentified genetic information will be made available, including via public databases of anonymised information for future analyses.

Data Type: factor (select one)

Label		
Yes		
No		

#### Variable Name: consent\_infant\_16

Variable Label: I understand that I am free to withdraw my child's / grandchild's / ward's \* participation from this project at any time, or, I may refuse to let my child / grandchild / ward \* participate in any one or more parts of this project, without giving a reason and without this affecting my child's / grandchild's / ward's \* medical care or legal rights in any way.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

## Variable Name: consented\_initial\_3

Variable Label: NULL

Data Type: unknown (calculate)

#### Variable Name: consent\_infant\_17

Variable Label: Mother/guardian's signature

Data Type: image

#### Variable Name: consent\_infant\_18

Variable Label: Record the participant on video saying: I mother/guardian from ADDRESS agree to allow my child / grandchild / ward / to participate in this SEACO SI:HAT Birth Cohort research study.

Data Type: video

## Variable Name: consented\_3

Variable Label: NULL

Data Type: unknown (calculate)

## Variable Name: proceed

Variable Label: Were you able to collect data from the participant at the hospital?

Data Type: factor (select one)

Value	Label		
1	Yes		
2	No (Reject)		
3	No (Missed)		

## Variable Name: biosamples\_B1\_blood

Variable Label: Maternal blood Data Type: factor (select one)

Value	Label		
1	Yes		
2	No		

#### Variable Name: outcomes B1 1

Variable Label: Was the participant diagnosed with gestational diabetes in this pregnancy?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

#### Variable Name: outcomes B1 2 a

Variable Label: Was the participant diagnosed with pre-eclampsia in this pregnancy?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

#### Variable Name: fetuses\_B1\_number

Variable Label: Please state total number of fetuses:

Data Type: integer

## Variable Name: fetuses\_B1\_placentas

Variable Label: Please state total number of placentas

Data Type: integer

## Variable Name: fetuses\_B1\_samples

Variable Label: Please state total number of cord blood samples collected

Data Type: integer

## Variable Name: form\_fetus

Variable Label: Begin form for each fetus/baby:

Data Type: acknowledge
Variable Name: general_B1_1  Variable Label: Date of delivery:  Data Type: date
Variable Name: general_B1_2a  Variable Label: How many weeks:  Data Type: integer
Variable Name: general_B1_2b  Variable Label: And how many days:  Data Type: integer
Variable Name: biosamples_B1_cord  Variable Label: Cord blood  Data Type: factor (select one)
Value Label  1 Yes 2 No
Variable Name: measure_placenta_B1_1  Variable Label: Placental weight (grams)  Data Type: integer
Variable Name: measure_infant_B1_1a  Variable Label: Infant's birth weight (gm)

Data Type: decimal

Variable Name: measure_infant_B1_2a
Variable Label: Infant's length (crown-heel) (cm)  Data Type: decimal
Variable Name: measure_infant_B1_3a
Variable Label: Infant's head circumference (cm)  Data Type: decimal
Variable Name: measure_infant_B1_3b
Variable Label: Infant's head circumference (cm)  Data Type: decimal
Variable Name: measure_infant_B1_3c
Variable Label: Infant's head circumference (cm)  Data Type: decimal
Variable Name: measure_infant_B1_4a
Variable Label: Infant's chest circumference (cm)  Data Type: decimal
Variable Name: measure_infant_B1_4b
Variable Label: Infant's chest circumference (cm)  Data Type: decimal
Variable Name: measure_infant_B1_4c
Variable Label: Infant's chest circumference (cm)
Data Type: decimal

Variable Name:	measure_	$\_$ infant $\_$	_B1_	_5a
Variable Label: Infant's m Data Type: decimal	uid-upper arm o	circumference	(cm)	
Variable Name:	measure_	_infant_	_B1_	_5b
Variable Label: Infant's m Data Type: decimal	iid-upper arm c	circumference	(cm)	
Variable Name:	measure_	_infant_	_B1_	_5c
Variable Label: Infant's m Data Type: decimal	id-upper arm o	circumference	(cm)	
Variable Name:	measure_	_infant_	_B1_	_6a
Variable Label: Infant's bi	iceps skinfold (	mm)		
Variable Name:	measure_	_infant_	_B1_	_6b
Variable Label: Infant's bi Data Type: decimal	iceps skinfold (	mm)		
Variable Name:	measure_	_infant_	_B1_	_6c
Variable Label: Infant's bi	iceps skinfold (1	mm)		
Data Type: decimal				
Variable Name:	measure_	_infant_	_B1_	_7a
Variable Label: Infant's tr				
Data Type: decimal		•		

