SEACO MISS Project

Field	Question	Answer
form		
dc_namelist *(required)*	1) Please select your name:	dc_password | dc_name
dc_id *(required)*	2) Please key in your password:	
address_true *(required)*	Was this address previously registered by SEACO?	1 Yes 2 No
form > address_true1		
searchopt	Please select an appropriate identification of the household	1 SEACO House Barcode 2 Individual name 3 House Address 4 MyKad 5 House ID
searchoptText	Please enter part of the word to search:	
searchopt1_list *(required)*	Barcode	Residents_id | barcode
searchopt2_list *(required)*	Individual Name	Residents_id | Residents_name_concat
searchopt3_list *(required)*	House Address	Residents_id | full_address
searchopt4_list *(required)*	MyKad	Residents_id | nric
searchopt5_list *(required)*	House ID	Residents_id | house_id
trigger1 *(required)*	Starting the enrollment of a new baby/babies here.	
form > Address		
HouseDetails	3) Enter the participant's house address:	
HouseDetails_Mukim *(required)*	4) Which Mukim is that dwelling in?	1 Bekok 2 Chaah 3 Gemereh 4 Jabi 5 Sungai Segamat
HouseDetails_Batu *(required)*	5) Which Batu is that dwelling along?	
HouseDetails_Area *(required)*	6) Type of the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?	1 Taman 2 Kampung 3 Felda 4 Felcra 5 Quarters 6 Not applicable
HouseDetails_Area2 *(required)*	7) Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling? *Do not include "Taman/Kampung/Felda/Felcra/Quarters" as part of the answer (i.e: If "Taman Segar", then only type "SEGAR", If "Kampung Lubok Batu", then only type "LUBOK BATU", or If "Felda Medoi", then only type "MEDOI")*	
HouseDetails_Area3 *(required)*	8) Type of the Taman/Kampung/Felda/Felcra/Quarters of that dwelling?	1 Taman 2 Kampung 3 Felda 4 Felcra 5 Quarters 6 Not applicable
HouseDetails_Area4 *(required)*	9) Please specify the Taman/Kampung/Felda/Felcra/Quarters of that dwelling? *Do not include "Taman/Kampung/Felda/Felcra/Quarters" as part of the answer (i.e: If "Taman Segar", then only type "SEGAR", If "Kampung Lubok Batu", then only type "LUBOK BATU", or If "Felda Medoi", then only type "MEDOI")*	
HouseDetails_Street *(required)*	10) Type of the Street/Lorong of that dwelling?	1 Jalan 2 Lorong 3 Not applicable
HouseDetails_Street2 *(required)*	11) Please specify the Street name/Lorong of that dwelling? *Do not include "Jalan/Lorong" as part of the answer (i.e: If "Jalan Asam" or "Lorong Limau, then only type "ASAM" or "LIMAU")*	
HouseDetails_Street3 *(required)*	12) Type of the Street/Lorong of that dwelling?	1 Jalan 2 Lorong 3 Not applicable
HouseDetails_Street4 *(required)*	13) Please specify the Street name/Lorong of that dwelling? *Do not include "Jalan/Lorong" as part of the answer (i.e: If "Jalan Asam" or "Lorong Limau, then only type "ASAM" or "LIMAU")*	
HouseDetails_Number *(required)*	14) Type of the Lot number/House number/Pole number of that dwelling?	1 Lot 2 Number 3 Pole number 4 Not applicable
HouseDetails_Number2 *(required)*	15) Please specify the Lot number/House number/Pole number of that dwelling? *Please DO NOT include "Lot" as part of the answer (i.e: if the house number is Lot 23A, then type "23A") OR DO NOT include "No" as part of the answer (i.e: if the house number is No 23A, then type "23A")*	
HouseDetails_Number3 *(required)*	16) Type of the Lot number/House number/Pole number of that dwelling?	1 Lot 2 Number 3 Pole number 4 Not applicable
HouseDetails_Number4 *(required)*	17) Please specify the Lot number/House number/Pole number of that dwelling? *Please DO NOT include "Lot" as part of the answer (i.e: if the house number is Lot 23A, then type "23A") OR DO NOT include "No" as part of the answer (i.e: if the house number is No 23A, then type "23A")*	
ibu_nama *(required)*	18) Enter the mother's FULL name *Please use all CAPITAL LETTER to answer this question and insert full mother's name including 'BINTI' or 'AP' (if any); Eg: ZAINAB BINTI AHMAD*	
agree_no *(required)*	19) Respondent's Status	1 Agree 2 Reject 3 Empty/ Moved 4 Not at Home (Uncontactable) 6 Overdue 7 Excluded
infant_alive *(required)*	19.1) Is the baby is still alive?	1 Yes 2 No
agree_no_1a *(required)*	19.a) On what date was the baby died?	
