

Medical records

Date of recruitment:

Subject ID:

Personal details				
1.	Age		LMP	
2.	Ethnicity		EDD	
3	Education level		Gravidity, Parity, Abortion (e.g. G1P0)	
4	Occupation		Partner's occupation	
5	Family H/O		Previous pregnancy	
6.	Height			
Booking		First booking	Last booking	
1	Date @ week			
2	Weight			
3	Hb			
4.	Ultrasound scan	CRL:	BPD: HC: AC: FL:	
Deliver				
1.	Date time		Week	
1	Birth weight (kg)		APGA 1 min	
2	Length (cm)		APGA 5 min	
3	HC (cm)		MOD	
4	sex			

Date:

Day	Month	Year			

PART A : Socio demographic characteristic

A1	What is your <u>date of birth?</u> (dd/mm/yyyy)	<table style="border: none; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; width: 10px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>		/		/				
	/		/							
A2	<u>How old</u> are you?	<table style="border: none; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 10px;">years</td> </tr> </table>			years					
		years								
A3	What is your current <u>marital status?</u>	<input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Divorced <input type="checkbox"/> 4. Widowed <input type="checkbox"/> 5. Cohabiting								
A4	What is your <u>ethnic group background?</u>	<input type="checkbox"/> 1. Malay <input type="checkbox"/> 2. Chinese <input type="checkbox"/> 3. Indian <input type="checkbox"/> 4. Others (Please state:)								
A5	What is the <u>highest level of education</u> that you have completed?	<input type="checkbox"/> 1. No formal schooling <input type="checkbox"/> 2. Primary school (1 /2 /3 /4 /5 /6) <input type="checkbox"/> 3. Secondary school (1/2/3/4/5) <input type="checkbox"/> 4. Pre-U (STPM, matriculation, diploma.) <input type="checkbox"/> 5. University/ College (1/2/3/4/5) <input type="checkbox"/> 6. Post graduate degree completed (Master/PhD)								
A6	How <u>many years of school,</u> including higher education have you completed?	<table style="border: none; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 10px;">years</td> </tr> </table>			years					
		years								
A7	What is your <u>current job?</u>	<input type="checkbox"/> 1. Not working for pay → Go to question A11 <input type="checkbox"/> 2. Government employee <input type="checkbox"/> 3. Non-government employee <input type="checkbox"/> 4. Self-employed /Employer								
A8	What is your main <u>occupation?</u>									

Date:

Day	Month					Year	

A9	Where do you spent most of your working time ?	<input type="checkbox"/> 1. Indoor <input type="checkbox"/> 2. Outdoor <input type="checkbox"/> 3. Both
A10	What is your monthly income ?	<input type="checkbox"/> RM0-1500 <input type="checkbox"/> RM1501-3000 <input type="checkbox"/> RM3001-5000 <input type="checkbox"/> RM5001-8000 <input type="checkbox"/> RM8001 and above
A11	What is the main reason you are not working for pay? <i>(Skip if you are working)</i>	<input type="checkbox"/> 1. Homemaker/ caring for family <input type="checkbox"/> 2. Looked but can't find a job <input type="checkbox"/> 3. Doing unpaid work/ voluntary activities <input type="checkbox"/> 4. Studies/training <input type="checkbox"/> 5. Retired <input type="checkbox"/> 6. Ill health <input type="checkbox"/> 7. Others (Please state:.....)
A12	What is your husband/ partner's ethnic group background ?	<input type="checkbox"/> 1. Malay <input type="checkbox"/> 2. Chinese <input type="checkbox"/> 3. Indian <input type="checkbox"/> 4. Others (Please state:.....)
A13	What is the Highest level of education that your husband/ partner have completed?	<input type="checkbox"/> 1. No formal schooling <input type="checkbox"/> 2. Primary school (1 /2 /3 /4 /5 /6) <input type="checkbox"/> 3. Secondary school (1/2/3/4/5) <input type="checkbox"/> 4. Pre-U (STPM, matriculation, diploma.) <input type="checkbox"/> 5. University/ College (1/2/3/4/5) <input type="checkbox"/> 6. Post graduate degree completed (Master/PhD)

Date:

Day	Month					Year

A14	What is your husband/ partner current job?	<input type="checkbox"/> 1. Not working for pay <input type="checkbox"/> 2. Government employee <input type="checkbox"/> 3. Non-government employee <input type="checkbox"/> 4. Self-employed <input type="checkbox"/> 5. Employer
A15	What is your husband/partner main occupation?	
A16	What is your husband/partner monthly income?	<input type="checkbox"/> RM0-1500 <input type="checkbox"/> RM1501-3000 <input type="checkbox"/> RM3001-5000 <input type="checkbox"/> RM5001-8000 <input type="checkbox"/> RM8001 and above
A17	What is your total household income (including your income and the income of your husband/partner and income from other sources)?	<input type="checkbox"/> RM0-1500 <input type="checkbox"/> RM1501-3000 <input type="checkbox"/> RM3001-5000 <input type="checkbox"/> RM5001-8000 <input type="checkbox"/> RM8001 and above

PART B: Pregnancy history and details

B01	Regardless of the pregnancy outcome, how many times you have been pregnant? <i>(include your current pregnancy)</i>	..... Times
B02	How many times you have given birth to a live baby?	..... Times
B03	Did you ever give birth to a baby that weighed less than 2.5kg (5lbs, 8ozs)?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Date:

Day	Month	Year			

B04	Did you ever have a baby that was born prematurely (before you completed 37 weeks of pregnancy)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
B05	How many times you have abortion ? <i>(Include both induced and spontaneous abortion)</i>	..... Times
B06	At what age did you get your first pregnancy?	..... Years old
B07	Just before you got pregnant , how much did you weigh?	..... Kilograms
B08	About how much do you weigh right now?	..... Kilograms
B09	How tall are you without shoes?	..... cm
B10	Before you got pregnant , did a doctor, nurse or other health care worker ever tell you that you had any of the following health condition ?	<input type="checkbox"/> No <input type="checkbox"/> Diabetes (High blood glucose) <input type="checkbox"/> Hypertension (High blood pressure) <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Renal disease <input type="checkbox"/> Others (Please state:).
B11	During your current pregnancy , did a doctor, nurse or other health care worker ever tell you that you had any of the following health conditions ?	<input type="checkbox"/> No <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Eclampsia <input type="checkbox"/> Anemia <input type="checkbox"/> Endometriosis <input type="checkbox"/> Placenta Abruption <input type="checkbox"/> Others (Please state:).

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PART C: Smoking

C01	Are you a smoker?	<input type="checkbox"/> 1. No. (skip PART C) <input type="checkbox"/> 2. Yes, I was a former smoker. <input type="checkbox"/> 3. Yes, i am currently smoke.
C02	Have you smoked any cigarettes in the past 2 years?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
C03	During the 3 months before you got pregnant, how many cigarettes did you smoke on an average day?	..... sticks
C04	During the first 3 months of your pregnancy (including before you knew you were pregnant), how many cigarettes did you smoke on an average day?	..... sticks
C05	How many cigarettes do you smoke on an average day now?	..... sticks

PART D: Skin Typing

Please fill out the questionnaire similar to this example:

- If the colour of your eyes are dark brown, then mark the answer as shown below.

Score	0	1	2	3	4
What are the colour of your eyes?	Light blue, gray, green	Blue, gray or green	Blue	Dark brown	Brownish black

D01. Genetic Disposition

Score		0	1	2	3	4
a.	What are the colour of your eyes?	Light blue, gray, green	Blue, gray or green	Blue	Dark brown	Brownish black
b.	What is the natural colour of your hair?	Sandy red	Blond	Chestnut/ Dark, blond	Dark brown	Black
c.	What is the color of your skin (non exposed areas)?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
d.	Did you have freckles on unexposed areas?	Many	Several	Few	Incidental	None

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D02. Reaction to Sun Exposure

	Score	0	1	2	3	4
a.	What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
b.	To what degree do you turn brown?	Hardly or not at all	Light colour tan	Reasonable tan	Tan very easy	Turn dark brown quickly
c.	Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
d.	How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

D03. Tanning Habits

	Score	0	1	2	3	4
a.	When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
b.	Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

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PART E: Sun Exposure Log

Instructions:

- 1) Record how long you were outdoors during each time period if it is **greater than 5 mins.**
- For example: If you were outside from 1:33pm to 1:55pm, note 22 mins. in the time period from 1pm-2pm.
- 2) Record your outdoor activity next to the appropriate time period.
-For example: walk, bike, run, sit, stand, swim, garden
- 3) Record which parts of your body were exposed to the sun or covered with sunscreen using the key provided. (Please refer to the attached clothing key)
- 4) Record your sun exposure frequency (per week) and fill out the form similar to this **example**:

Time of day	Outdoor activity	Time spent outdoors (minutes)	Frequency	Are you using?		Clothing				Sunscreen				SPF	
				Glove	Umbrella	A	B	C	D	A	B	C	D		
7am-8am	Jogging	40	5/7			1	3	4	3	✓					15
8am-9am	Walking	10	7/7		✓	1	4	3	2						

Time of day	Outdoor activity	Time spent outdoors (minutes)	Frequency	Are you using?		Clothing				Sunscreen				SPF	
				Glove	Umbrella	A	B	C	D	A	B	C	D		
7am-8am															
8am-9am															
9am-10am															
10am-11am															
11am-12pm															
12pm-1pm															
1pm-2pm															
2pm-3pm															
3pm-4pm															
4pm-5pm															
5pm-6pm															
6pm-7pm															

PART F: Food frequency questionnaire

	Food item		Name of brand/product	Frequency of intake				Serving size	Total serving every meal
				How many times a day	How many times a week	How many times a month	Never @ < once a month		
A. Fortified food									
1.	Milk powder	Full cream						Tablespoon Scoop	
		Low fat						Tablespoon Scoop	
		Skim						Tablespoon Scoop	
2.	Prenatal milk							Tablespoon Scoop	
3.	Fresh milk	Full cream						Box S/L Cup/ Glass	
		Rendah lemak						Box S/L Cup/ Glass	
		Low fat						Box S/L Cup/ Glass	
4.	UHT milk							Box S/L	
5.	Sterilized milk							Cup/ Glass	
6.	Sweetened condensed milk (<i>in tea, coffee or other beverages</i>)							Tablespoon/ teaspoon	
7.	Evaporated milk (<i>in tea, coffee or other beverages</i>)							Tablespoon/ teaspoon	
8.	Malt milk powder							Tablespoon	
9.	Milk with cereal (3 in 1)							Tablespoon/ pack	
10.	Cereal without milk							Tablespoon	
11.	Soy drink							Box S/L Cup/ Glass	
12.	Glucose drink fortified with vitamin D							Tablespoon	
13.	Yogurt (milk or soy)							Cup Container	
14.	Cultured milk							Bottle	

	Food item	Name of brand/product	Frequency of intake				Serving size	Total serving every meal
			How many times a day	How many times a week	How many times a month	Never @ < once a month		
15	Cheese						Piece cup	
16	Biscuit						Piece Packet	
17	Margarine (in any food eaten)						Teaspoon/ Tablespoon	
18	Butter (in any food eaten)						Teaspoon/ Tablespoon	
19	Bread						Piece	
20	Homemade ice cream made from milk						Cup scoop	
21	Milk dessert (pudding @ custard)						Cup scoop	
22	Waffle						Piece	
23	Pancake						Piece	
24	Potatoes; mashed with milk and margarine						Cup	
25	Lasagna, spaghetti with cheese						Cup	
26	Cream soup/ mushroom soup	Canned					Cup	
		Instant					Pack	

