

Birth Cohort Study - Group A Questionnaire

Seaco, Monash

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Form ID: SIHAT1-01a 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: trigger_1

Variable Label: Starting the enrollment of a new participant

Data Type: acknowledge

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: 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	Yes
2	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?

Data Type: factor (select one)

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?

Data Type: string

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?

Data Type: factor (select one)

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?

Data Type: string

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)

Value	Label
1	Yes
2	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)

Data Type: string

Variable Name: guardian_ic

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

Data Type: factor (select one)

Value	Label
1	Yes

Value	Label
2	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)

Data Type: string

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	Label
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.

Data Type: factor (select one)

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.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_above_7

Variable Label: I consent for data collectors to take my body measurements for this study: my height, weight, blood pressure, neck and mid-upper arm circumferences, and skinfold thickness measurements at my mid-upper arm, below my shoulder, and waist.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_above_8

Variable Label: I agree to give blood, cord blood, saliva, hair and urine samples for this study. I understand that about 16ml of blood (about 2 tablespoons) will be collected from me during my antenatal clinic checkup, and another 16ml of blood will be collected from me again 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, saliva, 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)

Value	Label
1	Yes
2	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

Value	Label
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, saliva, hair and urine samples I provide will be kept confidential, and stored anonymously and securely in the SEACO database for future research studies.

Data Type: factor (select one)

Value	Label
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

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)

Value	Label
1	Yes
2	No

Variable Name: consented_initial_1

Variable Label: NULL

Data Type: unknown (calculate)

Variable Name: consent_above_17

Variable Label: $\{\text{ibu_nama}\}$'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.

Data Type: factor (select one)

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)

Value	Label
1	Yes
2	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.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent__below__7

Variable Label: I consent for data collectors to take my child's / wife's / ward's * body measurements for this study: her height, weight, blood pressure, neck and mid-upper arm circumferences, and skinfold thickness measurements at her mid-upper arm, below her shoulder, and waist.

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, saliva, hair and urine samples for this study. I understand that about 16ml of blood (about 2 tablespoons) will be collected from her during her antenatal clinic checkup, and another 16ml of blood will be collected from her again 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, saliva, 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.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

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, saliva, 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)

Value	Label
1	Yes
2	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.

Data Type: factor (select one)

Value	Label
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)

Value	Label
1	Yes
2	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.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

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)

Value	Label
1	Yes

Value	Label
2	No

Variable Name: consent_infant_8

Variable Label: I agree to give my child's / grandchild's / ward's * cord blood sample 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 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.

Data Type: factor (select one)

Value	Label
1	Yes
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)

Value	Label
1	Yes
2	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 cord blood sample provided will be kept confidential, and stored anonymously and securely in the SEACO database for future research studies.

Data Type: factor (select one)

Value	Label
1	Yes
2	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)

Value	Label
1	Yes
2	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: measure_mother_A1_1a

Variable Label: Height (cm)

Data Type: decimal

Variable Name: measure_mother_A1_2a

Variable Label: Weight (kg)

Data Type: decimal

Variable Name: measure_mother_A1_3a

Variable Label: Neck circumference (cm)

Data Type: decimal

Variable Name: measure_mother_A1_3b

Variable Label: Neck circumference (cm)

Data Type: decimal

Variable Name: measure_mother_A1_3c

Variable Label: Neck circumference (cm)

Data Type: decimal

Variable Name: measure_mother_A1_4a

Variable Label: Mid-upper arm circumference (cm)

Data Type: decimal

Variable Name: measure_mother_A1_4b

Variable Label: Mid-upper arm circumference (cm)

Data Type: decimal

Variable Name: measure_mother_A1_4c

Variable Label: Mid-upper arm circumference (cm)

Data Type: decimal

Variable Name: measure_mother_A1_5a

Variable Label: Triceps skinfold (mm)

Data Type: decimal

Variable Name: measure_mother_A1_5b

Variable Label: Triceps skinfold (mm)

Data Type: decimal

Variable Name: measure_mother_A1_5c

Variable Label: Triceps skinfold (mm)

Data Type: decimal

Variable Name: measure_mother_A1_6a

Variable Label: Subscapular skinfold (mm)

Data Type: decimal

Variable Name: measure_mother_A1_6b

Variable Label: Subscapular skinfold (mm)

Data Type: decimal

Variable Name: measure_mother_A1_6c

Variable Label: Subscapular skinfold (mm)

Data Type: decimal

Variable Name: measure_mother_A1_7a

Variable Label: Suprailiac skinfold (mm)

Data Type: decimal

Variable Name: measure_mother_A1_7b

Variable Label: Suprailiac skinfold (mm)

Data Type: decimal

Variable Name: measure_mother_A1_7c

Variable Label: Suprailiac skinfold (mm)

Data Type: decimal

Variable Name: measure_mother_A1_8a1

Variable Label: Systolic blood pressure (mmHg)

Data Type: integer

Variable Name: measure_mother_A1_8a2

Variable Label: Diastolic blood pressure (mmHg)

Data Type: integer

Variable Name: measure_mother_A1_8b1

Variable Label: Systolic blood pressure (mmHg)

Data Type: integer

Variable Name: measure_mother_A1_8b2

Variable Label: Diastolic blood pressure (mmHg)

Data Type: integer

Variable Name: measure_mother_A1_8c1

Variable Label: Systolic blood pressure (mmHg)

Data Type: integer

Variable Name: measure_mother_A1_8c2

Variable Label: Diastolic blood pressure (mmHg)

Data Type: integer

Variable Name: biosamples_A1_blood

Variable Label: Blood

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: biosamples_A1_saliva

Variable Label: Saliva

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: biosamples_A1_urine

Variable Label: Urine

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: biosamples_A1_hair

Variable Label: Hair

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: gestational_age_1

Variable Label: Was date of last menstrual period (LMP) certain and was it regular and normal?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: gestational_age_2

Variable Label: What was the 1st day (date) of your last normal menstrual period (LMP)?