infant_8 *(required)*	20) How many weeks old of baby today?	1 Less than or equal to 16 weeks 2 More than 16 weeks
infant_8a *(required)*	21) Please state the weeks old of baby *Please enter a whole number of week*	

Field	Question	Answer
form > agree_group		
form > agree_group > For less that 19 weeks		
form > agree_group > For less that 19 weeks > Visit		
nric_available *(required)*	22) Can you see the [ibu_nama]'s NRIC (MyKAD, MyPR, MyTentera, etc.)? *The NRIC should be on the Mother's Health Record*	1 Yes 2 No
nric1 *(required)*	23) Enter [ibu_nama]'s NRIC (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.) *Omit '-' in the NRIC*	
nric2 *(required)*	24) Re-enter [ibu_nama]'s NRIC (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.) *Omit '-' in the NRIC*	
type_of_id *(required)*	25) If you cannot see the NRIC, what form of ID is recorded on the SEACO Form/Maternal health record? *Read choices and select one that is most applicable.*	1 Don't have any of the ID 2 Other Malaysian Government issued ID 3 Foreign passport 4 Other 5 ID Missing (I will ask the Mother)
other_id *(required)*	26) Enter the ID number they have	
form > agree_group > For less that 19 weeks > Visit > Age		
dob_ic_key	26.a) Verify Date of Birth (yyyy-mm-dd): 19--	
dob_04 *(required)*	26.b) Is the date of birth shown correct?	1 Yes 2 No
ibu_dob *(required)*	27) What is the mother's date of birth	
contactno *(required)*	28) Participant contact number *In the form: 01X-XXXXXXX or 0X-XXXXXXX or please enter -99 if no contact number*	
occupation *(required)*	29) What is the mother's occupation?	1 Student 2 Working full-time 3 Working part-time 4 Casual jobs 5 Homemaker 6 Self-employed 7 Retired 8 Unemployed (unable to work) 9 Unemployed (able to work) -9 Refused
form > agree_group > For less that 19 weeks > Visit > visit_0a		
HouseDetails_present *(required)*	30) Is the SEACO Barcode available? *Every house in SEACO should have a Barcode, it is often attached near the door or in the electric meter box. It may have fallen off*	1 Yes 2 No
HouseDetails_reason *(required)*	31) Why is there no Barcode?	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
HouseDetails_ID	32) Try to record the barcode with the camera	
HouseDetails_ID_manual *(required)*	33) The barcode was not recorded. Enter it. *It should start with three letters and then numbers*	
picture	34) Please take picture of the consent form *Please take the full picture of the consent form and make sure that the sticker number is readable.*	
trigger_3 *(required)*	34.a) We do not have consent to continue. Save and Close the form.	
form > agree_group > For less that 19 weeks > ONLY FOR CONSENTING MOTHER		
trigger1b *(required)*	This is the start of questions for the follow-up visit	
screen_1 *(required)*	35) Is the mother the principal carer?	1 Yes For example: baby is fully taken care by the mother or after working hours (if the mother works) 2 No For example: baby is not taken care by the mother and is passed on to the family or other person or the mother does not live with the baby
screen_2 *(required)*	36) How many weeks after the birth did the mother cease to be the principal carer?	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 4 2 Months or more
screen_3 *(required)*	37) Who is the principal carer now?	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
screen_4 *(required)*	38) Why is the Mother no longer the principal carer?	1 Had to leave home for work 2 Could not cope 3 Abandoned the baby 4 Other -8 Refused to answer
screen_5 *(required)*	39) How many infants were born? **(Recent births)**	
form > agree_group > For less that 19 weeks > ONLY FOR CONSENTING MOTHER > Mother		
mum_0a *(required)*	42) What is your Nationality? *Select one that is most applicable*	1 Malaysian 2 Singaporean 3 Indonesian 4 Indian 5 Vietnamese 6 Other -8 Refused to answer
mum_0b *(required)*	43) What is your ethnicity? *Read choices and select all that apply.*	1 Malay 2 Indian 3 Chinese 4 Orang Asli 5 Other Bumiputera

Field	Question	Answer
		6 Other -8 Refused to answer
mum_0b_Other	44) Please state others	
mum_0c *(required)*	45) What is your religion? *Select one that is most applicable*	1 Islam 2 Buddhism 3 Hindu 4 Sikh 5 Christian 6 Taoist 7 Animist 8 Athiest / Agnostic 9 Other -8 Refused to answer
mum_0c_Other	46) Please state others	
mum_0d *(required)*	47) What is the highest level of schooling you have achieved? *Select one that is most applicable*	1 Never attended school 2 Attended but did not complete primary school 3 Completed primary school 4 Started high school 5 Finished form 3 6 Finished form 5 7 Finished form 6 8 Started college (Diploma) 9 Finished college (Diploma) 10 Started university (Degree)) 11 Finished university (Degree)) 12 Masters 13 PhD -8 Refused to answer
mum_1a *(required)*	48) At the time of the birth, what was your marital status?	1 Single 2 Married 3 Separated / Living Apart (Not Divorced) 4 Divorced 5 Widow / Widower -8 Refused to answer
form > agree_group > For less that 19 weeks > ONLY FOR CONSENTING MOTHER > Mother > Mother marriage		