Variable Name:	measure_infant_B1_7b
Variable Label: Infant's tri Data Type: decimal	ceps skinfold (mm)
Variable Name: Variable Label: Infant's tri	measure_infant_B1_7c
Data Type: decimal	
Variable Name:	measure_infant_B1_8a
Variable Label: Infant's su Data Type: decimal	bscapular skinfold (mm)
Variable Name: Variable Label: Infant's su Data Type: decimal	measure_infant_B1_8b bscapular skinfold (mm)
Variable Name:	measure_infant_B1_8c
Variable Label: Infant's su Data Type: decimal	bscapular skinfold (mm)
Variable Name:	measure_infant_B1_9a
Variable Label: Infant's su Data Type: decimal	prailiac skinfold (mm)
Variable Name:	measure_infant_B1_9b
Variable Label: Infant's su	prailiac skinfold (mm)

#### Variable Name: measure\_infant\_B1\_9c

Variable Label: Infant's suprailiac skinfold (mm)

Data Type: decimal

#### Variable Name: delivery\_B1\_1

Variable Label: Labour

Data Type: factor (select one)

Value	Label
-8	NK
-7	NA
1	No labour
2	Spontaneous
3	Induced

## Variable Name: delivery\_B1\_2

Variable Label: If induced, give indication for induction:

Data Type: string

#### Variable Name: delivery\_B1\_3a

Variable Label: Presentation prior to the onset of labour

Data Type: factor (select one)

Value	Label
-8	NK
1	Cephalic (anterior/posterior)
2	Breech
3	Shoulder
4	Other, please specify:

## Variable Name: delivery\_B1\_3a\_other

Variable Label: If other, please specify:

### Variable Name: delivery\_B1\_3b

Variable Label: Lie prior to the onset of labour

Data Type: factor (select one)

Value	Label
-8	NK
1	Longitudinal
2	Transverse
3	Oblique
4	Other, please specify:

### Variable Name: delivery\_B1\_3b\_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: delivery\_B1\_4

Variable Label: Type of delivery Data Type: factor (select one)

Value	Label
-8	N/K
1	Spontaneous vaginal delivery
2	Ventouse (vacuum-assisted)
3	Forceps
4	Assisted breech
5	Primary (first) caesarean section
6	Repeat caesarean section

## Variable Name: delivery\_B1\_5

Variable Label: If caesarean section, give type

Value	Label
-8	N/K
1	Pre-labour or planned / elective (even if spontaneous onset of labour)
2	In labour / intrapartum or emergency (whether or not in labour)

### Variable Name: delivery\_B1\_6

Variable Label: Main indicaton for caesarean section

Data Type: factor (select one)

Value	Label
-8	N/K
1	Fetal distress
2	Abnormal labour progress
3	Malpresentation
4	Pre-term labour
5	Failed instrumentation
6	Failed induction (IOL)
7	Amniotic fluid abnormalities
8	Cord prolapse / presentation
9	Macrosomia
10	IUGR
11	Placental factor
12	Heart disease
13	Hypertensive disorders
14	Retroviral disease
15	Chorioamnionitis
16	Multiple pregnancy
17	Previous uterine surgery
18	Maternal request
19	Others, specify:

## Variable Name: delivery\_B1\_6\_other

Variable Label: If other, please specify:

Data Type: string

## Variable Name: delivery\_B1\_7

Variable Label: Give two subsidiary indications for caesarean section, if applicable:

Data Type: factor (select multiple)

Value	Label
-8	N/K
-7	N/A
1	Fetal distress
2	Abnormal labour progress
3	Malpresentation
4	Pre-term labour
5	Failed instrumentation
6	Failed induction (IOL)

