

# SEACO MISS Project Questionnaire

*Seaco, Monash*

*29 June, 2021*

Form ID: NA Form Version: 1.3e+09

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## **Variable Name: starttime**

Variable Label: Timestamp of form open

Data Type: System generated

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## **Variable Name: startdate**

Variable Label: Date of form open

Data Type: System generated

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## **Variable Name: endtime**

Variable Label: Timestamp of form save

Data Type: System generated

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## **Variable Name: enddate**

Variable Label: Date of form save

Data Type: System generated

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## **Variable Name: deviceid**

Variable Label: IMEI

Data Type: System generated

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## **Variable Name: FormVersion**

Variable Label: Form ID

Data Type: System generated

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**Variable Name: missp\_no**

Variable Label: Enter MISS P record number

Data Type: string

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**Variable Name: ibu\_nama**

Variable Label: Enter the mother's FULL name

Data Type: string

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**Variable Name: nric\_available**

Variable Label: Can you see the mother's NRIC (MyKAD, MyPR, MyTentera, etc.)?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

---

**Variable Name: nric**

Variable Label: Input the Mother's NRIC from the SEACO form

Data Type: string

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**Variable Name: type\_of\_id**

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

Data Type: factor (select one)

Value	Label
1	Other Malaysian Government issued ID
2	Foreign passport
3	Other
4	ID Missing (I will ask the Mother)

---

**Variable Name: other\_id**

Variable Label: Enter the ID number they have

Data Type: string

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**Variable Name: ibu\_dob**

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

Data Type: date

---

**Variable Name: HouseDetails\_present**

Variable Label: Is the SEACO Barcode available?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

---

**Variable Name: HouseDetails\_reason**

Variable Label: Why is there no Barcode?

Data Type: factor (select one)

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

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**Variable Name: HouseDetails\_ID**

Variable Label: Try to record the barcode with the camera

Data Type: string

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**Variable Name: HouseDetails\_ID\_manual**

Variable Label: The barcode was not recorded. Enter it.

Data Type: string

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**Variable Name: HouseDetails\_Number**

Variable Label: Enter the house number

Data Type: string

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**Variable Name: HouseDetails\_Street**

Variable Label: Enter the street name:

Data Type: string

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**Variable Name: HouseDetails\_Taman**

Variable Label: Enter the Taman name, if applicable

Data Type: string

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**Variable Name: HouseDetails\_Batu**

Variable Label: Enter the milestone if applicable

Data Type: string

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**Variable Name: HouseDetails\_Kampung**

Variable Label: Enter the Kampung name if applicable

Data Type: string

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**Variable Name: HouseDetails\_SubDistrict**

Variable Label: Select the Mukim

Data Type: factor (select one)

---

Value	Label
1	Bekok
2	Chaah

---

Value	Label
3	Gemereh
4	Jabi
5	Sungai Segamat

---

## Variable Name: HouseDetails\_\_Estate

Variable Label: Estate, FELDA or FELCRA scheme

Data Type: string

---

## Variable Name: permission

Variable Label: Can someone from SEACO visits you in the next few weeks to follow up about you and your baby?

Data Type: factor (select one)

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Value	Label
1	Yes
2	No

---

## Variable Name: screen\_\_1

Variable Label: Is the mother the principal carer?

Data Type: factor (select one)

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Value	Label
1	Yes
2	No

---

## Variable Name: screen\_\_2

Variable Label: How many weeks after the birth did the mother cease to be the principal carer?

Data Type: factor (select one)

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Value	Label
1	1 week or less
2	More than 1 week, but less than 1 month
3	1 month or more, but less than 2 Months

---

---

Value	Label
4	2 Months or more

---

### Variable Name: screen\_3

Variable Label: Who is the principal carer now?

Data Type: factor (select one)

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

---

### Variable Name: screen\_4

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

Data Type: factor (select one)

---

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

---

### Variable Name: screen\_5

Variable Label: How many infants were born?

Data Type: factor (select one)

---

Value	Label
1	1
2	2
3	3

---

## Variable Name: mum\_0a

Variable Label: What is your Nationality?

Data Type: factor (select one)

---

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

---

## Variable Name: mum\_0b

Variable Label: What is your ethnicity?

Data Type: factor (select multiple)

---

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

---

## Variable Name: mum\_0c

Variable Label: What is your religion?

