University of the Witwatersrand
Department of Paediatrics and Child Health

BIRTH TO TWENTY : BABIES
YEAR ONE – CORE QUESTIONNAIRE

DATE : Day ☐☐ **Month** ☐☐ **Year** ☐☐☐☐

BTT ID NUMBER : ☐☐☐☐☐☐☐

BONE ID NUMBER : ☐☐☐

NAMES AND ADDRESSES

MUST BE COMPLETED BY ALL PARTICIPANTS

INFORMATION ON MOTHER

MAIDEN NAME : _____
SURNAME : _____
FIRST NAME : _____
RESIDENTIAL ADDRESS
HOUSE NO. : _____
STREET NAME : _____
SUBURB : _____
ZONE : _____ POSTAL CODE : _____
TELEPHONE: HOME: _____ WORK: _____

INFORMATION ON CHILD (CHILDMINDER'S INFO IF OTHER THAN MOTHER)

SURNAME : _____
FIRST NAME : _____
RESIDENTIAL ADDRESS
HOUSE NO. : _____
STREET NAME : _____
SUBURB : _____
ZONE : _____ POSTAL CODE : _____
TELEPHONE: DAYTIME: _____

CONTACT ADDRESSES OTHER THAN OWN **OR** MOTHER'S POSTAL ADDRESS

1. SURNAME : _____
   FIRST NAME : _____
   RELATIONSHIP
   TO MOTHER: _____
   RESIDENTIAL ADDRESS
   HOUSE NO.: _____
   STREET NAME : _____
   SUBURB : _____
   ZONE : _____ POSTAL CODE : _____
   TELEPHONE NO : _____

CONTACT ADDRESS OTHER THAN OWN

2. SURNAME : _____
   FIRST NAME : _____
   RELATIONSHIP
   TO MOTHER: _____
   RESIDENTIAL ADDRESS
   HOUSE NO.: _____
   STREET NAME : _____
   SUBURB : _____
   ZONE : _____ POSTAL CODE : _____
   TELEPHONE NO. : HOME : _____WORK: _____

BIOGRAPHICAL

1. Clinic name : _____
2. Name of Interviewer : _____
3. Date of Interview

Day:	Month:	Year:

4. Child's D O B :

Day:	Month:	Year:

5. Child's Place of Birth : (a) Clinic / hospital _____
   (b) Area _____
   (e.g. Crosby, Meadowlands)
6. Did child have any birth complications?
   (e.g. prematurity)

Yes = 1	No = 2

   If **YES**, Please specify :_____ _____
7. Relationship of Interviewee to child : _____

   If **NOT MOTHER**, where is mother?

Work = 1	School = 2	Living away = 3	Abandoned = 4	Died = 5	Other = 6

8. If **DIED**, how old was baby when mother died?

Months		

9. What was the cause of the mother's death?

_____

10. Who should the BTT letters be addressed to?

Mr	Mrs	Miss

First Name : _____
Surname : _____
Postal Address : _____
Postal Code : _____ Tel. No:_____

11. Who is the responsible decision-maker for the child? (May mark more than one)

1 = mother	5 = brothers / sisters
2 = grandmother	6 = childminder
3 = aunt	7 = friend
4 = father	8 = other

If **OTHER**, please specify _____

12. Mother's age : ☐☐

13. Which BTT activities have you or your child participated in before?

	Yes = 1	No = 2
Antenatal		
Delivery		
Six month		
None		

14. Name of well-baby clinic child usually attends _____

15. Population group of child

Indian = 1	Coloured = 2	African = 3	White = 4	Other = 5

16. Present marital status of mother

Single = 1	Civil marriage = 3	Traditional marriage =	Separated = 5
Divorced = 2	Common law marriage =	Widow = 4	Living together = 6

17. Has mother's marital status changed since the birth of the child?

Yes = 1	No = 2

18. Number of mother's previous live births ☐

19. Number of mother's previous pregnancies ☐

20. Is mother pregnant now?

Yes = 1	No = 2	Don't know = 3

21. If not pregnant, is she using contraception?

Yes = 1	No = 2	Don't know = 3

22. If **YES**, what method is being used?

1 = Pill	4 = Condom
2 = IUCD	5 = Other
3 = Injection	6 = Don't know

23. Who usually takes care of the child during the day?

1 = Mother	2 = Childminder	3 = Relative	4 = Other

24. If **NOT MOTHER**, give reason (e.g. mother works etc.) _____

_____

25. Would you describe where the child lives as

1 = Shack	
2 = Flat	
3 = House	
4 = Hostel	
5 = Shared house with another family	
6 = Other	