Data Type: string

Variable Name: gestational_age_3

Variable Label: Estimated date of delivery (EDD) recorded at first visit (LMP EDD)

Data Type: date

Variable Name: gestational_age_4

Variable Label: Ultrasound examination (with a heart beat) within 6-16 weeks?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: gestational_age_5

Variable Label: Date of ultrasound (with a heart beat)

Data Type: string

Variable Name: gestational_age_6a

Variable Label: How many weeks:

Data Type: integer

Variable Name: gestational_age_6b

Variable Label: And how many days:

Data Type: integer

Variable Name: gestational_age_7

Variable Label: EDD from ultrasound report (Initial USS EDD)

Data Type: string

Variable Name: gestational_age_8

Variable Label: Selected estimate of EDD (if difference between USS and LMP date > +/- 5 days use USS GA)

Data Type: string

Variable Name: gestational_age_9a

Variable Label: How many weeks:

Data Type: integer

Variable Name: gestational_age_9b

Variable Label: And how many days:

Data Type: integer

Variable Name: interview_A1_1

Variable Label: PDQ: Prenatal Distress Questionnaire

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: interview_A1_2

Variable Label: DASS: Depression Anxiety Stress Scale

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: interview_A1_3

Variable Label: WHOQOL: WHO Quality of Life Assessment

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: interview_A1_4

Variable Label: Main Questionnaire

Data Type: factor (select one)

Value	Label
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Value	Label
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1	Yes
---	-----

2	No
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Variable Name: trigger_2

Variable Label: Prenatal Distress Questionnaire (PDQ): To some women, certain aspects of pregnancy are uncomfortable or upsetting, although other women may not be bothered by the same things. Please indicate your own feelings about each of the following items:

Data Type: acknowledge

Variable Name: pdq_1

Variable Label: I find weight gain during pregnancy troubling.

Data Type: factor (select one)

Value	Label
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0	Not at all
---	------------

1	A little
---	----------

2	Moderately
---	------------

3	Very much
---	-----------

4	Extremely
---	-----------

Variable Name: pdq_2

Variable Label: Physical symptoms of pregnancy such as nausea, vomiting, swollen feet, or backaches irritate me.

Data Type: factor (select one)

Value	Label
-------	-------

0	Not at all
---	------------

1	A little
---	----------

2	Moderately
---	------------

3	Very much
---	-----------

4	Extremely
---	-----------

Variable Name: pdq_3

Variable Label: I am worried about handling the baby when I first come home from the hospital.

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	Moderately
3	Very much
4	Extremely

Variable Name: pdq_4

Variable Label: Emotional ups and downs during pregnancy annoy me.

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	Moderately
3	Very much
4	Extremely

Variable Name: pdq_5

Variable Label: I am troubled that my relationships with other people important to me are changing due to my pregnancy.

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	Moderately
3	Very much
4	Extremely

Variable Name: pdq_6

Variable Label: I am worried about eating healthy foods and a balanced diet for the baby.

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	Moderately
3	Very much
4	Extremely

Variable Name: pdq_7

Variable Label: Overall, the changes in my body shape and size during pregnancy bother me.

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	Moderately
3	Very much
4	Extremely

Variable Name: pdq_8

Variable Label: I am concerned that having a new baby will alter my relationship with the baby's father.

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	Moderately
3	Very much
4	Extremely

Variable Name: pdq_9

Variable Label: I worry about having an unhealthy baby.

Data Type: factor (select one)

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

Value	Label
4	Extremely

Variable Name: pdq_10

Variable Label: I am anxious about labour and delivery.

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	Moderately
3	Very much
4	Extremely

Variable Name: pdq_11

Variable Label: The possibility of premature delivery frightens me.

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	Moderately
3	Very much
4	Extremely

Variable Name: pdq_12

Variable Label: I am worried that I might not become emotionally attached to the baby.

Data Type: factor (select one)

Value	Label
0	Not at all
1	A little
2	Moderately
3	Very much
4	Extremely

Variable Name: trigger_3

Variable Label: Depression Anxiety Stress Scale (DASS): 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_1

Variable Label: I found it hard to wind down.

Data Type: factor (select one)

Value	Label
-9	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_2

Variable Label: I was aware of dryness of my mouth.

Data Type: factor (select one)

Value	Label
-9	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)

Value	Label
-9	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

Value	Label
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).

Data Type: factor (select one)

Value	Label
-9	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_5**

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

Data Type: factor (select one)

Value	Label
-9	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_6**

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

Data Type: factor (select one)

Value	Label
-9	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
-9	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 felt that I was using a lot of nervous energy

Data Type: factor (select one)

Value	Label
-9	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
-9	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
-9	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.

Data Type: factor (select one)

Value	Label
-9	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_12**

Variable Label: I found it difficult to relax.

Data Type: factor (select one)

Value	Label
-9	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
-9	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 Name: dass_14

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

Data Type: factor (select one)

Value	Label
-9	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_15

Variable Label: I felt I was close to panic.

Data Type: factor (select one)

Value	Label
-9	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_16

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

Data Type: factor (select one)

Value	Label
-9	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
-9	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
-9	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)

Value	Label
-9	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_20**

Variable Label: I felt scared without any good reason.

Data Type: factor (select one)

Value	Label
-9	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.

Data Type: factor (select one)

Value	Label
-9	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: **trigger_4**

Variable Label: WHO Quality of Life Assessment (WHOQOL): 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_1**

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

Data Type: factor (select one)

Value	Label
-9	Refused to answer
1	Very poor
2	Poor

Value	Label
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
-9	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
-9	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
-9	Refused to answer
1	An extreme amount
2	Very much
3	A moderate amount

Value	Label
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
-9	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
-9	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?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
1	Not at all
2	A little
3	A moderate amount
4	Very much

Value	Label
5	Extremely

Variable Name: whoqol_8

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

Data Type: factor (select one)

Value	Label
-9	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
-9	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?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
1	Not at all
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Name: whoqol_11

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

Data Type: factor (select one)

Value	Label
-9	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
-9	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?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
1	Not at all
2	A little
3	Moderately
4	Mostly
5	Completely

Variable Name: whoqol_14

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

Data Type: factor (select one)

Value	Label
-9	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
-9	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?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_17

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

Data Type: factor (select one)

Value	Label
-9	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
-9	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?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_20

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

Data Type: factor (select one)

Value	Label
-9	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
-9	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?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_23

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

Data Type: factor (select one)

Value	Label
-9	Refused to answer

Value	Label
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
-9	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?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
1	Very dissatisfied
2	Dissatisfied
3	Neither satisfied nor dissatisfied
4	Satisfied
5	Very satisfied

Variable Name: whoqol_26

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

Data Type: factor (select one)

Value	Label
-9	Refused to answer
1	Always

Value	Label
2	Very Often
3	Quite Often
4	Seldom
5	Never

Variable Name: trigger_5

Variable Label: Main Questionnaire:

You are free to skip particular questions or the questionnaire as a whole. If any of the questions are unclear, or you need more information the interviewer will be happy to provide you with the information you need.