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	Islam
2	Buddhism
3	Hindu
4	Sikh
5	Christian
6	Taoist
7	Animist
8	Athiest / Agnostic
9	Other

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**Variable Name: mum\_\_0d**

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

Data Type: factor (select one)

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

---

**Variable Name: mum\_\_1a**

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

Data Type: factor (select one)

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

---

**Variable Name: mum\_\_1aa**

Variable Label: How long have you been married?

Data Type: numeric

**Variable Name: mum\_\_1ab**

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



Data Type: string

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**Variable Name: mum\_\_1b**

Variable Label: Are you in a polygamous marriage?

Data Type: factor (select one)

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Value	Label
-8	Refused to answer
1	Yes
2	No

---

**Variable Name: mum\_\_1c**

Variable Label: Which wife are you?

Data Type: factor (select one)

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

---

**Variable Name: mum\_\_1d**

Variable Label: How many times have you been pregnant before?

Data Type: integer

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**Variable Name: mum\_\_1e**

Variable Label: How many live births have had before?

Data Type: integer

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**Variable Name: mum\_\_1f**

Variable Label: How many living children do you have excluding the recent birth?

Data Type: integer

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**Variable Name: mum\_1g**

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

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
0	NO COMPLICATIONS
1	Diabetes (not GDM)
2	Hypertension (not pregnancy related)
3	A Heart Condition
4	Thalassaemia
5	Anaemia
6	Asthma
7	TB

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**Variable Name: mum\_1h**

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

Data Type: factor (select one)

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Value	Label
-8	Refused to answer
0	NO HEALTH CONDITIONS
1	Gestational Diabetes
2	Hypertension (Pregnancy related)

---

---

**Variable Name: mum\_1i**

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

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	Yes
2	No

---

### Variable Name: mum\_1j

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

Data Type: factor (select one)

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

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### Variable Name: mum\_1k

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

Data Type: factor (select one)

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Value	Label
1	Yes
2	No

---

### Variable Name: mum\_1m

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

Data Type: factor (select one)

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Value	Label
1	Yes
2	No

---

### Variable Name: mum\_1n

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

Data Type: factor (select one)

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Value	Label
1	Yes
2	No

---

## Variable Name: mum\_\_1

Variable Label: Since the birth, what support have you had?

Data Type: factor (select one)

---

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

---

## Variable Name: mum\_\_2

Variable Label: Who is your primary support?

Data Type: factor (select one)

---

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

---

## Variable Name: mum\_\_3

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

Data Type: factor (select one)

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Value	Label
-8	Refused to answer
1	Yes
2	No

---

## Variable Name: mum\_\_4

Variable Label: Why didn't you breastfeed?

Data Type: factor (select one)

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

---

### Variable Name: **mum\_5**

Variable Label: Are you still breastfeeding?

Data Type: factor (select one)

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Value	Label
-8	Refused to answer
1	Yes
2	No

---

### Variable Name: **mum\_6**

Variable Label: Why did you stop?

Data Type: factor (select one)

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

---

### Variable Name: **mum\_6a**

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

Data Type: integer

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## Variable Name: mum\_7

Variable Label: Are you exclusively breastfeeding?

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	Yes
2	No

---

## Variable Name: mum\_8

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

Data Type: numeric

## Variable Name: mum\_9

Variable Label: Why did you stop exclusive breastfeeding?

Data Type: factor (select one)

---

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

---

## Variable Name: mum\_10

Variable Label: Are you currently using birth control?

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	Yes
2	No

---

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**Variable Name: mum\_\_11**

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

Data Type: factor (select one)

---

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

---

**Variable Name: mum\_\_12**

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

Data Type: factor (select one)

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Value	Label
-8	Refused to answer
1	Yes
2	No

---

**Variable Name: mum\_\_13a**

Variable Label: Was this a planned pregnancy?

Data Type: factor (select one)

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

---

### Variable Name: mum\_13

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

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	Yes
2	No

---

### Variable Name: mum\_14

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

Data Type: factor (select one)

---

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

---

### Variable Name: whoqol\_1

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

Data Type: factor (select one)

---

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

---

### Variable Name: whoqol\_2

Variable Label: How satisfied are you with your health?

