Birth Cohort Study - Group C Questionnaire

Seaco, Monash

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Form ID: SIHAT1-01c 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: name_interviewer

Variable Label: Interviewer's name

Data Type: string

Variable Name: date__

Variable Label: Today's date

Data Type: date

Variable Name: trigger

Variable Label: Starting the enrolment of the questionnaire

Data Type: acknowledge

Variable Name: gps

Variable Label: Record your GPS coordinates.

Data Type: geopoint

Variable Name: barcode__1

Variable Label: Is the SEACO Barcode available?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: barcode__2

Variable Label: Why is there no Barcode?

Data Type: factor (select one)

Value	Label
1	The Barcode was removed
2	The Barcode is missing/lost
3	The household is part of SEACO, but no Barcode was ever attached to the house
4	The house is empty and I can't see the barcode
5	House is not within 5 SEACO sub-districts
6	Others

Variable Name: barcode__2a

Variable Label: If other, please specify:

Data Type: string

Variable Name: barcode__3

Variable Label: Try to record the barcode with the camera

Data Type: string

Variable Name: barcode__4

Variable Label: The barcode was not recorded. Manually enter it.

Data Type: string

Variable Name: barcode__5

Variable Label: Why were you not able to enter the barcode?

Data Type: string

Variable Name: verbal__consent

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

Data Type: factor (select one)

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

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
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 height and weight measurements.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_above_8

Variable Label: I agree to give hair and urine samples for this study.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_above_9

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

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_above_10

Variable Label: I agree to allow video recordings to be taken of me interacting with my baby for this research project.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_above_11

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

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_above_12

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_13

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_14

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_15

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_16

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_17

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: ${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 * height and weight measurements.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_below_8

Variable Label: I agree for my child / wife / ward * to give hair and urine samples for this study.

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 * urine and hair samples to be tested for research. I understand that the results of these tests will not be relayed to me or my child / wife / ward *.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_below_10

Variable Label: I agree to allow video recordings to be taken of my child / wife / ward * interacting with her baby for this research project.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_below_11

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_12

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_13

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_14

Variable Label: I understand that any information gathered about my child / wife / ward * and the blood, saliva, hair and urine samples she 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_below_15

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_16

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__17

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

Value	Label
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
2	No

Variable Name: consent_infant_8

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

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_infant_9

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

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_infant_10

Variable Label: I agree to allow video recordings to be taken of my child / grandchild / ward * for this research project.

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_infant_11

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_12

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_13

Variable Label: I understand that any research analysis or publication outcome will be based on anonymised data, that is, without 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_14

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

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: consent_infant_15

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_16

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_17

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: baby_C1_number

Variable Label: Please state total number of infants:

Data Type: integer

Variable Name: form_baby

Variable Label: Begin form for each baby:

Data Type: acknowledge

Variable Name: Infant_name

Variable Label: Enter the infant's FULL name

Data Type: string

Variable Name: Infant_dob

Variable Label: What is the infant's date of birth?

Data Type: date

Variable Name: infant_sex

Variable Label: What is the infant's sex ?

Data Type: factor (select one)

Value	Label
-7	NA

Value	Label
1	Male
2	Female
3	Ambiguous

Variable Name: infant_birth

Variable Label: Where was the infant 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_ic

Variable Label: Does the infant have a MyKID?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: infant_ic_2

Variable Label: Please scan the infant's MyKID using the IC reader.

Data Type: acknowledge

Variable Name: infant_ic_3

Variable Label: MyKID Data

Data Type: string

Variable Name: infant_ic_4

Variable Label: Were you able to scan the infant's MyKID?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: mykid1

Variable Label: Enter MyKID number

Data Type: string

Variable Name: mykid2

Variable Label: Enter MyKID number (repeat)

Data Type: string

Variable Name: infant_ic_no

Variable Label: What other identification does the infant have?

Data Type: factor (select one)

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

Variable Name: infant_ic_no_other

Variable Label: Please specify other

Data Type: string

Variable Name: id_number_infant

Variable Label: Please enter the ID number

Data Type: string

Variable Name: general_C1_1

Variable Label: How many weeks old is your baby now?

Data Type: integer

Variable Name: general_C1_2

Variable Label: Did you breastfeed your baby?

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: general_C1_3

Variable Label: Are you still breast feeding your baby now?

Data Type: factor (select one)

Value	Label
1	Yes, exclusively
2	Yes, mixed feeding (breast and formula)
3	No

Variable Name: general_C1_4a

Variable Label: If no, how many weeks did you breastfeed your baby exclusively (only milk)?

Data Type: integer

Variable Name: general_C1_4b

Variable Label: If no, how many weeks did you breastfeed your baby mixed feeding (breast and formula) milk?

Data Type: integer

Variable Name: general__C1__5

Variable Label: Where does your baby sleep at night?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
1	In the same bed with an adult?
2	In the same room with an adult, but in their own bed/cot?
3	In a separate room from an adult, in their own bed/cot?
4	In a separate room from an adult, sharing a bed/cot with another infant/child?
5	Other, please specify: _____

Variable Name: general__C1__5__other

Variable Label: If other, please specify:

Data Type: string

Variable Name: general__C1__6

Variable Label: Who does your baby sleep with at night?