Data Type: acknowledge

Variable Name: main_A1

Variable Label: How many years old are you?

Data Type: integer

Variable Name: main_A2a

Variable Label: Years in full-time education (from start of primary education)?

Data Type: decimal

Variable Name: main_A2b

Variable Label: What best describes your highest level of education?

Data Type: factor (select one)

Value	Label
1	No formal education/never schooled
2	Kindergarten
3	Primary school
4	Secondary school (Form 1-3)
5	Secondary school (Form 4-5)
6	STPM / Matriculation / A-level
7	College / University (including Polytechnic, MARA Colleges, University Colleges, and University?Diploma/Degree)
8	Post-graduate (Master/Ph.D)
9	Other, please specify: _____

Variable Name: main_A2_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_A3

Variable Label: What is your current marital status?

Data Type: factor (select one)

Value	Label
-9	Refused
-8	Do not know
1	Married, living with husband
2	Married, Separated
3	Once Married now Divorced
4	Single, living with a partner
5	Single not living with a partner
6	Widowed
7	Other, please specify: _____

Variable Name: main_A3_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_A4

Variable Label: What is your current job status?

Data Type: factor (select one)

Value	Label
1	Full time housewife / househusband (homemaker)
2	Working full time (at paid work or self-employed business)
3	Working part time (at paid work or self-employed business)
4	Unemployed and seeking work
5	Unemployed through sickness or disability
6	Unemployed (not working now)
7	Never worked
8	Student (full or part time)
9	Other, please specify: _____

Variable Name: main_A4_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_A5

Variable Label: Which of the following best describes your gross monthly household income:

Data Type: factor (select one)

Value	Label
-9	Refused
-8	Do not know
1	< RM1,000 per month
2	RM 1,000 to RM 2,000 per month
3	RM 2,001 ? RM 5,000 per month
4	RM 5,001- RM10,000 per month
5	> RM 10,000 per month

Variable Name: main_A6

Variable Label: Did you receive the ?Bantuan Rakyat 1 Malaysia (BR1M)??

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Variable Name: main_A7

Variable Label: What is the current status of your accommodation? Is your current accommodation owned or rented?

Data Type: factor (select one)

Value	Label
1	Owned outright
2	Bought with a mortgage
3	Rented

Value	Label
4	Living with extended family
5	Other, please specify: _____

Variable Name: main_A7_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_A8

Variable Label: Which ethnicity do you consider yourself?

Data Type: factor (select multiple)

Value	Label
-9	Refused
-8	Do not know
1	Malay
2	Chinese
3	Indian
4	Orang Asli
5	Other, please specify: _____

Variable Name: main_A8_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_A9

Variable Label: What is your baby's father's ethnicity?

Data Type: factor (select multiple)

Value	Label
-9	Refused
-8	Do not know
1	Malay
2	Chinese
3	Indian
4	Orang Asli

Value	Label
5	Other, please specify: _____

Variable Name: main_A9_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_A10

Variable Label: Did you smoke BEFORE this pregnancy?

Data Type: factor (select one)

Value	Label
-9	Refused
-8	Do not know
1	Never
2	Yes, stopped before present pregnancy
3	Yes, stopped during present pregnancy
4	Yes, still smoking

Variable Name: main_A10a

Variable Label: If yes, how many cigarettes did/do you smoke per week before/during this pregnancy?

Data Type: integer

Variable Name: main_A11

Variable Label: Did you consume any alcoholic beverages BEFORE this pregnancy?

Data Type: factor (select one)

Value	Label
-9	Refused
-8	Do not know
1	Never
2	Yes, stopped before present pregnancy
3	Yes, stopped during present pregnancy
4	Yes, still drinking alcohol

Variable Name: main_A11a

Variable Label: If yes, how many glasses of alcoholic beverages did/do you consume per week?

Data Type: integer

Variable Name: main_A12

Variable Label: Did your spouse/partner smoke BEFORE this pregnancy?

Data Type: factor (select one)

Value	Label
-9	Refused
-8	Do not know
1	Never
2	Yes, stopped before present pregnancy
3	Yes, stopped during present pregnancy
4	Yes, still smoking

Variable Name: main_A12a

Variable Label: If yes, how many cigarettes did/does he smoke per week before/during this pregnancy?

Data Type: integer

Variable Name: main_A13

Variable Label: Does your spouse/partner drink alcohol?

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Variable Name: main_A13a

Variable Label: If yes, how often does your partner drink alcohol?

Data Type: factor (select one)

Value	Label
-9	Refused
-8	Do not know
1	Rarely/Seldom
2	Occasionally/Sometimes
3	Often

Variable Name: main_A14

Variable Label: What best describes your spouse?s/partner?s highest level of education?

Data Type: factor (select one)

Value	Label
1	No formal education/never schooled
2	Kindergarten
3	Primary school
4	Secondary school (Form 1-3)
5	Secondary school (Form 4-5)
6	STPM / Matriculation / A-level
7	College / University (including Polytechnic, MARA Colleges, University Colleges, and University?Diploma/Degree)
8	Post-graduate (Master/Ph.D)
9	Other, please specify: _____

Variable Name: main_A14_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_A15

Variable Label: What is your spouse?s/partner?s current job status?

Data Type: factor (select one)

Value	Label
1	Full time housewife / househusband (homemaker)
2	Working full time (at paid work or self-employed business)
3	Working part time (at paid work or self-employed business)
4	Unemployed and seeking work
5	Unemployed through sickness or disability
6	Unemployed (not working now)
7	Never worked

Value	Label
8	Student (full or part time)
9	Other, please specify: _____

Variable Name: main_A15_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_B1

Variable Label: INCLUDING this pregnancy, how many times have you been pregnant?

Data Type: integer

Variable Name: main_B2

Variable Label: Parity: How many times have you given birth? (After 24 weeks of pregnancy.)