mum_1aa *(required)*	49) How long have you been married (years)? *Please answer years only; example: if the marriage is 2 years 5 months, please put "2" only. The next question will be asked for months*	
mum_1ab *(required)*	50) How long have you been married (months)? *if the marriage is 2 years, please put "0" while if 2 years 5 months, please put "5"*	
mum_1ac *(required)*	51) What is your husband's FULL name? *Please use all CAPITAL LETTER to answer this question and insert full husbund's name including 'BIN' or 'AL' (if any); Eg: HAFIZ BIN BASRI*	
husband_occupation *(required)*	52) What is the husband's occupation?	1 Student 2 Working full-time 3 Working part-time 4 Casual jobs 5 Homemaker 6 Self-employed 7 Retired 8 Unemployed (unable to work) 9 Unemployed (able to work) -9 Refused
husband_nric_available *(required)*	53) Can you see the [ibu_nama]'s husband NRIC (MyKAD, MyPR, MyTentera, etc.)? *The NRIC should be on the SEACO form or the Mother's Health Record*	1 Yes 2 No
husband_nric1 *(required)*	54) Enter [ibu_nama]'s husband NRIC (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.) *Omit '-' in the NRIC*	
husband_nric2 *(required)*	55) Re-enter [ibu_nama]'s husband NRIC (MyKAD, MyKID, MyPolis, MyTentera, MyPR, etc.) *Omit '-' in the NRIC*	
husband_type_of_id *(required)*	56) If you cannot see the husband NRIC, what form of ID is recorded on the SEACO Form/Maternal health record? *Read choices and select one that is most applicable.*	1 Don't have any of the ID 2 Other Malaysian Government issued ID 3 Foreign passport 4 Other 5 ID Missing (I will ask the Mother)
husband_other_id *(required)*	57) Enter the ID number they have	
mum_1b *(required)*	58) Are you in a polygamous marriage? *Don't ask non-Muslims*	1 Yes 2 No
mum_1c *(required)*	59) Which wife are you?	1 First 2 Second 3 Third 4 Fourth -8 Refused to answer
mum_1d *(required)*	60) How many times have you been pregnant before? **(Including recent births and abortion)**	
mum_1e *(required)*	61) How many live births have had before? **(Including recent births)**	
mum_1f *(required)*	62) Number of living children you have excluding the recent birth: [calculate_children]	
mum_1g *(required)*	63) Which of the following conditions did you have **prior to this recent pregnancy**? *Read choices and select all that apply.*	0 NO COMPLICATIONS 1 Diabetes (not GDM) 2 Hypertension (not pregnancy related) 3 A Heart Condition 4 Thalassaemia 5 Anaemia 6 Asthma 7 TB 8 Other -8 Refused to answer

Field	Question	Answer
mum_1g_other *(required)*	64) If the 'other', please specify.	
mum_1h *(required)*	65) Which of the following conditions did you develop **during this recent pregnancy**? *Read choices and select all that apply.*	0 NO HEALTH CONDITIONS 1 Gestational Diabetes 2 Hypertension (Pregnancy related) 3 Other
mum_1h_other *(required)*	66) If 'Other', please state.	
mum_1i *(required)*	67) Did you take regular medication during this recent pregnancy (including vitamins or herbal medicines)?	1 Yes 2 No -8 Refused to answer
mum_1j *(required)*	68) What type of regular medication did you take during this recent pregnancy? *Read choices and select all that apply.*	1 Medication for diabetes prescribed by a doctor 2 Medication for hypertension prescribed by a doctor 3 Iron supplement tablets 4 Vitamin supplement tablets -8 Refused to answer
form > agree_group > For less that 19 weeks > ONLY FOR CONSENTING MOTHER > Mother > Smoking		
mum_1k *(required)*	69) Did you ever smoke during your most recent pregnancy?	1 Yes 2 No
mum_1m *(required)*	70) Did anyone living in the house smoke around you during your most recent pregnancy?	1 Yes 2 No
mum_1n *(required)*	71) Does anyone currently living in the house smoke?	1 Yes 2 No
mum_1 *(required)*	72) Since the birth, what support have you had? (Select all that apply) *Read choices and select all that apply.*	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 -8 Refused to answer
mum_2 *(required)*	73) Who is your primary support? *Read choices and select one that is most applicable.*	1 Husband 2 Mother 3 Father 4 Mother-in-law 5 Extended family 6 Friend 7 Paid help 8 None of the above -8 Refused to answer
mum_3 *(required)*	74) Did you ever breastfeed you baby/babies?	1 Yes 2 No -8 Refused to answer
mum_4 *(required)*	75) Why didn't you breastfeed? *Read choices and select one that is most applicable.*	1 Did not want to 2 Wanted to, but was not able to 3 Was not allowed to -8 Refused to answer
mum_5 *(required)*	76) Are you still breastfeeding?	1 Yes 2 No -8 Refused to answer
mum_6 *(required)*	77) Why did you stop? *Read choices and select one that is most applicable.*	1 Difficult for the baby 2 Difficult for me (e.g., sore, cracked, bleeding nipples) 3 Insufficient milk (the baby was always hungry) 4 Insufficient weight gain 5 Baby unwell 6 I was unwell 7 Other responsibilities (e.g., work) 8 Felt it was the right time 9 Other -8 Refused to answer
mum_6_other *(required)*	78) If 'Other', please state.	