26. How many people live in this household?

Adults (over 16 years old)		
Others (less than 16 years old)		

27. Is the home where the child lives on a permanent basis -

1 = Owned
2 = Rented from another person
3 = Rented from local authority
4 = Provided by employer

28. Do those supporting the child earn in total between

1 = R 100 – R 300 per month
2 = R 301 – R 500 per month
3 = R 501 – R 800 per month
4 = R 801 – R1000 per month
5 = R1001 – R1200 per month
6 = R1201 – R2000 per month
7 = R2001 – R2500 per month
8 = R2501 – R3000 per month
9 = R3001 – R4000 per month
10 = More than R4000 per month
11 = Not applicable – not working
12 = Don't know

29. What is the occupation of –

Father	
Mother	

30. What is the highest standard mother has passed at school?

1 = No formal schooli	6 = Grade 8
2 = Grade 1 / grade 2	7 = Grade 9
3 = Grade 3 - 5	8 = Grade 10
4 = Grade 6	9 = Grade 1
5 = Grade 7	10 = Matric

SPEECH AND HEARING

31. What language(s) is the child hearing from

Mother	1.	2.	3.
Caregiver	1.	2.	3.
Other (specify)	1.	2.	3.

32. Does your baby try to make sounds e.g. 'ba' or 'da', in such a way that baby sounds happy, cross, excited or as if asking for something?

Yes = 1	No = 2

(**Interviewer** – tick appropriately for **YES** or **NO** – not for each emotion.)

33. Does your baby say anything like

	Yes = 1	No = 2
ba-ba-ba-ba		
pa-pa-pa-pa		
ma-ma-ma-ma		
na-na-na-na		
da-da-da-da		
ta-ta-ta-ta		
ga-ga-ga-ga		

34. Do you or does anyone else do the following with your baby?

	Yes = 1	No - 2
Sing songs		
Sing hymns		
Do nursery rhymes		

BEHAVIOUR BEFORE THE CHILD CAN SPEAK CLEARLY

35. What does the child do when he / she is hungry and sees food?
_____

36. What does the child do when he / she wants food and you won't give it to him / her? _____

37. What does the child do when he / she sees a loved person?
_____

38. Do you know when the child wants something?

Yes = 1	No = 2

If **YES**, what does the child do when he / she wants something (e.g. does the child point to what he / she wants or does the child say anything?
_____

Which of the following do you think the child understands and what makes you think that he / she understands (e.g. responds with waves, nods, smiles, looks up, other)?

DOES THE CHILD UNDERSTAND -

39. when you are saying his / her name?

Yes = 1	No = 2	Response:

40. who his / her mother is?

Yes = 1	No = 2	Response:

41. when he / she hears music?

Yes = 1	No = 2	Response:

42. when you are angry?

Yes = 1	No = 2	Response:

43. what a shoe is?

Yes = 1	No = 2	Response:

44. what a bottle is?

Yes = 1	No = 2	Response:

45. that he / she is going to eat now?

Yes = 1	No = 2	Response:

46. that you are leaving him / her now?

Yes = 1	No = 2	Response:

47. that he / she is going in a taxi / bus?

Yes = 1	No = 2	Response:

48. Is the child saying any words?

Yes = 1	No = 2

If **YES**, please list the words he / she is saying.

1.
2.
3.
4.
5.

49. Can the child copy you? (e.g. you say 'ba-ba' and he / she copies you)

Yes = 1	No = 2

DOES YOUR CHILD HEAR –

50. the dogs barking?

Yes = 1	No = 2	Sometimes = 3

51. the telephone / bell ringing?

Yes = 1	No = 2	Sometimes = 3

52. you calling?

Yes = 1	No = 2	Sometimes = 3

53. noise behind him / her and look?