Value	Label
7	Amniotic fluid abnormalities
8	Cord prolapse / presentation
9	Macrosomia
10	IUGR
11	Placental factor
12	Heart disease
13	Hypertensive disorders
14	Retroviral disease
15	Chorioamnionitis
16	Multiple pregnancy
17	Previous uterine surgery
18	Maternal request
19	Others, specify:

### Variable Name: delivery\_B1\_7\_other

Variable Label: If other, please specify:

Data Type: string

## Variable Name: delivery\_B1\_8a.1

Variable Label: How many hours:

Data Type: integer

## Variable Name: delivery\_B1\_8a.2

Variable Label: And how many minutes:

Data Type: integer

## Variable Name: delivery\_B1\_8b.1

Variable Label: How many hours:

Data Type: integer

## Variable Name: delivery\_B1\_8b.2

Variable Label: And how many minutes:

Data Type: integer

Variable Name: delivery_B1_8c.1  Variable Label: How many hours:  Data Type: integer
Variable Name: delivery_B1_8c.2
Variable Label: And how many minutes:  Data Type: integer
Variable Name: delivery_B1_8d.1
Variable Label: How many hours:  Data Type: integer
Variable Name: delivery_B1_8d.2  Variable Label: And how many minutes:  Data Type: integer
Variable Name: delivery_B1_9  Variable Label: Was there any evidence of shoulder dystocia? (e.g. McRoberts position, suprapubic position)

Variable Label: Was there any evidence of shoulder dystocia? (e.g. McRoberts position, suprapubic position)

Data Type: factor (select one)

Value	Label
-8	N/K
-7	N/A
1	Yes
2	No

## Variable Name: Trigger\_5

Variable Label: Neonatal Data

Data Type: acknowledge

#### Variable Name: neonatal B1 1

Variable Label: Infant status at delivery

Data Type: factor (select one)

Value	Label
1	Live birth
2	Antepartum fetal death
3	Intrapartum fetal death

#### Variable Name: neonatal\_B1\_2

Variable Label: Gender

Data Type: factor (select one)

Value	Label
-7	NA
1	Male
2	Female
3	Ambiguous

### Variable Name: neonatal\_B1\_3a

Variable Label: Apgar at 1 minute

Data Type: integer

Variable Name: neonatal\_B1\_3b

Variable Label: Apgar at 5 minutes

Data Type: integer

Variable Name: neonatal\_B1\_4

Variable Label: Any notation of shoulder dystocia or shoulder difficulty at neonatal exam?

Label
Do not know
Yes
No

#### Variable Name: neonatal\_B1\_5

Variable Label: Any notation of birth injury or birth trauma (nerve palsy / bone fracture)?

Data Type: factor (select one)

Value	Label
-8 1	Do not know Yes
2	No

#### Variable Name: neonatal\_B1\_5\_yes

Variable Label: If yes, please give details of birth injury/trauma:

Data Type: string

## Variable Name: neonatal\_B1\_6

Variable Label: Admitted to neonatal unit?

Data Type: factor (select one)

Value	Label
-8	N/K
-7	N/A
1	Yes
2	No

### Variable Name: neonatal\_B1\_6\_datetime

Variable Label: If yes, please state date and time of admission to neonatal unit:

Data Type: dateTime

#### Variable Name: neonatal\_B1\_7

Variable Label: Intensive care provided in neonatal unit (level 1)?

Value	Label
-8	N/K
-7	N/A
1	Yes
2	No

Variable Name: neonatal\_B1\_7\_duration.1

Variable Label: How many days:

Data Type: integer

Variable Name: neonatal B1 7 duration.2

Variable Label: And how many hours:

Data Type: integer

Variable Name: neonatal\_B1\_8

Variable Label: High dependency care provided in neonatal unit (level 2)?

Data Type: factor (select one)

Label
N/K
N/A
Yes
No

Variable Name: neonatal\_B1\_8\_duration.1

Variable Label: How many days:

Data Type: integer

Variable Name: neonatal\_B1\_8\_duration.2

Variable Label: And how many hours:

Data Type: integer

Variable Label: Special care provided in neonatal unit (level 3)?