mum_6a *(required)*	79) How old was your baby when you stopped breastfeeding *Age of child in weeks (1 month = 4 weeks; 3 months = 12 weeks; 6 months = 24 weeks)*	
mum_7 *(required)*	80) Are you exclusively breastfeeding?	1 Yes 2 No -8 Refused to answer
mum_8 *(required)*	81) For how many weeks did you exclusively breastfeed? *Record less than 1 week as 0.5*	
mum_9 *(required)*	82) Why did you stop exclusive breastfeeding? *Read choices and select one that is most applicable.*	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 10 Other -8 Refused to answer
mum_9_other *(required)*	80.b) If 'Other', please state.	

Field	Question	Answer
form > agree_group > For less that 19 weeks > ONLY FOR CONSENTING MOTHER > Mother > Mother – infant bonding scale		
mibsNote	83) Mother – infant bonding scale *Please read to each statement and choose on the space provided which indicates how much the statement applied to you.*	
mibs01 *(required)*	83.a) Loving	0 Very much 1 A lot 2 A little 3 Not at all
mibs02 *(required)*	83.b) Resentful	3 Very much 2 A lot 1 A little 0 Not at all
mibs03 *(required)*	83.c) Neutral or felt nothing	3 Very much 2 A lot 1 A little 0 Not at all
mibs04 *(required)*	83.d) Joyful	0 Very much 1 A lot 2 A little 3 Not at all
mibs05 *(required)*	83.e) Dislike	3 Very much 2 A lot 1 A little 0 Not at all
mibs06 *(required)*	83.f) Protective	0 Very much 1 A lot 2 A little 3 Not at all
mibs07 *(required)*	83.g) Disappointed	3 Very much 2 A lot 1 A little 0 Not at all
mibs08 *(required)*	83.h) Aggressive	3 Very much 2 A lot 1 A little 0 Not at all
mum_10 *(required)*	84) Are you currently using birth control?	1 Yes 2 No -8 Refused to answer
mum_11 *(required)*	85) What type of birth control are you using? *Read choices and select one that is most applicable.*	1 Female sterilisation 2 Male sterilisation 3 Oral contraceptive pill 4 Oral emergency contraceptive pill 5 Sub dermal implant 6 Condoms 7 IUD 8 Natural (e.g., abstinence, withdrawal, rhythm) 9 Injection -8 Refused to answer
mum_12 *(required)*	86) Do you face any difficulties in accessing or using birth control?	1 Yes 2 No -8 Refused to answer
mum_13a *(required)*	87) Was this a planned pregnancy? *Read choices and select one that is most applicable.*	1 Yes 2 Mostly, yes 3 Neither planned nor unplanned 4 Mostly, no 5 No -8 Refused to answer
mum_13 *(required)*	88) Do you hope to have another baby in the future?	1 Yes 2 No -8 Refused to answer
mum_14 *(required)*	89) How long would you like to wait before you have another baby? *Read choices and select one that is most applicable.*	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 -8 Refused to answer
urineLeak_note	88) Many people leak urine some of the time. We are trying to find out how many people leak urine, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.	
urineLeak1 *(required)*	88.a) How often do you leak urine?	0 Never 1 About once a week or less often 2 Two or three times a week 3 About once a day 4 Several times a day 5 All the time
form > agree_group > For less that 19 weeks > ONLY FOR CONSENTING MOTHER > urineLeak		
urineLeak2 *(required)*	88.b) We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?	0 None 1 A small amount 2 A moderate amount 3 A large amount
urineLeak3 *(required)*	88.c) Overall, how much does leaking urine interfere with your everyday life? Please ring a number between 0 (not at all) and 10 (a great deal)	0 0 1 1 2 2

Field	Question	Answer	
		3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		9	9
		10	10
urineLeak4 *(required)*	88.d) When does urine leak? (Select all that apply)	0	Never – urine does not leak
		1	Leaks before you can get to the toilet
		2	Leaks when you cough or sneeze
		3	Leaks when you are asleep
		4	Leaks when you are physically active/exercising
		5	Leaks when you have finished urinating and are dressed
		6	Leaks for no obvious reason
		7	Leaks all the time
trigger2 *(required)*	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.		