Data Type: integer

Variable Name: main_B3

Variable Label: Any previous pregnancies? (NOT including this baby)

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: main_B3_yes

Variable Label: If yes, how many?

Data Type: integer

Variable Name: main_pregnancy_number

Variable Label: List of questions for pregnancy number:

Data Type: integer

Variable Name: main_B4b

Variable Label: Which year was your no. $\{main_pregnancy_number\}$ pregnancy in?

Data Type: integer

Variable Name: main_B5

Variable Label: At how many weeks of gestation did you give birth?

Data Type: string

Variable Name: main_B6

Variable Label: What was the baby's birth weight? (grams)

Data Type: integer

Variable Name: main_B7

Variable Label: What was the mode of delivery?

Data Type: factor (select one)

Value	Label
-8	N/K
-7	N/A
1	Vaginal
2	Caesarean section.

Variable Name: main_B8

Variable Label: Outcome:

Data Type: factor (select one)

Value	Label
1	Alive
2	Miscarriage
3	Stillbirth
4	Termination
5	Neonatal death (less than 28 days)

Value	Label
6	Post-neonatal death (28 days and after)
7	Other outcomes (e.g. ectopic pregnancy):

Variable Name: main_B8_other

Variable Label: If other, please specify.

Data Type: string

Variable Name: main_B9

Variable Label: Additional notes (e.g. twins):

Data Type: string

Variable Name: main_B10

Variable Label: Gestational Diabetes Mellitus (GDM) during pregnancy?

Data Type: factor (select one)

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

Variable Name: main_B10_yes

Variable Label: If yes, GDM treatment?

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: main_B11

Variable Label: How many LIVING children do you have?

Data Type: integer

Variable Name: main_B12

Variable Label: How old were you when you had your first menstrual period?

Data Type: integer

Variable Name: main_B13

Variable Label: Has a doctor ever told you that you have high blood pressure or hypertension?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	No
2	Yes, but only when pregnant
3	Yes, but only when notpregnant
4	Yes, bothwhen pregnant and not pregnant

Variable Name: main_B13__yes

Variable Label: If yes: How old were you when the doctor told you that you had high blood pressure or hypertension?

Data Type: integer

Variable Name: main_B14

Variable Label: Have you ever had toxemia/preeclampsia (high blood pressure) when pregnant? (DO NOT count THIS current pregnancy)

Data Type: factor (select one)

Value	Label
-8	Do not know
-7	N/A (first pregnancy now)
1	No
2	Yes

Variable Name: main_B14_yes

Variable Label: If yes: Which category best describes your history of high blood pressure during pregnancy?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes, once
2	Yes, in more than one pregnancy, but not all previous pregnancies
3	Yes, in all pregnancies

Variable Name: main_B15

Variable Label: Has a doctor ever told you that you have diabetes, or high sugar in your blood or urine?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	No
2	Yes, but only when pregnant
3	Yes, but only when not pregnant
4	Yes, both when pregnant and not pregnant

Variable Name: main_B16a

Variable Label: If yes: How old were you when the doctor told you this?

Data Type: integer

Variable Name: main_B16b

Variable Label: If yes: What type of diabetes:

Data Type: factor (select one)

Value	Label
1	Type 1
2	Type 2
3	Gestational

Variable Name: main_B16c

Variable Label: If yes: What type of medication did you take for diabetes?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	No Medication
2	Pills Only
3	Insulin Injections
4	Pills and Insulin Injections

Variable Name: main_B16d

Variable Label: Treatment at time of conception:

Data Type: factor (select one)

Value	Label
1	Diet only
2	Diet and oral medication
3	insulin
4	insulin and oral medication

Variable Name: main_B17

Variable Label: Has a doctor ever told you that you have cancer?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B18a

Variable Label: If yes, what type of cancer:

Data Type: string

Variable Name: main_B18b

Variable Label: If yes, how old were you when the doctor told you this? __ years old

Data Type: integer

Variable Name: main_B18c

Variable Label: Any treatment at time of conception:

Data Type: string

Variable Name: main_B18d

Variable Label: Outcome:

Data Type: string

Variable Name: main_B18e

Variable Label: Notes:

Data Type: string

Variable Name: main_B19

Variable Label: Has a doctor ever told you that you have heart problems?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B20a

Variable Label: If yes, what type of heart problem:

Data Type: string

Variable Name: main_B20b

Variable Label: If yes: How old were you when the doctor told you this?

Data Type: integer

Variable Name: main_B20c

Variable Label: Any treatment at time of conception:

Data Type: string

Variable Name: main_B20d

Variable Label: Outcome:

Data Type: string

Variable Name: main_B20e

Variable Label: Notes:

Data Type: string

Variable Name: main_B21

Variable Label: Has a doctor ever told you that you have kidney problems?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B22a

Variable Label: If yes, what type of kidney problem:

Data Type: string

Variable Name: main_B22b

Variable Label: If yes: How old were you when the doctor told you this?

Data Type: integer

Variable Name: main_B22c

Variable Label: Any treatment at time of conception:

Data Type: string

Variable Name: main_B22d

Variable Label: Outcome:

Data Type: string

Variable Name: main_B22e

Variable Label: Notes:

Data Type: string

Variable Name: main_B23

Variable Label: Has a doctor ever told you that you have liver problems?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B24a

Variable Label: If yes, what type of liver problem:

Data Type: string

Variable Name: main_B24b

Variable Label: If yes: How old were you when the doctor told you this?

Data Type: integer

Variable Name: main_B24c

Variable Label: Any treatment at time of conception:

Data Type: string

Variable Name: main_B24d

Variable Label: Outcome:

Data Type: string

Variable Name: main_B24e

Variable Label: Notes:

Data Type: string

Variable Name: main_B25

Variable Label: Has a doctor ever told you that you have mental health problems, including depression?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B26a

Variable Label: If yes, what type of mental health problem:

Data Type: string

Variable Name: main_B26b

Variable Label: If yes: How old were you when the doctor told you this?

Data Type: integer

Variable Name: main_B26c

Variable Label: Any treatment at time of conception:

Data Type: string

Variable Name: main_B26d

Variable Label: Outcome:

Data Type: string

Variable Name: main_B26e

Variable Label: Notes:

Data Type: string

Variable Name: main_B27

Variable Label: Has a doctor ever told you that you have seizures?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B28a

Variable Label: If yes, what type of seizures:

Data Type: string

Variable Name: main_B28b

Variable Label: If yes: How old were you when the doctor told you this?