Data Type: factor (select one)

Value	Label
-8	N/K
-7	N/A
1	Yes
2	No

#### Variable Name: neonatal B1 9 duration.1

Variable Label: How many days:

Data Type: integer

#### Variable Name: neonatal\_B1\_9\_duration.2

Variable Label: And how many hours:

Data Type: integer

### Variable Name: neonatal\_B1\_10

Variable Label: Give main reason for admission to Neonatal care:

Data Type: string

#### Variable Name: neonatal\_B1\_11

Variable Label: List other reasons for admission to neonatal intensive care:

Data Type: string

#### Variable Name: neonatal\_B1\_12

Variable Label: Was there a clinical diagnosis of neonatal hypoglycaemia?

Value	Label
-8	N/K
-7	N/A

Value	Label
1	Yes
2	No

Variable Label: Were there symptoms associated with hypoglycemia?

Data Type: factor (select one)

Value	Label
-8	N/K
-7	N/A
1	Yes
2	No

	Variable	e Name:	neonatal	B1	13	state
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Variable Label: If yes, state the symptoms associated with hypoglycemia:

Data Type: string

## Variable Name: neonatal\_B1\_14

Variable Label: What was the lowest bedside blood glucose reading recorded?  $\_$  \_ .  $\_$  mmol/l

Data Type: string

## Variable Name: neonatal\_B1\_14\_date

Variable Label: Please state the DATE (lowest bedside glucose level):

Data Type: string

#### Variable Name: neonatal\_B1\_14\_time

Variable Label: Please state the TIME (lowest bedside glucose level):

Variable Label: What was the lowest laboratory blood glucose reading recorded? \_ \_ . \_ mmol/l

Data Type: string

#### Variable Name: neonatal\_B1\_15\_date

Variable Label: Please state the DATE (lowest laboratory glucose level):

Data Type: string

#### Variable Name: neonatal B1 15 time

Variable Label: Please state the TIME (lowest laboratory glucose level):

Data Type: string

#### Variable Name: neonatal\_B1\_16

Variable Label: Was the infant given glucose infusion for hypoglycemia?

Data Type: factor (select one)

Value	Label
-8	N/K
-7	N/A
1	Yes
2	No

#### Variable Name: neonatal\_B1\_16\_type

Variable Label: If yes, state the type(s) of infusion:

Data Type: string

#### Variable Name: neonatal\_B1\_17

Variable Label: Did the infant have convulsions in association with the hypoglycemia?

Value	Labe
-8	N/K
-7	N/A

Value	Label
1	Yes
2	No

Variable Label: Any notation of fetal malformation?

Data Type: factor (select one)

Label
N/K
N/A
Yes
No

#### Variable Name: neonatal\_B1\_19

Variable Label: If yes, were there any major malformations (fatal/potentially life threatening or likely to lead to major handicap, likely to lead to major cosmetic defect, or requires major surgery to repair)?

Data Type: factor (select one)

Value	Label
-8	N/K
-7	N/A
1	Yes
2	No

## Variable Name: neonatal\_B1\_19\_describe

Variable Label: If yes, please describe:

Data Type: string

#### Variable Name: neonatal\_B1\_20

Variable Label: Hyperbilirubinaemia (>171mmol/l if delivered before 37 weeks or > 256 mmol/l if delivered after 37 weeks)?

Value	Label
-8	N/K
-7	N/A
1	Yes
2	No

Variable Label: If yes, phototherapy?

Data Type: factor (select one)

Value	Label
-8	N/K
-7	N/A
1	Yes
2	No

#### Variable Name: neonatal\_B1\_20b

Variable Label: If yes, exchange transfusion?