Data Type: factor (select one)

Value	Label
-9	Refused to answer
1	Baby's mother and father
2	Baby's mother
3	Baby's father
4	Baby's grand-mother or aunt
5	A maid
6	Another adult
7	Other, please specify: _____

Variable Name: general__C1__6__other

Variable Label: If other, please specify:

Data Type: string

Variable Name: video__C1__1

Variable Label: Mother-Infant interaction (3-5 minutes)

Data Type: video

Variable Name: measure__infant__C1__1a

Variable Label: Infant's weight (grams)

Data Type: decimal

Variable Name: measure__infant__C1__2a

Variable Label: Infant's length (crown-heel) (cm)

Data Type: decimal

Variable Name: measure__infant__C1__3a

Variable Label: Infant's head circumference (cm)

Data Type: decimal

Variable Name: measure__infant__C1__3b

Variable Label: Infant's head circumference (cm)

Data Type: decimal

Variable Name: measure__infant__C1__3c

Variable Label: Infant's head circumference (cm)

Data Type: decimal

Variable Name: measure__infant__C1__4a

Variable Label: Infant's chest circumference (cm)

Data Type: decimal

Variable Name: measure_infant_C1_4b

Variable Label: Infant's chest circumference (cm)

Data Type: decimal

Variable Name: measure_infant_C1_4c

Variable Label: Infant's chest circumference (cm)

Data Type: decimal

Variable Name: measure_infant_C1_5a

Variable Label: Infant's mid-upper arm circumference (cm)

Data Type: decimal

Variable Name: measure_infant_C1_5b

Variable Label: Infant's mid-upper arm circumference (cm)

Data Type: decimal

Variable Name: measure_infant_C1_5c

Variable Label: Infant's mid-upper arm circumference (cm)

Data Type: decimal

Variable Name: measure_infant_C1_6a

Variable Label: Infant's biceps skinfold (mm)

Data Type: decimal

Variable Name: measure_infant_C1_6b

Variable Label: Infant's biceps skinfold (mm)

Data Type: decimal

Variable Name: measure_infant_C1_6c

Variable Label: Infant's biceps skinfold (mm)

Data Type: decimal

Variable Name: measure_infant_C1_7a

Variable Label: Infant's triceps skinfold (mm)

Data Type: decimal

Variable Name: measure_infant_C1_7b

Variable Label: Infant's triceps skinfold (mm)

Data Type: decimal

Variable Name: measure_infant_C1_7c

Variable Label: Infant's triceps skinfold (mm)

Data Type: decimal

Variable Name: measure_infant_C1_8a

Variable Label: Infant's subscapular skinfold (mm)

Data Type: decimal

Variable Name: measure_infant_C1_8b

Variable Label: Infant's subscapular skinfold (mm)

Data Type: decimal

Variable Name: measure_infant_C1_8c

Variable Label: Infant's subscapular skinfold (mm)

Data Type: decimal

Variable Name: measure_infant_C1_9a

Variable Label: Infant's suprailiac skinfold (mm)

Data Type: decimal

Variable Name: measure_infant_C1_9b

Variable Label: Infant's suprailiac skinfold (mm)

Data Type: decimal

Variable Name: measure_infant_C1_9c

Variable Label: Infant's suprailiac skinfold (mm)

Data Type: decimal

Variable Name: biosamples_C1_hair_infant

Variable Label: Infant's Hair

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: biosamples_C1_urine_infant

Variable Label: Infant's Urine

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: measure_mother_C1_1a

Variable Label: Mother's weight (kg)

Data Type: decimal

Variable Name: measure_mother_C1_2a

Variable Label: Mother's height (cm)

Data Type: decimal

Variable Name: biosamples_C1_hair_mother

Variable Label: Mother's Hair

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: biosamples_C1_urine_mother

Variable Label: Mother's Urine

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: interview_C1_1

Variable Label: DASS: Depression Anxiety Stress Scale

Data Type: factor (select one)

Value	Label
1	Yes
2	No

Variable Name: interview_C1_2

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
1	Yes
2	No

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
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

Value	Label
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
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

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_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
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

Value	Label
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
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

Value	Label
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
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

Value	Label
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

Value	Label
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

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

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

Value	Label
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
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
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

Value	Label
-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
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 (including this baby)? (After 24 weeks of pregnancy.)

Data Type: integer

Variable Name: main__B3

Variable Label: Any previous pregnancies? (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: integer

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)
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? (including this baby)

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? (Including this baby)

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 duringpregnancy?

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? (when NOT pregnant)

Data Type: factor (select one)

Value	Label
-8	Do not know
1	No
2	Yes, only when NOT pregnant
3	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

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
-7	NA
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

Value	Label
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
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
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

Value	Label

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

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

Value	Label

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

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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 margarines (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_C1

Variable Label: Field notes

Data Type: string

Variable Name: trigger_7

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

Data Type: acknowledge