Data Type: integer

Variable Name: main_B28c

Variable Label: Any treatment at time of conception:

Data Type: string

Variable Name: main_B28d

Variable Label: Outcome:

Data Type: string

Variable Name: main_B28e

Variable Label: Notes:

Data Type: string

Variable Name: main_B29

Variable Label: Did a doctor ever tell you that you have asthma?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B30

Variable Label: If yes: How old were you when the doctor told you that you have asthma?

Data Type: integer

Variable Name: main_B31

Variable Label: Did a doctor ever tell you that you have a thyroid disorder?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B32

Variable Label: If yes: How old were you when the doctor told you that you have a thyroid disorder?

Data Type: integer

Variable Name: main_B33

Variable Label: Do you have any other significant medical or surgical history?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B34a

Variable Label: If yes, please describe:

Data Type: string

Variable Name: main_B34b

Variable Label: If yes: How old were you when the doctor told you this?

Data Type: integer

Variable Name: main_B34c

Variable Label: Any treatment at time of conception:

Data Type: string

Variable Name: main_B34d

Variable Label: Outcome:

Data Type: string

Variable Name: main_B34e

Variable Label: Notes:

Data Type: string

Variable Name: main_B35

Variable Label: EXCEPT during pregnancy, has your mother ever been diagnosed with type 2 diabetes (high blood sugar)?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B36a

Variable Label: If yes, was your mother under 25 years when her diabetes was diagnosed?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B36b

Variable Label: If yes, did your mother use insulin within 5 years of being diagnosed?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B37

Variable Label: EXCEPT during pregnancy, has your mother ever been diagnosed with chronic hypertension (high blood pressure)?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B38

Variable Label: Has your father ever been diagnosed with type 2 diabetes (high blood sugar)?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B39a

Variable Label: If yes, was your father under 25 years when his diabetes was diagnosed?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B39b

Variable Label: If yes, did your father use insulin within 5 years of being diagnosed?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B40

Variable Label: Has your father ever been diagnosed with chronic hypertension (high blood pressure)?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B41

Variable Label: How many siblings do you have? (NOT including yourself)

Data Type: integer

Variable Name: main_B42

Variable Label: Has one or more than one of your FULL siblings ever been diagnosed with type 2 diabetes (high blood sugar)? [EXCEPT during pregnancy for sister(s)]

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B42_yes

Variable Label: If yes, how many of your siblings have / had diabetes?

Data Type: integer

Variable Name: main_B43

Variable Label: Has one or more than one of your full siblings ever been diagnosed with chronic hypertension (high blood pressure)? [EXCEPT during pregnancy for sister(s)]

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B44

Variable Label: Does your mother have any history of chest pain / heart attacks/ heart bypass surgery/ angioplasty (insertion of a balloon into the blocked blood vessels of the heart)?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B45

Variable Label: Does your father have any history of chest pain / heart attacks/ heart bypass surgery/ angioplasty (insertion of a balloon into the blocked blood vessels of the heart)?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_B46

Variable Label: Do your brothers / sisters have any history of chest pain / heart attacks/ heart bypass surgery/ angioplasty (insertion of a balloon into the blocked blood vessels of the heart)?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_C1

Variable Label: Did you plan to become pregnant THIS time?

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Variable Name: main_C2

Variable Label: At the time you became pregnant [current pregnancy]

Data Type: factor (select one)

Value	Label
-9	Refused
-8	Do not know
-7	Not applicable
1	Did you want to wait until later?
2	Did you want no (more) children?
3	Did you not mind either way?

Variable Name: main_C3

Variable Label: How many weeks pregnant were you during your first prenatal care visit?

Data Type: integer

Variable Name: main_C4

Variable Label: Prior to this pregnancy, what kind of birth control were you using? (check ALL that apply)

Data Type: factor (select multiple)

Value	Label
-9	Refused
-8	Do not know
1	None
2	Abstinence during fertile days (e.g., natural family planning)
3	Birth control pills
4	Cervical cap
5	Condoms
6	Creams
7	Hormone patch
8	IUD
9	Patch
10	Withdrawal
11	Other, please specify: _____

Variable Name: main_C4_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_C5

Variable Label: How much did you weigh when you were born? (grams)

Data Type: integer

Variable Name: main_C6

Variable Label: Were you born prematurely?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_C6_yes.a

Variable Label: How many weeks:

Data Type: integer

Variable Name: main_C6_yes.b

Variable Label: And how many days:

Data Type: integer

Variable Name: main_C7

Variable Label: How much did you weigh BEFORE you became pregnant this time (self-reported)? __ __ . __ kg

Data Type: decimal

Variable Name: main_C8

Variable Label: Did you gain or lose weight since becoming pregnant THIStime?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
-8	Do not know
1	Gained weight
2	Lost weight

Variable Name: main_C8_weight

Variable Label: How much weight did you gain / lose? __ __ . __ kg

Data Type: decimal

Variable Name: main_C9

Variable Label: What is your height? (cm) __ __ __ . __ cm

Data Type: decimal

Variable Name: main_C10

Variable Label: Would you say that BEFORE this pregnancy your health in general was:

Data Type: factor (select one)

Value	Label
-8	Do not know / Not Sure
1	Excellent
2	Very Good
3	Good
4	Fair
5	Poor

Variable Name: main_C11

Variable Label: Would you say that DURING this pregnancy your health in general is:

Data Type: factor (select one)

Value	Label
-8	Do not know / Not Sure
1	Excellent
2	Very Good
3	Good
4	Fair
5	Poor

Variable Name: main_D1

Variable Label: Did you experience any nausea?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_D2

Variable Label: Did you experience any vomiting?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_D3

Variable Label: Did you experience any vaginal bleeding?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_D4

Variable Label: Did you experience any backache?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_D5

Variable Label: Did you experience any headache?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_D6

Variable Label: Did you experience any diarrhea?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes

Value	Label
2	No

Variable Name: main_D7

Variable Label: Did you experience any fatigue / tiredness?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_D8

Variable Label: Did you experience any feelings of faintness?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_D9

Variable Label: Did you have any fever?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_D10

Variable Label: Did you have any asthma?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_D11

Variable Label: Did you have any urinary tract infection (including yeast infection)?