Yes = 1	No = 2	Sometimes = 3

FEEDING

54. Have you ever breastfed this baby?

Yes = 1	No = 2

55. Are you still breastfeeding this baby?

Yes = 1	No = 2

If **NO**, how old was your baby when breastfeeding was discontinued?

Months	Weeks

56. Have you introduced bottle / cup feeds?

Yes = 1	No = 2

If **YES**, how old was the baby when you started this?

Months		

58. At the moment, how many bottle / cups feeds of milk do you give in 24 hours?

59. How much milk in 24 hours?

	ml

60. What type of milk are you using now?

1 = Powder milk – Name :
2 = Cows milk – full cream
3 = cows milk – skim
4 = other milk – Specify :

61. If any sugar is added to the baby's milk, state how much per bottle / cup.

1 = none	4 = 2 teaspoons
2 = ½ teaspoon	5 = 3 teaspoons
3 = 1 teaspoon	6 = more than 3 teaspoon

62. How old was the baby when started on food other than milk?

Months	

63. If any salt is added to baby's solids, state how much per day.

1 = None
2 = Pinch
3 = ¼ teaspoon
4 = ½ teaspoon
5 = 1 teaspoon

64. Do you usually add sugar to the baby's food (other than milk)?

Yes = 1	No = 2

In the **LAST TWO WEEKS (14 DAYS)**, has your child had any of the following? –

SYMPTOM / SIGN	Yes = 1 No = 2	ACTION TAKEN (please tick)							
		0 = none	1= home remedy	2 = chemist	3 = trad. healer	4 = pvt doctor	5 = public clinic	6 = well baby clinic	7 = hospital
65. Sneezing									
66. Runny / stuffy nose									
67. Eye problems (red / itching eyes)									
68. Dry cough									
69. Wet cough									
70. Hoarseness									
71. Difficulty breathing									
72. Noisy breathing									
73. Rapid breathing									
74. Wheezing									
75. Runny ears									
76. Vomiting									
77. Diarrhoea (3 or more loose / watery stools in 24 hours)									
78. Colic									
79. Fever									
80. Poor appetite									
81. Rash									
82. Allergy									
83. Irritability									
84. Worms in stool									
85. Other health problem									

86. How many regular smokers are there in the house? | | |

87. In the past two weeks, what type of fuel was MAINLY used in child's home?

	1 = none	2 = electricity	3 = coal	4 = gas	5 = paraffin	6 = wood	7 = other
For heating							
For cooking							

88. In the past two months, has the child had to be taken to the clinic, doctor or hospital for an accident or trauma?

Yes = 1	No = 2

89. **RECORDED IMMUNISATIONS**
(Road to Health card or clinic record)

TYPE OF IMMUNISATION	**DATE (insert date in appropriate column)**				
	Birth	3 months	4½ months	6 months	9 months
B C G					
Polio (drops)					
D W T					
Measles					

90. Can you think of anything that has happened to this child since birth that may affect this child's development?

Yes = 1	No = 2

If **YES**, WHAT? _____ and
WHEN DID IT HAPPEN?_____

ARE THERE ANY QUESTIONS THAT YOU WOULD LIKE TO ASK US?

_____
_____

GROWTH DATA COLLECTION FORM

Surname : _____

Name of Child : _____

Name of Mother : _____

Sex : | Male = 1 | Female = 2 |

Health Visitor : _____

Clinic : _____

MEASUREMENTS

Weight (kg)			
Length (mm)			
Head circumference (mm)			
Tricep skinfold (mm)			
Subscapular skinfold			
Relaxed upper arm circumference (mm)			

GROWTH – 3 MONTHS & 6 MONTHS

(if available from records)

Weight (kg) – 3 months			
Weight (kg) – 6 months			
Length (mm) – 3 months			
Length (mm) – 6 months			
Head circumference (mm) – 3 months			
Head circumference (mm) – 6 months			
Tricep skinfold (mm) – 3 months			
Tricep skinfold (mm) – 6 months			
Subscapular skinfold (mm) – 3 months			
Subscapular skinfold (mm) – 6 months			
Relaxed upper arm circumference (mm) – 3 mont			
Relaxed upper arm circumference (mm) – 6 mont			

BLOOD PRESSURE MEASUREMENTS

BP 1st measurement			
BP 2nd measurement			