form > agree_group > For less that 19 weeks > ONLY FOR CONSENTING MOTHER > whoqol			
whoqol_1 *(required)*	91) How would you rate your quality of life? *Read choices and select one that is most applicable.*	1	Very poor
		2	Poor
		3	Neither poor nor good
		4	Good
		5	Very Good
		-8	Refused to answer
whoqol_2 *(required)*	92) How satisfied are you with your health? *Read choices and select one that is most applicable.*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Refused to answer
whoqol_3 *(required)*	93) To what extent do you feel that physical pain prevents you from doing what you need to do? *Read choices and select one that is most applicable.*	5	Not at all
		4	A little
		3	A moderate amount
		2	Very much
		1	An extreme amount
		-8	Refused to answer
whoqol_4 *(required)*	94) How much do you need any medical treatment to function in your daily life? *Read choices and select one that is most applicable.*	5	Not at all
		4	A little
		3	A moderate amount
		2	Very much
		1	An extreme amount
		-8	Refused to answer
whoqol_5 *(required)*	95) How much do you enjoy life? *Read choices and select one that is most applicable.*	1	Not at all
		2	A little
		3	A moderate amount
		4	Very much
		5	An extreme amount
		-8	Refused to answer
whoqol_6 *(required)*	96) To what extent do you feel your life to be meaningful? *Read choices and select one that is most applicable.*	1	Not at all
		2	A little
		3	A moderate amount
		4	Very much
		5	An extreme amount
		-8	Refused to answer
whoqol_7 *(required)*	97) How well are you able to concentrate? *Read choices and select one that is most applicable.*	1	Not at all
		2	A little
		3	A moderate amount
		4	Very much
		5	Extremely
		-8	Refused to answer
whoqol_8 *(required)*	98) How safe do you feel in your daily life? *Read choices and select one that is most applicable.*	1	Not at all
		2	A little
		3	A moderate amount
		4	Very much
		5	Extremely
		-8	Refused to answer
whoqol_9 *(required)*	99) How healthy is your physical environment? *Read choices and select one that is most applicable.*	1	Not at all
		2	A little
		3	A moderate amount
		4	Very much
		5	Extremely
		-8	Refused to answer
whoqol_10 *(required)*	100) Do you have enough energy for everyday life? *Read choices and select one that is most applicable.*	1	Not at all
		2	A little
		3	Moderately
		4	Mostly
		5	Completely
		-8	Refused to answer
whoqol_11 *(required)*	101) Are you able to accept your bodily appearance? *Read choices and select one that is most applicable.*	1	Not at all
		2	A little

Field	Question	Answer	
		3	Moderately
		4	Mostly
		5	Completely
		-8	Refused to answer
whoqol_12 *(required)*	102) Have you enough money to meet your needs? ? *Read choices and select one that is most applicable.*	1	Not at all
		2	A little
		3	Moderately
		4	Mostly
		5	Completely
		-8	Refused to answer
whoqol_13 *(required)*	103) How available to you is the information that you need in your day-to-day life? *Read choices and select one that is most applicable.*	1	Not at all
		2	A little
		3	Moderately
		4	Mostly
		5	Completely
		-8	Refused to answer
whoqol_14 *(required)*	104) To what extent do you have the opportunity for leisure activities? *Read choices and select one that is most applicable.*	1	Not at all
		2	A little
		3	Moderately
		4	Mostly
		5	Completely
		-8	Refused to answer
whoqol_15 *(required)*	106) How well are you able to get around? *Read choices and select one that is most applicable.*	1	Very poor
		2	Poor
		3	Neither poor nor good
		4	Good
		5	Very Good
		-8	Refused to answer
whoqol_16 *(required)*	107) How satisfied are you with your sleep? *Read choices and select one that is most applicable.*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Refused to answer
whoqol_17 *(required)*	108) How satisfied are you with your ability to perform your daily living activities? *Read choices and select one that is most applicable.*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Refused to answer
whoqol_18 *(required)*	109) How satisfied are you with your capacity for work? *Read choices and select one that is most applicable.*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Refused to answer
whoqol_19 *(required)*	110) How satisfied are you with yourself? *Read choices and select one that is most applicable.*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Refused to answer
whoqol_20 *(required)*	111) How satisfied are you with your personal relationships? *Read choices and select one that is most applicable.*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Refused to answer
whoqol_21 *(required)*	112) How satisfied are you with your sex life? *Read choices and select one that is most applicable.*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Refused to answer
whoqol_22 *(required)*	113) How satisfied are you with the support you get from your friends? *Read choices and select one that is most applicable.*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Refused to answer
whoqol_23 *(required)*	114) How satisfied are you with the conditions of your living place? *Read choices and select one that is most applicable.*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Refused to answer
whoqol_24 *(required)*	115) How satisfied are you with your access to health services? *Read choices and select one that is most applicable.*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied
		4	Satisfied
		5	Very satisfied
		-8	Refused to answer
whoqol_25 *(required)*	116) How satisfied are you with your transport? *Read choices and select one that is most applicable.*	1	Very dissatisfied
		2	Dissatisfied
		3	Neither satisfied nor dissatisfied

Field	Question	Answer	
		4	Satisfied
		5	Very satisfied
		-8	Refused to answer
whoqol_26 *(required)*	117) How often do you have negative feelings such as blue mood, despair, anxiety, depression? *Read choices and select one that is most applicable.*	5	Never
		4	Seldom
		3	Quite Often
		2	Very Often
		1	Always
		-8	Refused to answer