Data Type: factor (select one)

Value	Label
-8	Do not know
1	Yes
2	No

Variable Name: main_D12

Variable Label: How many times did you have to visit the emergency unit or labour room during this pregnancy?

Data Type: integer

Variable Name: main_E1

Variable Label: Death of a first degree relative or significant other?

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Variable Name: main_E1_yes

Variable Label: If yes, how many times?

Data Type: factor (select one)

Value	Label
1	Once

Value	Label
2	Twice
3	Three or more

Variable Name: main_E2

Variable Label: Divorce or separation?

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Variable Name: main_E2_yes

Variable Label: If yes, how many times?

Data Type: factor (select one)

Value	Label
1	Once
2	Twice
3	Three or more

Variable Name: main_E3

Variable Label: Fired or forced to change jobs

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Variable Name: main_E3_yes

Variable Label: If yes, how many times?

Data Type: factor (select one)

Value	Label
1	Once
2	Twice
3	Three or more

Variable Name: main_E4

Variable Label: Financial trouble or bankruptcy?

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Variable Name: main_E4_yes

Variable Label: If yes, how many times?

Data Type: factor (select one)

Value	Label
1	Once
2	Twice
3	Three or more

Variable Name: main_E5

Variable Label: Had a fight or argument with your husband/boyfriend?

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Value	Label
-------	-------

Variable Name: main_E5_yes

Variable Label: If yes, how many times?

Data Type: factor (select one)

Value	Label
1	Once
2	Twice
3	Three or more

Variable Name: main_E6

Variable Label: Wedding of a close friend/ relative?

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Variable Name: main_E6_yes

Variable Label: If yes, how many times?

Data Type: factor (select one)

Value	Label
1	Once
2	Twice
3	Three or more

Variable Name: main_E7

Variable Label: Fall or somehow injured yourself?

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Variable Name: main_E7_yes

Variable Label: If yes, how many times?

Data Type: factor (select one)

Value	Label
1	Once
2	Twice
3	Three or more

Variable Name: main_E8

Variable Label: Had experienced a hit or trauma to your belly?

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Variable Name: main_E8_yes

Variable Label: If yes, how many times?

Data Type: factor (select one)

Value	Label
1	Once
2	Twice
3	Three or more

Variable Name: main_E9

Variable Label: Was in a car or bus accident?

Data Type: factor (select one)

Value	Label
-9	Refuse
-8	Do not know
1	Yes
2	No

Variable Name: main_E9_yes

Variable Label: If yes, how many times?

Data Type: factor (select one)

Value	Label
1	Once
2	Twice
3	Three or more

Variable Name: main_F1

Variable Label: During the last 7 days, did you do any vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: main_F2a

Variable Label: If yes, on how many days during the last 7 days did you do these vigorous physical activities?
____ days per week

Data Type: integer

Variable Name: main_F2b.1

Variable Label: How many hours:

Data Type: integer

Variable Name: main_F2b.2

Variable Label: And how many minutes:

Data Type: integer

Variable Name: main_F3

Variable Label: During the last 7 days, did you do any moderate physical activities like carrying light loads, or bicycling at a regular pace? DO NOT include walking.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: main_F4a

Variable Label: If yes, on how many days during the last 7 days did you do these moderate physical activities?
____ days per week

Data Type: integer

Variable Name: main_F4b.1

Variable Label: How many hours:

Data Type: integer

Variable Name: main_F4b.2

Variable Label: And how many minutes:

Data Type: integer

Variable Name: main_F5

Variable Label: During the last 7 days, did you walk for at least 10 minutes at a time?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: main_F6a

Variable Label: If yes, on how many days during the last 7 days did you walk for at least 10 minutes at a time? ____ days per week

Data Type: integer

Variable Name: main_F6b.1

Variable Label: How many hours:

Data Type: integer

Variable Name: main_F6b.2

Variable Label: And how many minutes:

Data Type: integer

Variable Name: main_F7.1

Variable Label: How many hours:

Data Type: integer

Variable Name: main_F7.2

Variable Label: And how many minutes:

Data Type: integer

Variable Name: main_F8

Variable Label: 7 years old

Data Type: factor (select one)

Value	Label
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Variable Name: main_F9

Variable Label: 18 years old

Data Type: factor (select one)

Value	Label
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Variable Name: main_F10

Variable Label: Prior to current pregnancy

Data Type: factor (select one)

Value	Label
1	1
2	2
3	3
4	4
5	5
6	6
7	7

Value	Label
8	8
9	9

Variable Name: trigger_6

Variable Label: Dietary Patterns

Data Type: acknowledge

Variable Name: main_G1

Variable Label: During this pregnancy, are you taking any vitamin or mineral supplements?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: main_G1_yes

Variable Label: If yes, select which vitamins or mineral supplements you are taking:

Data Type: factor (select multiple)

Value	Label
1	Prenatal Multivitamin
2	Vitamin A
3	Beta Carotene
4	Vitamin B Complex
5	Vitamin B12
6	Vitamin C
7	Folic Acid
8	Vitamin D
9	Vitamin E
10	Calcium
11	Iron
12	Zinc
13	Selenium
14	Magnesium
15	Other, please specify: _____

Variable Name: main_G2a

Variable Label: Prenatal multivitamin: What brand are you taking? Please specify:

Data Type: string

Variable Name: main_G2b

Variable Label: Prenatal multivitamin: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G3

Variable Label: Vitamin A: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G4

Variable Label: Beta carotene: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G5

Variable Label: Vitamin B Complex: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G6

Variable Label: Vitamin B12: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G7

Variable Label: Vitamin C: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G8

Variable Label: Folic Acid: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G9

Variable Label: Vitamin D: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G10

Variable Label: Vitamin E: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G11

Variable Label: Calcium: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day

Value	Label
5	3 or more tablets per day

Variable Name: main_G12

Variable Label: Iron: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G13

Variable Label: Zinc: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G14

Variable Label: Selenium: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G15

Variable Label: Magnesium: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G16

Variable Label: What other type of vitamin or mineral supplement are you taking, please specify:

Data Type: string

Variable Name: main_G17

Variable Label: Other type of vitamin or mineral supplement: How many are you taking?