Data Type: factor (select one)

Label
N/K
N/A
Yes
No

# Variable Name: neonatal\_B1\_21

Variable Label: Duration of hospital stay:

Data Type: integer

#### Variable Name: measure\_mother\_B1\_1

Variable Label: Last weight recorded before delivery (kg) - Mother

Variable Name:	$measure\_mother\_B1\_2$
Variable Label: What dat Data Type: string	e was the last weight before delivery taken:
Variable Name:	measure_mother_B1_3
Variable Label: Mother's Data Type: string	weight after delivery (kg)
Variable Name:	$measure\_mother\_B1\_4$
Variable Label: Mother's Data Type: string	height (cm)
Variable Name:	$outcomes\_B1\_2$
Variable Label: Date mot Data Type: date	her was admitted to hospital
Variable Name:	outcomes_B1_3
Variable Label: Date mot	her was discharged from hospital
Variable Name:	outcomes_B1_4
Variable Label: Total nun Data Type: integer	mber of days mother was in hospital for delivery admission
Variable Name:	gdm_B1_1
Variable Label: Date of di Data Type: string	iagnosis

Variable Name	e: gdm_B1_2
Variable Label: Gestati	onal age at diagnosis ( weeks):
Data Type: integer	
Variable Name	e: gdm_B1_3
Variable Label: Which	of the following tests were performed (select all that apply):
Data Type: factor (sele	ct multiple)
	Value Label
	-8 NK
	1 Random plasma glucose
	<ul> <li>Fasting plasma glucose</li> <li>MOGTT (modified oral glucose tolerance test)</li> </ul>
	4 No tests were done
Variable Name	e: gdm_B1_3a
Variable Label: Please	state the latest recorded RANDOM plasma glucose reading:
Data Type: string	
Variable Name	e: gdm_B1_3b
	state the latest recorded FASTING plasma glucose reading:
Data Type: string	state the latest recorded FASTING plasma glucose reading.
Variable Name	e: gdm_B1_3c
Variable Label: Please	state the latest MOGTT result at 0-hour:
Data Type: string	
<b>T</b> 7 • 11 **	
Variable Name	e: gdm_B1_3d
Variable Label: Please	state the latest MOGTT result at 2-hour:

#### Variable Name: gdm\_B1\_4

Variable Label: Current treatment regime (on day prior to delivery)

Data Type: factor (select one)

Value	Label
-8	N/K
-7	N/A
1	Diet
2	Oral medication
3	Insulin
4	Oral medication & insulin

#### Variable Name: gdm\_B1\_5a

Variable Label: Was insulin given on the day prior to delivery?

Data Type: factor (select one)

Value	Label
-8	Not known
-7	Not applicable
1	Yes, only 1 type of insulin.
2	Yes, more than 1 type of insulin.
3	No

### Variable Name: gdm\_B1\_5b

Variable Label: Only 1 type of insulin: Total insulin dose per day (on day prior to delivery) \_\_\_ units/day:

Data Type: integer

# Variable Name: gdm\_B1\_5c

Variable Label: More than 1 type of insulin: Total insulin dose per day (on day prior to delivery), please describe:

Data Type: string

#### Variable Name: gdm\_B1\_6

Variable Label: Number of insulin injections per day (on day prior to delivery) \_\_\_ injections/day:

Data Type: integer

#### Variable Name: gdm\_B1\_7

Variable Label: Was the patient prescribed oral medication for diabetes control?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

#### Variable Name: gdm\_B1\_8

Variable Label: If yes, what is the name of the medication that was prescribed?

Data Type: string

#### Variable Name: gdm\_B1\_8a

Variable Label: Please state the dose that was prescribed:

Data Type: string

### Variable Name: gdm\_B1\_8b

Variable Label: Please state the date that the medication was started:

Data Type: string

#### Variable Name: gdm\_B1\_9

Variable Label: Was the patient prescribed insulin for diabetes control?