trigger3 *(required)*	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		
form > agree_group > For less that 19 weeks > ONLY FOR CONSENTING MOTHER > dass			
dass_1 *(required)*	118) I found it hard to wind down. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_2 *(required)*	119) was aware of dryness of my mouth. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_3 *(required)*	120) I couldn't seem to experience any positive feeling at all. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_4 *(required)*	121) I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion). *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_5 *(required)*	122) I found it difficult to work up the initiative to do things. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_6 *(required)*	123) I tended to over-react to situations. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_7 *(required)*	124) I experienced trembling (eg, in the hands). *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_8 *(required)*	125) I think I use a lot of energy during the nervous situation. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_9 *(required)*	126) I was worried about situations in which I might panic and make a fool of myself. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_10 *(required)*	127) I felt that I had nothing to look forward to. *Read choices and select one that is most applicable.*	0	Did not apply to me at all

Field	Question	Answer	
		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
		-8	Refused to answer
dass_11 *(required)*	128) I found myself getting agitated. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_12 *(required)*	129) I found it difficult to relax. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_13 *(required)*	130) I felt down-hearted and blue. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_14 *(required)*	131) I was intolerant of anything that kept me from getting on with what I was doing. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_15 *(required)*	132) I felt I was close to panic. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_16 *(required)*	133) I was unable to become enthusiastic about anything. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_17 *(required)*	134) I felt I wasn't worth much as a person. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_18 *(required)*	135) I felt that I was rather touchy. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_19 *(required)*	136) 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). *Read choices and select one that is most applicable.*	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
		-8	Refused to answer
dass_20 *(required)*	137) I felt scared without any good reason. *Read choices and select one that is most applicable.*	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
		-8	Refused to answer

Field	Question	Answer
dass_21 *(required)*	138) I felt that life was meaningless. *Read choices and select one that is most applicable.*	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 -8 Refused to answer
form > agree_group > For less that 19 weeks > ONLY FOR CONSENTING MOTHER > Edinburgh Postnatal Depression Scale (EPDS)		
epdsNote	Please read to each statement and the rating which indicates how much the statement applied to you OVER THE PAST WEEK.	
epds1 *(required)*	139) I have been able to laugh and see the funny side of things	0 As much as I always could 1 Not quite so much now 2 Definitely not so much now 3 Not at all
epds2 *(required)*	140) I have looked forward with enjoyment to things	0 As much as I ever did 1 Rather less than I used to 2 Definitely less than I used to 3 Hardly at all
epds3 *(required)*	141) I have blamed myself unnecessarily when things went wrong	0 Yes, most of the time 1 Yes, some of the time 2 Not very often 3 No, never
epds4 *(required)*	142) I have been anxious or worried for no good reason	0 No, not at all 1 Hardly ever 2 Yes, sometimes 3 Yes, very often
epds5 *(required)*	143) I have felt scared or panicky for no very good reason	0 Yes, quite a lot 1 Yes, sometimes 2 No, not much 3 No, not at all
epds6 *(required)*	144) Things have been getting on top of me	0 Yes, most of the time I haven't been able to cope at all 1 Yes, sometimes I haven't been coping as well as usual 2 No, most of the time I have coped quite well 3 No, I have been coping as well as ever
epds7 *(required)*	145) I have been so unhappy that I have had difficulty sleeping	0 Yes, most of the time 1 Yes, sometimes 2 Not very often 3 No, not at all
epds8 *(required)*	146) I have felt sad or miserable	0 Yes, most of the time 1 Yes, quite often 2 Not very often 3 No, not at all
epds9 *(required)*	147) I have been so unhappy that I have been crying	0 Yes, most of the time 1 Yes, quite often 2 Only occasionally 3 No, never
epds10 *(required)*	148) The thought of harming myself has occurred to me	0 Yes, quite often 1 Sometimes 2 Hardly ever 3 Never
trigger5 *(required)*	Now I would like to ask you some questions about your baby/babies. Some of the question may be answered more easily from the Rekod Ibu	
form > agree_group > For less that 19 weeks > Infant		
form > agree_group > For less that 19 weeks > Infant > Infant to the mother (1)		(Repeated group)
infant_1 *(required)*	149) What is your baby's name? *Please use all CAPITAL LETTER to answer this question and insert full baby's name including 'BINTI', 'BIN', AL or 'AP' (if any); Eg: OMAR BIN RAZAK*	
infant_1a *(required)*	150) What was [infant_1]'s date of birth?	
infant_1b *(required)*	151) What time [infant_1] was born (24 Hour clock)?	
form > agree_group > For less that 19 weeks > Infant > Infant to the mother (1) > Infant information		
infant_1c *(required)*	152) What is the sex of [infant_1] *Read choices and select one that is most applicable.*	1 Male 2 Female 3 Ambiguous / Indeterminate
infant_1d *(required)*	153) What was [infant_1]'s gestational age at birth (in weeks)?	