Data Type: factor (select one)

Value	Label
1	1-3 tablets per week
2	4-6 tablets per week
3	1 tablet per day
4	2 tablets per day
5	3 or more tablets per day

Variable Name: main_G8b

Variable Label: Have you been taking folic acid?

Data Type: factor (select one)

Value	Label
-8	Not known
1	No
2	Yes, since before conception
3	Yes, after pregnancy confirmed

Variable Name: main_G8c

Variable Label: If yes, dose of folic acid taken:

Data Type: factor (select one)

Value	Label
-8	NK
-7	NA
1	Approximately 400 mcg/day
2	Approximately 5 mg/day

Variable Name: main_G18

Variable Label: Herbal supplements: During this pregnancy, are you taking any herbal supplements?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: main_G18_yes

Variable Label: If yes, select which herbal supplements you are taking:

Data Type: factor (select multiple)

Value	Label
1	Fish Oil / Cod Liver Oil
2	Chicken Essence
3	Garlic Pills
4	Royal Jelly
5	Ginseng (soup/tea/tablet)
6	Bird's Nest
7	Evening Primrose Oil
8	Lecithin
9	Gingko Biloba
10	Other, please specify: _____

Variable Name: main_G19

Variable Label: Fish Oil / Cod Liver Oil: How often are you taking this supplement?

Data Type: factor (select one)

Value	Label
1	Once a week
2	2-3 times per week
3	4-6 times per week
4	Everyday
5	Once in a while, please describe: _____

Variable Name: main_G19_describe

Variable Label: If once in a while, please describe how often:

Data Type: string

Variable Name: main_G20

Variable Label: Chicken essence: How often are you taking this supplement?

Data Type: factor (select one)

Value	Label
1	Once a week
2	2-3 times per week
3	4-6 times per week
4	Everyday
5	Once in a while, please describe: _____

Variable Name: main_G20_describe

Variable Label: If once in a while, please describe how often:

Data Type: string

Variable Name: main_G21

Variable Label: Garlic Pills: How often are you taking this supplement?

Data Type: factor (select one)

Value	Label
1	Once a week
2	2-3 times per week
3	4-6 times per week
4	Everyday
5	Once in a while, please describe: _____

Variable Name: main_G21_describe

Variable Label: If once in a while, please describe how often:

Data Type: string

Variable Name: main_G22

Variable Label: Royal Jelly: How often are you taking this supplement?

Data Type: factor (select one)

Value	Label
1	Once a week
2	2-3 times per week
3	4-6 times per week
4	Everyday
5	Once in a while, please describe: _____

Variable Name: main_G22_describe

Variable Label: If once in a while, please describe how often:

Data Type: string

Variable Name: main_G23

Variable Label: Ginseng (soup/tea/tablet): How often are you taking this supplement?

Data Type: factor (select one)

Value	Label
1	Once a week
2	2-3 times per week
3	4-6 times per week
4	Everyday
5	Once in a while, please describe: _____

Variable Name: main_G23_describe

Variable Label: If once in a while, please describe how often:

Data Type: string

Variable Name: main_G24

Variable Label: Bird's Nest: How often are you taking this supplement?

Data Type: factor (select one)

Value	Label
1	Once a week
2	2-3 times per week
3	4-6 times per week
4	Everyday
5	Once in a while, please describe: _____

Variable Name: main_G24_describe

Variable Label: If once in a while, please describe how often:

Data Type: string

Variable Name: main_G25

Variable Label: Evening Primrose Oil: How often are you taking this supplement?

Data Type: factor (select one)

Value	Label
1	Once a week
2	2-3 times per week
3	4-6 times per week
4	Everyday
5	Once in a while, please describe: _____

Variable Name: main_G25_describe

Variable Label: If once in a while, please describe how often:

Data Type: string

Variable Name: main_G26

Variable Label: Lecithin: How often are you taking this supplement?

Data Type: factor (select one)

Value	Label
1	Once a week
2	2-3 times per week
3	4-6 times per week
4	Everyday
5	Once in a while, please describe: _____

Variable Name: main_G26_describe

Variable Label: If once in a while, please describe how often:

Data Type: string

Variable Name: main_G27

Variable Label: Gingko Biloba: How often are you taking this supplement?

Data Type: factor (select one)

Value	Label
1	Once a week
2	2-3 times per week
3	4-6 times per week
4	Everyday
5	Once in a while, please describe: _____

Variable Name: main_G27_describe

Variable Label: If once in a while, please describe how often:

Data Type: string

Variable Name: main_G28a

Variable Label: What other type of herbal supplement are you taking, please specify:

Data Type: string

Variable Name: main_G28b

Variable Label: Other type of herbal supplement: How often are you taking this supplement?

Data Type: factor (select one)

Value	Label
1	Once a week
2	2-3 times per week
3	4-6 times per week
4	Everyday
5	Once in a while, please describe: _____

Variable Name: main_G28_describe

Variable Label: If once in a while, please describe how often:

Data Type: string

Variable Name: main_G29

Variable Label: Where is your breakfast food USUALLY from?

Data Type: factor (select one)

Value	Label
1	Home
2	Restaurant/coffee house
3	Workplace canteen/cafeteria
4	School/university cafeteria
5	Hawker centre/coffee shop stall/food court/roadside stall
6	Fast food restaurant
7	Others, please specify: _____

Variable Name: main_G29_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_G30

Variable Label: Where is your lunch USUALLY from?

Data Type: factor (select one)

Value	Label
1	Home
2	Restaurant/coffee house
3	Workplace canteen/cafeteria

Value	Label
4	School/university cafeteria
5	Hawker centre/coffee shop stall/food court/roadside stall
6	Fast food restaurant
7	Others, please specify: _____

Variable Name: main_G30_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_G31

Variable Label: Where is your dinner USUALLY from?

Data Type: factor (select one)

Value	Label
1	Home
2	Restaurant/coffee house
3	Workplace canteen/cafeteria
4	School/university cafeteria
5	Hawker centre/coffee shop stall/food court/roadside stall
6	Fast food restaurant
7	Others, please specify: _____

Variable Name: main_G31_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_G32

Variable Label: How often do you eat at hawker stalls, coffee shops, food court or other food stalls? - How many times per week?