Data Type: factor (select one)



---

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

---

---

### Variable Name: whoqol\_3

Variable Label: To what extent do you feel that physical pain prevents you from doing what you need to do?

Data Type: factor (select one)

---

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

---

---

### Variable Name: whoqol\_4

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

Data Type: factor (select one)

---

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

---

---

### Variable Name: whoqol\_5

Variable Label: How much do you enjoy life?

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer

---

---

Value	Label
1	An extreme amount
2	Very much
3	A moderate amount
4	A little
5	Not at all

---

---

### Variable Name: whoqol\_6

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

Data Type: factor (select one)

---

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

---

---

### Variable Name: whoqol\_7

Variable Label: How well are you able to concentrate?

Data Type: factor (select one)

---

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

---

---

### Variable Name: whoqol\_8

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

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	An extreme amount

---

---

Value	Label
2	Very much
3	A moderate amount
4	A little
5	Not at all

---

---

### Variable Name: whoqol\_9

Variable Label: How healthy is your physical environment?

Data Type: factor (select one)

---

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

---

---

### Variable Name: whoqol\_10

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

Data Type: factor (select one)

---

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

---

---

### Variable Name: whoqol\_11

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

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	An extreme amount
2	Very much

---

---

Value	Label
3	A moderate amount
4	A little
5	Not at all

---

---

### Variable Name: whoqol\_12

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

Data Type: factor (select one)

---

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

---

---

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

---

---

### Variable Name: whoqol\_14

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

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	An extreme amount
2	Very much
3	A moderate amount

---

---

Value	Label
4	A little
5	Not at all

---

---

### Variable Name: whoqol\_15

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

Data Type: factor (select one)

---

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

---

---

### Variable Name: whoqol\_16

Variable Label: How satisfied are you with your sleep?

Data Type: factor (select one)

---

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

---

---

### Variable Name: whoqol\_17

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

Data Type: factor (select one)

---

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

---

---

Value	Label
5	Very satisfied

---

---

### Variable Name: whoqol\_18

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

Data Type: factor (select one)

---

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

---

---

### Variable Name: whoqol\_19

Variable Label: How satisfied are you with yourself?

Data Type: factor (select one)

---

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

---

---

### Variable Name: whoqol\_20

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

Data Type: factor (select one)

---

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

---

---

## Variable Name: whoqol\_21

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

Data Type: factor (select one)

---

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

---

---

## Variable Name: whoqol\_22

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

Data Type: factor (select one)

---

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

---

---

## Variable Name: whoqol\_23

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

Data Type: factor (select one)

---

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

---

## Variable Name: whoqol\_24

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

Data Type: factor (select one)

---

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

---

## Variable Name: whoqol\_25

Variable Label: How satisfied are you with your transport?

Data Type: factor (select one)

---

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

---

## Variable Name: whoqol\_26

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

Data Type: factor (select one)

---

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

---

## Variable Name: dass\_1

Variable Label: I found it hard to wind down.



Data Type: factor (select one)

---

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

---

## Variable Name: **dass\_2**

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

Data Type: factor (select one)

---

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

---

## Variable Name: **dass\_3**

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

Data Type: factor (select one)

---

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

---

## Variable Name: **dass\_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
-8	Refused to answer

---

---

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

---

---

### Variable Name: **dass\_5**

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

Data Type: factor (select one)

---

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

---

---

### Variable Name: **dass\_6**

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

Data Type: factor (select one)

---

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

---

---

### Variable Name: **dass\_7**

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

Data Type: factor (select one)

---

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

---

---

**Variable Name: dass\_8**

Variable Label: I felt that I was using a lot of nervous energy.

Data Type: factor (select one)

---

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

---

---

**Variable Name: dass\_9**

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

Data Type: factor (select one)

---

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

---

---

**Variable Name: dass\_10**

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

Data Type: factor (select one)

---

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

---

---

**Variable Name: dass\_11**

Variable Label: I found myself getting agitated.

Data Type: factor (select one)

---

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

---

### Variable Name: **dass\_12**

Variable Label: I found it difficult to relax.

Data Type: factor (select one)

---

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

---

### Variable Name: **dass\_13**

Variable Label: I felt down-hearted and blue.

Data Type: factor (select one)

---

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

---

### Variable Name: **dass\_14**

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

Data Type: factor (select one)

---

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

---

---

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

---



---

### Variable Name: **dass\_15**

Variable Label: I felt I was close to panic.