infant_1e *(required)*	154) Where was [infant_1] born? *Read choices and select one that is most applicable.*	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 -8 Refused to answer
infant_1f *(required)*	155) What was the type of delivery? *Read choices and select one that is most applicable.*	1 Standard Vaginal delivery 2 Breech vaginal delivery 3 Forceps vaginal delivery 4 Vacuum vaginal delivery 5 Elective Caesarean 6 Emergency Caesarean -8 Refused to answer
infant_1g *(required)*	156) What complications were there? *Read choices and select all that apply.*	0 NO COMPLICATIONS

Field	Question	Answer
		1 Foetal distress 2 Prolonged labour 3 Meconium stained liquor 4 Neonatal jaundice 5 Congenital abnormalities 6 Maternal postpartum haemorrhage -8 Refused to answer
form > agree_group > For less that 19 weeks > Infant > Infant to the mother (1) > APGAR Score		
infant_1h *(required)*	157) What was the APGAR Score at **1 Minute**? *APGAR scores a 1..10; Use -99 if it is missing*	
infant_1i *(required)*	158) What was the APGAR Score at **5 Minutes?** *APGAR scores a 1..10; Use -99 if it is missing*	
form > agree_group > For less that 19 weeks > Infant > Infant to the mother (1) > Infant measurement		
infant_1j *(required)*	159) [infant_1]'s birth weight in KILOGRAMS *Enter the number only: e.g., 2.4 The valid range is 0.49 to 5.01. Use -99 for missing data*	
infant_1k *(required)*	160) [infant_1]'s birth length in CENTIMETERS *Enter the number only: e.g., 43.2 for 43.2cm. The valid range is 34.0 to 70.9. Use -99 for missing data*	
infant_1m *(required)*	161) [infant_1]'s head circumference at birth in CENTIMETERS *Enter the number only: e.g., 35.4 for 35.4cm. The valid range is 29.1 to 40.9. Use -99 for missing data*	
nric_available_2 *(required)*	162) Can you see the [infant_1]'s MyKID (MyKID, MyPR, MyTentera, etc.)? *The NRIC should be on the Mother's Health Record*	1 Yes 2 No
mykid1 *(required)*	163) What is 's MyKID number? *Omit '-' in the NRIC*	
mykid2 *(required)*	164) Re-enter MyKID number? *Omit '-' in the NRIC*	
type_of_id2 *(required)*	165) If you cannot see the MyKID, what form of ID is recorded on the SEACO Form/Maternal health record? *Read choices and select one that is most applicable.*	1 Don't have any of the ID 2 Other Malaysian Government issued ID 3 Foreign passport 4 Other 5 ID Missing (I will ask the Mother)
other_id2 *(required)*	166) Enter the ID number they have	
infant_2 *(required)*	167) Where does sleep at night? *Read choices and select one that is most applicable.*	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 -8 Refused to answer
infant_2_other *(required)*	168) If 'Other', please state.	
infant_3 *(required)*	169) Who does [infant_1] sleep with at night? *Read choices and select one that is most applicable.*	1 ...'s Mother and Father. 2 ...'s Mother. 3 ...'s Father. 4 ...'s Grand-mother or Aunt. 5 A maid. 6 Another adult. -8 Refused to answer
infant_4 *(required)*	170) Has [infant_1] sustained any injuries since birth?	1 Yes 2 No -8 Refused to answer
infant_5 *(required)*	171) Describe [infant_1] 's injuries? *Please use capital letters*	
infant_6 *(required)*	172) Has [infant_1] had any health problems since birth? *For example, jaundice.*	1 Yes 2 No -8 Refused to answer
infant_7 *(required)*	173) Describe [infant_1] 's health problems. *Please use capital letters*	
infant_9 *(required)*	174) When was [infant_1] last checked by a nurse? *Use the date recorded on the Rekod Ibu if the mother can't remember*	
form > agree_group > For less that 19 weeks > Infant > Infant to the mother (1) > Infant measurement last health check		
infant_10 *(required)*	175) [infant_1]'s weight at the last health check (KILOGRAMS) *Valid range is 0.5 to 12.0. Use -99 for missing data*	
infant_11 *(required)*	176) [infant_1]'s length at the last health check (in CENTIMETERS) *Valid range is 34.0 to 80.0. Use -99 for missing data*	
infant_12 *(required)*	177) [infant_1]'s head circumference at the last health check (in CENTIMETERS) *Valid range is 29.0cm to 50.0cm. Use -99 for missing data*	
form > agree_group > For less that 19 weeks > Health Record		
registration_number_1	178) Do you know the registration number of mother's health record book?	1 Yes 2 No
registration_number *(required)*	179) What is the registration number of mother's health record book? *Please enter -99 if no registration number*	
date_tha_1 *(required)*	180) Do you know the THA (LMP)- last period date stated in mother's health record book?	1 Yes 2 No
date_tha *(required)*	181) When is THA (LMP)- last period date stated in mother's health record book?	