Data Type: integer

Variable Name: main_G33

Variable Label: How often do you eat at western fast food restaurants? (e.g., McDonald's, KFC, Burger King, Pizza Hut, etc.) - How many times per week?

Data Type: integer

Variable Name: main_G34

Variable Label: When eating out, how often do you ask for? LESS sugar/syrup/sweet? - How many times per week?

Data Type: integer

Variable Name: main_G35

Variable Label: When eating out, how often do you include some fresh fruit in your diet? - How many times per week?

Data Type: integer

Variable Name: main_G36a

Variable Label: What kind of fat spread do you USUALLY use on bread or crackers?

Data Type: factor (select one)

Value	Label
1	Butter
2	Hard margarine (please state brand: _____)
3	Soft margarine (please state brand: _____)
4	Others, please specify: _____
9	Do not use fat spread

Variable Name: main_G36b

Variable Label: Hard margarine ? Please state brand:

Data Type: string

Variable Name: main_G36c

Variable Label: Soft margarine ? Please state brand:

Data Type: string

Variable Name: main_G36_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_G37

Variable Label: What types of milk or milk-based drinks (e.g. hot chocolate) do you USUALLY drink?

Data Type: factor (select one)

Value	Label
1	Whole milk/full cream
2	Low fat
3	Skimmed/non-fat
4	Sweetened condensed milk
5	Others, please specify: _____
9	Do not drink milk / milk-based drinks at all

Variable Name: main_G37_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_G38

Variable Label: What types of milk/milk substitutes do you USUALLY add to tea?

Data Type: factor (select multiple)

Value	Label
0	Do not drink tea
1	Whole milk or full cream milk/powder
2	Low fat milk/powder
3	Skimmed or non-fat milk/powder
4	Sweetened condensed milk
5	Sweetener/Creamer
6	Evaporated milk
7	Others, please specify: _____
9	Do not add milk/milk substitutes at all

Variable Name: main_G38_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_G39

Variable Label: What types of milk/milk substitutes do you USUALLY add to coffee?

Data Type: factor (select multiple)

Value	Label
0	Do not drink coffee
1	Whole milk or full cream milk/powder
2	Low fat milk/powder
3	Skimmed or non-fat milk/powder
4	Sweetened condensed milk
5	Sweetener/Creamer
6	Evaporated milk
7	Others, please specify: _____
9	Do not add milk/milk substitutes at all

Variable Name: main_G39_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_G40

Variable Label: What type of sweetening agent do you USUALLY add to tea, coffee or other beverages?

Data Type: factor (select one)

Value	Label
1	Sugar
2	Artificial sweeteners e.g. NutraSweet/Equal/Saccharin based syrups
3	Others, please specify: _____
9	Do not add any sweetening agent at all

Variable Name: main_G40_other

Variable Label: If other, please specify:

Data Type: string

Variable Name: main_G41

Variable Label: How many servings of fruit do you USUALLY eat per day?

Data Type: factor (select one)

Value	Label
1	None
2	< 1
3	1
4	2
5	3
6	4
7	5 or more

Variable Name: main_G42

Variable Label: How many servings of vegetables do you USUALLY eat per day?

Data Type: factor (select one)

Value	Label
1	None
2	< 1
3	1
4	2
5	3
6	4
7	5 or more

Variable Name: main_G43

Variable Label: How often do you drink sweetened drinks? (e.g. soft drinks, fruit drinks, packet drinks, cordials, yoghurt-based drinks and cultured milk drinks, etc.) - How many times per week?

Data Type: integer

Variable Name: main_G44

Variable Label: How often do you eat sweet desserts and snacks? (e.g. cakes, kuehs, jellies, candies, chocolates, cookies, ice-cream, etc.) - How many times per week?

Data Type: integer

Variable Name: main_G45

Variable Label: How often do you eat deep fried foods? - How many times per week?

Data Type: integer

Variable Name: main_G46

Variable Label: When you eat meat with visible fat, how much visible fat will you trim off?

Data Type: factor (select one)

Value	Label
1	All the fat
2	Some of the fat
3	None of the fat
9	Do not eat meat at all

Variable Name: main_G47

Variable Label: When you eat poultry (e.g. chicken, duck, turkey, pigeon, etc.), how much skin do you remove?

Data Type: factor (select one)

Value	Label
1	All the skin
2	Some of the skin
3	None of the skin
9	Do not eat poultry at all

Variable Name: main_G48

Variable Label: What type of oil/fat do you/your family USUALLY use for cooking at home (pan frying, deep frying, stewing, stir fry, baking, roasting)?

Data Type: factor (select one)

Value	Label
1	Blended vegetable oil (cooking oil)
2	Corn, soya, sunflower, safflower, gingelly/til oil, grapeseed oil, flaxseed oil, soya bean oil, soft margarine (Polyunsaturated oil)

Value	Label
3	Olive oil, peanut oil, canola oil, rice bran, sesame, mustard (Monounsaturated oil)
4	Lard, ghee, tallow, hard margarine, butter, shortening, coconut oil, palm kernel oil (Saturated fat)
5	Do not pan fry, deep fry or stew.
9	Do not cook at home at all

Variable Name: main_G49

Variable Label: When cooking at home, how often do you or your family cook with ?less? oil?

Data Type: factor (select one)

Value	Label
1	Always
2	Most of the time
3	Half the time
4	Sometimes
5	Never
9	Do not cook at home at all

Variable Name: main_G50

Variable Label: AT THE TABLE, when do you USUALLY add salt or sauces to your food?

Data Type: factor (select multiple)

Value	Label
1	Before tasting food
2	When the food is not tasty enough
9	Do not add salt or sauces to my food at the table

Variable Name: main_G51

Variable Label: Which of the following best describes your diet?

Data Type: factor (select multiple)

Value	Label
1	I eat less fatty foods
2	I avoid red meat only
3	Fat modified diet to lower blood lipids or cholesterol levels

Value	Label
4	Vegetarian diet
5	A weight loss diet
6	I try to eat more fruit and vegetables
7	I eat less meat
8	I eat less sugar
9	No special diet, I eat almost everything

Variable Name: barcode_scan

Variable Label: Scan the participant's barcode label

Data Type: string

Variable Name: field_notes_A1

Variable Label: Field notes

Data Type: string

Variable Name: trigger_7

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

Data Type: acknowledge