Value	Label
-8	Do not know
1	Yes
2	No

#### Variable Name: gdm\_B1\_9\_date

Variable Label: If yes, please state the date that insulin was started:

Data Type: string

#### Variable Name: gdm\_B1\_10

Variable Label: Did the patient have severe hypoglycaemia?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

#### Variable Name: gdm\_B1\_11

Variable Label: Seen by dietician during pregnancy?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

#### Variable Name: Trigger\_4

Variable Label: Maternal outcomes: Pre-eclampsia Form

Data Type: acknowledge

#### Variable Name: pe B1 0

Variable Label: Date of diagnosis

#### Variable Name: pe\_B1\_1

Variable Label: Did the patient develop gestational hypertension (any clinical diagnosis of pregnancy-induced hypertension / gestational hypertension)? Either: (i) Systolic BP = 140 mmHg, or, Diastolic BP = 90 mm/Hg [occurring on two occasions at least 4 hours apart] or (ii) one DBP reading = 110 mm/Hg [occurring after 20 weeks gestation or within 6 months post partum]

Data Type: factor (select one)

Label
Do not know
Yes
No

#### Variable Name: pe\_B1\_2

Variable Label: Did the patient have proteinuria concurrently with gestational hypertension?

Data Type: factor (select one)

Label
Do not know
Yes
No

#### Variable Name: pe\_B1\_3a

Variable Label: a. Did the patient have a urine protein dipstick result 1+ (or doubling if 1+ at booking)?

Data Type: factor (select one)

Label
Do not know
Yes
No

# Variable Name: pe\_B1\_3b

Variable Label: b. Urine protein result 300mg (0.3g/24h)?

Value	Label
-8 1	Do not know Yes
1	105

Value	Label
2	No

## Variable Name: pe\_B1\_4

Variable Label: Any report or notation of urine output < 500 ml /24 hours?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

#### Variable Name: pe B1 4 date

Variable Label: If yes, please state the date:

Data Type: date

## Variable Name: pe\_B1\_5

Variable Label: Any report of seizures?

Data Type: factor (select one)

Value	Label
-8 1	Do not know Yes
2	No

## Variable Name: pe\_B1\_5\_date

Variable Label: If yes, please state the date:

Data Type: date

#### Variable Name: pe\_B1\_6

Variable Label: Any report of pulmonary oedema?

Value	Label
-8	Do not know
1	Yes
2	No

# Variable Name: pe\_B1\_6\_date

Variable Label: If yes, please state the date:

Data Type: date

Variable Name: pe\_B1\_7

Variable Label: Any report of HELLP syndrome?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

# Variable Name: pe\_B1\_7\_date

Variable Label: If yes, please state the date:

Data Type: date

## Variable Name: pe\_B1\_8

Variable Label: Any report of epigastric pain associated with pre-eclampsia / eclampsia?

Label
Do not know
Yes
No

#### Variable Name: pe\_B1\_8\_date

Variable Label: If yes, please state the date:

Data Type: date

### Variable Name: pe\_B1\_9

Variable Label: Any report of blurred vision associated with pre-eclampsia / eclampsia?

Data Type: factor (select one)

Label
Do not know
Yes
No

#### Variable Name: pe\_B1\_9\_date

Variable Label: If yes, please state the date:

Data Type: date

## Variable Name: pe\_B1\_10

Variable Label: Any report of headache associated with pre-eclampsia / eclampsia?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

# Variable Name: $pe_B1_10_date$

Variable Label: If yes, please state the date:

Data Type: date

# Variable Name: pe\_B1\_11

Variable Label: Placental abruption

Data Type: factor (select one)

Label
Do not know
Yes
No

#### Variable Name: pe\_B1\_11\_date

Variable Label: If yes, please state the date:

Data Type: date

## Variable Name: pe\_B1\_13

Variable Label: Magnesium sulphate administered (anticonvulsant)

Data Type: factor (select one)

Label
Do not know
Yes
No

### Variable Name: pe\_B1\_13\_date

Variable Label: If yes, please state the date:

Data Type: date

# Variable Name: pe\_B1\_14

Variable Label: Any other significant maternal complications?

Value	Label
-8	Do not know
1	Yes
2	No

#### Variable Name: pe\_B1\_14\_specify

Variable Label: If yes, please specify:

Data Type: string

#### Variable Name: pe\_B1\_14\_date

Variable Label: If yes, please state the date:

Data Type: date

#### Variable Name: barcode scan

Variable Label: Scan the participant's barcode label

Data Type: string

#### Variable Name: field\_notes\_B1

Variable Label: Field notes

Data Type: string

### Variable Name: Trigger\_6

Variable Label: Part 1 completed: Save the form and close

Data Type: acknowledge