Data Type: factor (select one)

---

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

---



---

### Variable Name: **dass\_16**

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

Data Type: factor (select one)

---

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

---



---

### Variable Name: **dass\_17**

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

Data Type: factor (select one)

---

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

---

---

**Variable Name: dass\_18**

Variable Label: I felt that I was rather touchy.

Data Type: factor (select one)

---

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

---

---

**Variable Name: dass\_19**

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

Data Type: factor (select one)

---

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

---

---

**Variable Name: dass\_20**

Variable Label: I felt scared without any good reason.

Data Type: factor (select one)

---

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

---

## Variable Name: **dass\_21**

Variable Label: I felt that life was meaningless.

Data Type: factor (select one)

---

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

---

## Variable Name: **screen\_5**

Variable Label: How many infants were born?

Data Type: factor (select one)

---

Value	Label
1	1
2	2
3	3

---

## Variable Name: **infant\_\_1**

Variable Label: What is your baby's name?

Data Type: string

## Variable Name: **infant\_\_1a**

Variable Label: What was 's date of birth?

Data Type: string

## Variable Name: **infant\_\_1b**

Variable Label: What time was born (24 Hour clock)?

Data Type: date

## Variable Name: infant\_1c

Variable Label: What is the sex of

Data Type: factor (select one)

---

Value	Label
1	Male
2	Female
3	Ambiguous / Indeterminate

---

## Variable Name: infant\_1d

Variable Label: What was 's gestational age at birth (in weeks)?

Data Type: integer

## Variable Name: infant\_1e

Variable Label: Where was born?

Data Type: factor (select one)

---

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

---

## Variable Name: infant\_1f

Variable Label: What was the type of delivery?

Data Type: factor (select one)

---

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

---



---

Value	Label
6	Emergency Caesarean

---

**Variable Name: infant\_1g**

Variable Label: What complications were there?

Data Type: factor (select one)

---

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

---

**Variable Name: infant\_1h**

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

Data Type: integer

**Variable Name: infant\_1i**

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

Data Type: integer

**Variable Name: infant\_1j**

Variable Label: 's birth weight in grams

Data Type: integer

**Variable Name: infant\_1k**

Variable Label: 's birth length in centimetres

Data Type: integer

## Variable Name: infant\_1m

Variable Label: 's head circumference at birth in centimetres

Data Type: numeric

---

## Variable Name: infant\_1n

Variable Label: What is 's MyKID number

Data Type: numeric

---

## Variable Name: infant\_2

Variable Label: Where does sleep at night?

Data Type: factor (select one)

---

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

---

## Variable Name: infant\_3

Variable Label: Who does sleep with at night?

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	's Mother and Father.
2	's Mother.
3	's Father.
4	's Grand-mother or Aunt.
5	A maid.
6	Another adult.

---

## Variable Name: infant\_\_4

Variable Label: Has sustained any injuries since birth?

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	Yes
2	No

---

---

## Variable Name: infant\_\_5

Variable Label: Describe 's injuries?

Data Type: string

---

## Variable Name: infant\_\_6

Variable Label: Has had any health problems since birth?

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	Yes
2	No

---

---

## Variable Name: infant\_\_7

Variable Label: Describe 's health problems.

Data Type: string

---

## Variable Name: infant\_\_8

Variable Label: How many weeks old is today?

Data Type: integer

---

## Variable Name: infant\_\_9

Variable Label: When was last checked by a nurse?

Data Type: date

---

**Variable Name: infant\_\_10**

Variable Label: 's weight at the last health check (kilograms)

Data Type: numeric

---

**Variable Name: infant\_\_11**

Variable Label: 's length at the last health check (in centimetres)

Data Type: numeric

---

**Variable Name: infant\_\_12**

Variable Label: 's head circumference at the last health check (in centimetres)

Data Type: numeric

---

**Variable Name: screen\_\_6**

Variable Label: Can I copy the front page of the Maternal Health Record

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
1	Yes
2	No

---

**Variable Name: screen\_\_7**

Variable Label: Reason for refusal?

Data Type: factor (select one)

---

Value	Label
-8	Refused to answer
2	It's private
2	It's missing
3	Need permission from someone else
4	Other

---