

LWR

BIRTH TO TEN: 10TH YEAR
CHILD CORE QUESTIONNAIRE

BTT ID NUMBER

Grid for BTT ID NUMBER

BONE STUDY ID NUMBER

Grid for BONE STUDY ID NUMBER

SCHOOL INFORMATION

1. School Records collected?

Yes=1 No=0

IF NO why not?

Blank line for IF NO why not?

2. Name of BTT child's school

Blank line for Name of BTT child's school

3. Address of BTT child's school

Blank line for Address of BTT child's school

4. How do you get to and from school?

Walk or cycle	1	X
Public transport	2	
Parent / lift club	3	
Other		

5. What time do you get home from school? _____ hrs _____ mins

Grid for time

6. What is your favourite TV programme?

Name: _____ Channel: _____

7. Do you play any sports at school?

Yes=1 No=0

IF YES please list them

1	_____		
2	_____		
3	_____		
4	_____		
5	_____		

8. Are you in any sports teams?

Yes=1	No= 0	
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IF YES please list them

1	_____			
2	_____			
3	_____			
4	_____			
5	_____			

9. Does anyone help you with your schoolwork?

Yes =1	No=0	
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IF YES who?

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10. Do you have any regular household chores?

Yes=1	No= 0	
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IF YES please list them?

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11. Do you go to any youth or religious group activities?

Yes=1	No= 0	
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IF YES what activities?

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12. Do you belong to any clubs?

Yes=1	No= 0	
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IF YES what clubs?

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PSYCHO-SOCIAL INFORMATION

1. Do you think that the area you live in is safe in general?

Yes=1	No=0	
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IF NO explain _____

2. Do you think that you are safe outside in the street/playground near your home?

Yes=1	No=0	
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IF NO explain _____

3. Do you think that you are safe whilst travelling to school?

Yes=1	No=0	
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IF NO explain _____

4. Do you think that you are safe at school?

Yes=1	No=0	
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IF NO explain _____

5. Do you know anyone who owns a gun?

Yes=1	No=0	
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IF YES who is this person?

Family member	1	
Neighbour/Friend	2	
Other: Who		

6. If you got into big trouble of any kind at school, who would you ask for help?

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7. If you got into big trouble of any kind at home who would you ask for help?

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8. If someone gave you R50, what would you do with the money?

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MENSTRUATION QUESTIONS FOR THE BIRTH TO TEN GIRL CHILD

1. Do you know what menstruation (period) is?

Yes=1	No=0	
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IF YES have you started to menstruate?

Yes=1	No=0	
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IF YES how old were you when you started to menstruate? _____

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IF YES who told you about menstruation?

Mother/Mother figure=1	Sibling=2	Friend=3
Teacher=4	Health care staff=5	Other=6

2. IF TOLD what were you told ?

3. IF NOT TOLD what do you think it is ?

RAVENS COLOURED PROGRESSIVE MATRICES

THE SCORING SHEET MUST RECORD THE DATE ON WHICH THE TEST WAS ADMINISTERED TO THE CHILD.

Demonstrate A1 to the child. Show the picture, ask the child which of the small pictures, 1-6, fits into the big picture. Even if the child gives the correct answer, explain that 1 doesn't fit because it has thick black stripes at an angle, 2 is plain green, 3 has checks etc. Show the child how to write the correct answer onto the answer sheet. If the child understands, ask him/her to do up to A12 on their own and to write the answers in below. If the child doesn't understand, demonstrate A2 in the same way. Do not allow the child to spend more than 5 minutes on the A series. If necessary, reassure the child that they get difficult towards the end. Go on to series A_b.

Demonstrate A_b 1 and ask the child to complete the series to 12. Do not allow more than 5 minutes for the series. If necessary, reassure the child that they get difficult towards the end. Go on to Series B.

Demonstrate B1 and ask the child to complete the series to 12. Do not allow more than 5 minutes for the series. Stop the child and, if necessary, reassure the child that they get difficult towards the end.

Series A	Series A _b	Series B
A1	Ab1	B1
A2	Ab2	B2
A3	Ab3	B3
A4	Ab4	B4
A5	Ab5	B5
A6	Ab6	B6
A7	Ab7	B7
A8	Ab8	B8
A9	Ab9	B9
A10	Ab10	B10
A11	Ab11	B11
A12	Ab12	B12
TOTAL	11	

DATE ADMINISTERED: _____ 2001
 day month

Interviewed by: _____

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