	Type of food and drink	Frequency of intake				Serving size	Total serving every meal
		How many times a day	How many times a week	How many times a month	Never @ < once a month		
B	Natural Food (Seafood/ meat/ egg product/ mushroom)						
1.	Canned mackerel					<i>piece</i>	
2.	Canned sardines					<i>piece</i>	
3.	Fresh sardines						
4.	Canned Tuna					<i>piece</i>	
5.	Salmon					<i>piece</i>	
6.	Ikan kembong, Mackerel					<i>piece</i>	
7.	Ikan keli/ catfish					<i>piece/ slice</i>	
8.	Tamban bulat, <i>Herring, round</i>					<i>piece/ slice</i>	
9.	Ikan Cencaru,/ <i>Scad hardtail</i>					<i>piece/ slice</i>	
10.	Ikan selar bulat/ <i>Big eye scad</i>					<i>piece/ slice</i>	
11.	Ikan selar kuning/ <i>scad yellowtail</i>					<i>piece/ slice</i>	
12.	Ikan selar/ <i>spotted travelley</i>					<i>piece/ slice</i>	
13.	Ikan ekor kuning/ <i>Yellowtail</i>					<i>piece/ slice</i>	
14.	Kerapu merah/ red grouper					<i>piece/ slice</i>	
15.	Ikan bawal putih/ white promfret					<i>piece/ slice</i>	
16.	Ikan bawal hitam/ black promfret					<i>piece/ slice</i>	
17.	Ikan belanak/ Mullet bluetail					<i>piece/ slice</i>	
18.	Ikan puyu/ Perch, climbing					<i>piece/ slice</i>	
19.	Ikan tenggiri papan/ Mackerel spanish					<i>piece/ slice</i>	
20.	Ikan tongkol					<i>piece/ slice</i>	
21.	Ikan Lee Koh/ Carp common					<i>piece/ slice</i>	
22.	Ikan parang/ Herring wolf					<i>piece/ slice</i>	
23.	Ikan kerapu, Grouper					<i>piece/ slice</i>	
24.	Cod					<i>piece/ slice</i>	
25.	Ikan jenahak/ white snapper					<i>piece/ slice</i>	
26.	Ikan siakap/ Perch gain sea					<i>piece/ slice</i>	
27.	Other fish: if any					<i>piece/ slice</i>	
28.	Ikan bilis/ anchovies					Cup	
29.	Udang/ <i>prawn</i>					Piece	
30.	Udang kecil/ shrimp					Tablespoon	
31.	Kerang/ clam					Tablespoon	
32.	Seafood others						

	Type of food and drink		Frequency of intake				Serving size	Total serving every meal
			How many times a day	How many times a week	How many times a month	Never @ < once a month		
B	Natural Food (Seafood/ meat/ egg product/ mushroom)							
33	Chicken	With skin					Piece	
		Without skin					Piece	
34	Beef	With skin					Box	
		Without skin					Box	
35	Pork/ Mutton	With skin					Box	
		Without skin					Box	
36	Beef sausage/ frankfurter						Piece	
37	Pork/ Chicken sausage/ frankfurter						Piece	
38	Ham/ luncheon meat						Piece	
39	Internal organ	Liver					Piece	
		Kidney					Piece	
		Lung					Piece	
40	Eggs: eaten alone or in foods	Egg white only					Piece	
		Egg yolk only					Piece	
		Whole					Piece	
41	Mushroom	Fresh					Cup	
		Dried					Cup	
		Canned					Cup	

D3	Makanan tambahan/ Dietary supplement	Kekerapan pengambilan/ Frequency of intake				Saiz sajian /serving size	Jumlah sajian Setiap kali makan/ Total serving every meal
		Berapa kali sehari How many times a day	Berapa kali seminggu How many times a week	Berapa kali sebulan How many times a month	Tidak pernah @ kurang dari sekali sebulan/ Never @ < once a month		
a	Minyak hati ikan cod Cod liver oil Jenama/brand: _____ Brp lama/how long: ____					Biji/pill s.makan/ t.spoon	
b	Minyak ikan / Fish oil Jenama/brand: _____ Brp lama/how long: ____					Biji/pill s.makan/ t.spoon	
c	New Obimin Brp lama/how long: ____					Biji/pill	
d	Obimin Plus Brp lama/how long: ____					Biji/pill	
e	Pramilet Brp lama/how long: ____					Biji/pill	
f	Iberet folic Brp lama/how long: ____					Biji/pill	
g	Vitamin D Jenama/brand: _____ Brp lama/how long: ____					Biji/pill	
h	Multivitamin Jenama/brand: _____ Brp lama/how long: ____					Biji/pill s.makan/ t.spoon	
i	Kalsium dengan Vitamin D/ Calcium with vitamin D supplements Jenama/brand: _____ Brp lama/how long: ____					Biji/pill	
j	Kalsium tambahan Calcium supplements Jenama/brand: _____ Brp lama/how long: ____					Biji/pill	
k	Vitamin C					Biji/pill	
l	Vitamin B kompleks					Biji/pill	
m	Asid folik/ Folic acid					Biji/pill	
n	Lain-lain/Others Jenama/brand: _____					Biji/pill s.makan/	

* Senarai vitamin-vitamin yang sering diambil ketika hamil.