date_tal_1 *(required)*	182) Do you know the TAL (EDD)- estimated due date of delivery based on last period stated in mother's health record book?	1 Yes 2 No
date_tal	183) When is TAL (EDD)- estimated due date of delivery based on last period stated in mother's health record book?	
form > reasonGiveGroup		
reasonGive *(required)*	184) Is the reason of refusal from:	1 Observation 2 Respondent answer
categoryRejectChoose *(required)*	185) Category of reject	1 No interest in survey (don't feel interview/research is necessary) 2 Complete avoidance (ex:Respondent at home but didn't give response/did not have a chance to introduce)

Field	Question	Answer	
		3	Not a suitable time (Grief / in the period of mourning/ busy with other work)
		4	Too frequent visits from SEACO
		5	Concerning of data privacy
		6	Appointments scheduled but eventually refused with no reason
		10	Blacklist
		9	Withdrawal
		8	Potential withdrawal
		7	Others
reasonOthers *(required)*	186) Please specify the reason of refuse?		
address_summary	187) Respondant's address		
address_summary1	187) Respondant's address		
category *(required)*	Category of field note:	1	Health and medicine
		2	Household information
		3	No respond/feedback
		4	Technical
		5	Respondent's feedback
		6	Academic achievement
		7	Communication
		9	Respondent's complaint
		-8	Others
form > resonCat			
categoryReason1 *(required)*	Health and medicine	1	Respondents/households are facing health problems/infirmities.
		2	Respondents/households are disabled (deaf/mute/blurred vision/blind/mental/paralyzed/learning problems/hearing problems/down syndrome).
		3	Convulsions
		-8	Others
categoryReason2 *(required)*	Household information	1	Household IC number/date of birth is incomplete.
		2	The identity card (IC/ MyKid) is not with the head of the household/ with other household representatives (mother/ father) who keep it.
		3	Male respondents but the end of the IC number is even numbered/ female but the end of the IC number is odd numbered.
		4	Forgot household ic/ mykid number.
		-8	Others
categoryReason3 *(required)*	No respond/feedback	1	House under construction/ renovation/ demolished/ dilapidated.
		2	The house is a homestay/ boarding house/ charity house/ place of prayer/ office/ bird house/ store/ other functions of the house.
		3	Unoccupied residence.
		4	Door open/ window/ TV open but no occupants come out.
		5	Parents/guardians are not at home.
		6	Respondents return home once a month.
		7	Respondents are on holiday/ work/ are at home erratically/ rarely/ hard to meet.
		8	Respondent has moved.
		9	The respondent is only at home at night.
		-8	Others
categoryReason4 *(required)*	Technical	1	IC Scanner is not working.
		2	The barcode failed to be scanned because it was torn/covered with scratches/paint/faded/too high/lost/unable.
		-8	Others
categoryReason5 *(required)*	Respondent's feedback	1	The respondent cooperated well.
		2	Respondents are busy and don't have time.
		3	Respondents are not interested in participating.
		4	Children/parents/husband/guardians do not give permission.
		5	Respondents answered the questions quickly/carelessly (willingly or unwillingly).
		6	Respondents refused to share salary information.
		7	Reluctant to give ic number.
		8	Not staying at home (only a certain period of time will be at home).
		9	The respondent lives alone at home.
		10	The respondent (police) told the authorization letter was invalid.

Field	Question	Answer	
		11	Respondents are not comfortable sharing about spirituality/religion.
		12	I don't believe it because there are cases of people wearing vests coming to the house to check gas/ doing suspicious things.
		-8	Others
categoryReason6 *(required)*	Academic achievement	2	The respondent attends a private school.
		3	Respondents attending schools outside Malaysia (eg Indonesia, Myanmar, Vietnam, Singapore) level of school education.
		-8	Others
categoryReason7 *(required)*	Communication	1	Respondents do not/poorly understand/fluent Malay.
		2	The respondent was too old/ did not go to school and did not understand the question.
		-8	Others
categoryReason9 *(required)*	Respondent's complaint	1	The respondent was angry and asked not to come again.
		2	Too many questions and taking too long.
		3	SEACO always comes.
		4	Repelling DC.
		5	The respondent himself does not get any benefit.
		-8	Others
field_notes *(required)*	Field notes		
form > resonCatOther			
categoryReasonOther1 *(required)*	Health and medicine		
categoryReasonOther2 *(required)*	Household information		
categoryReasonOther3 *(required)*	No respond/feedback		
categoryReasonOther4 *(required)*	Technical		
categoryReasonOther5 *(required)*	Respondent's feedback		
categoryReasonOther6 *(required)*	Academic achievement		
categoryReasonOther7 *(required)*	Communication		
categoryReasonOther9 *(required)*	Respondent's complaint		
acknowledge *(required)*	Finished. Thank you. Make sure you save the form!!		