



**BIRTH TO TWENTY BARA SITE: 17<sup>TH</sup> YEAR  
CAREGIVER ROUTINE QUESTIONNAIRE**

DATE: Day   Month   Year

BTT ID NUMBER:

BONE STUDY ID NUMBER:

Consent Table	Yes	No
Adolescent Questionnaire		
Self – Complete Questionnaire		
Caregiver Questionnaire		

Contact details of relative or friend who will **always** know where you live (different to info on contact sheet):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Landline number: \_\_\_\_\_

Cell number: \_\_\_\_\_

Work number: \_\_\_\_\_

Other: \_\_\_\_\_

Address: \_\_\_\_\_

## Informed Consent

I agree to myself being a participant in the Birth to Twenty study.

The goals and methods of Birth to Twenty are clear to me.

I understand that the study will involve interviews, measures of growth and school reports. All the details and purposes of these tests have been explained to me. I understand that I have the right to refuse to participate in the study.

I, the undersigned, hereby declare that I understand:

1. That the University of the Witwatersrand, Johannesburg (hereafter referred to as "the University") has insured itself against the acts and omissions of persons acting on its behalf insofar as it is liable in law therefore and that its registered students and staff are insured during the course and scope of their registered courses and/or within the scope of the University business, where the fault can be attributed to the University or its affiliates.

2. That in cases where no fault can be attributed to the University, I hereby indemnify, absolve and hold harmless the University, its officials, employees, students and invitees in respect of any damage to the property, death or bodily injury to/of myself and/or third parties, whether on/off the University precincts, or whilst engaged in any activity related to the University.

3. And undertake, for any period during which I am on the university precincts or during my participation in the Birth to Twenty Study, to be bound by the rules and regulations of the University for the time being in force and by any requirements or conditions imposed by the University on me.

4. As the adolescent's caregiver, I give consent for my adolescent to independently agree or not agree to take part in each aspect of research.

I agree to participation in the study on the condition that:

1. I can withdraw from the study at any time voluntarily and that no adverse consequences will follow on withdrawal from the study.

2. I have the right not to answer any or all questions posed in the interviews and not to participate in any or all of the procedures / assessments.

3. The Committee for Research on Human Subjects at the University of the Witwatersrand has approved the study protocol and procedures.

4. All results will be treated with the strictest confidentiality.

5. Only group results, and not my/my adolescent's individual results, will be published in scientific journals and in the media.

6. The Bt20 scientific team are committed to treating participants with respect and privacy through interviews conducted in private and follow-up counselling available on request.

7. I will receive a referral note to a health service if any result is out of the normal range or a problem is detected in the course of the study.

**Caregiver:** \_\_\_\_\_ **Research Assistant:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**There are ? sections to this questionnaire that we are going to work through together; it will take about 10 to 15 minutes.**

**The FIRST section we are going to talk about your relationship to the BTT adolescent**

1. Are you the biological mother / father of the BTT adolescent?

Yes	No	Mother	Father
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2. If **NO**

What is your relationship to the adolescent? *(Indicate name and relation - for example: name and adolescent's mother's sister, paternal Grandmother - etc.)*




3. Who is the primary caregiver of the adolescent? *(Who lives with the adolescent, who looks after the adolescent most days and nights, and makes decisions around the adolescent?)*

**Interviewer's Notes:**

- If the biological mother is not the primary caregiver, where is the mother? (Contact details, whereabouts, and reason for not being the primary caregiver)
  - Mother at work
  - Mother ill
  - Mother lives elsewhere:
    - In the neighbourhood
    - Somewhere else in Gauteng
    - Somewhere other than Gauteng
    - Do not know where she is
  - Other reason:
  
- Mother contact details
  
- Mother deceased
  - If deceased, age of adolescent when mother died

**The SECOND section we are going to talk about your household and access to facilities**

**HOUSEHOLD INFORMATION**

Who is the **household head (NAME)**?

*(Who makes decisions about how money is spent, who can stay in the house etc?)*

What is the relationship of the household head to the BTT adolescent? *(For example: paternal grandfather, maternal uncle)*

Please list all the members of the household where the BTT adolescent lives (people generally sharing the same main meal) – this applies to people who sleep in backrooms but eat in the main house (not lodgers).

Name	Sex	Age	Relationship to BTT adolescent	Level of education
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

During the LAST 6 MONTHS has the BTT adolescent mostly stayed at the household mentioned above?

	YES	NO
During the week		
On the weekends		
During school holidays		

If **NO**, during the LAST 6 MONTHS, where has the adolescent mostly lived?

	<b>WHERE? (Physical Address)</b>	<b>WHOM? &amp; Reason (Relationship)</b>
During the week		
On the weekends		
During school holidays		

**Now we are going to talk about your monthly expenditure**

**What is the main source of income for this household?**

1. Salaries and / or wages	
2. Remittances (money sent by relatives)	
3. Pensions and grants	
4. Sales of farm products and services	
5. Other non-farm income	
6. No income	

**What was the total household expenditure in the last month?**

*(Include everything that the household and its members spent money on, including food, clothing, transport, rent and rates, alcohol and tobacco, school fees, entertainment and any other expenses)*

1. R0 – R399	
2. R400 – R799	
3. R800 – R1 199	
4. R1 200 – R1 799	
5. R1800 – R2 499	
6. R2 500 – R4 999	
7. R5 000 – R9 999	
8. R10 000 or more	
9. Don't know	
10. Refuse	

**How much did this household spend on the following in the last month?**

1. Transport	
2. Housing	
3. Clothing	
4. Food	
5. Personal appearance	
6. Other	

**The THIRD section we are going to discuss access to health and social services**

Have you or the BTT adolescent accessed health and social services **specifically related to the BTT adolescent**, including faith-based activities during the last 6 months?

	Attended		Number of times	
	Yes	No	BTT	CG
Doctor, Clinic, Hospital				
Social worker, Counsellor				
Lawyer, Legal Aid				
Therapist (Occupational, Speech, Physio)				
Dietician				
Police				
Priest, Minister, Church				
Traditional healers				

If you accessed **Counselling** services for yourself was this related to?

	Please tick
1. Relationship problems	
2. financial problems	
3. Adolescent Behaviour problems	
4. Adolescents Education	
5. Your health	
6. Bereavement	
7. Health (general)	
8. Other:	Specify:

Do you have medical aid?

Y	N
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Is the Bt20 adolescent covered by medical aid?

Y	N
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**Grants**

	Number
For how many children (any child) in the household is a child support grant being received?	
How many people in the household receive an old-age pension?	
How many people in the household receive a disability grant?	
How many people in the household receive the foster care grant?	
How many people in the household accessed any other form of security for example Emergency aid, veteran pension etc?	

## The next section asks about your general health and lifestyle

We would like to know if you have had any medical complaints and how your health has been in general, over the past few weeks. Please answer ALL the questions on the following pages simply by ticking the answer which you think most closely applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

Have you recently,

A1	Been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2	Been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
A3	Been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
A4	Felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
A5	Been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A6	Been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
A7	Been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual

Have you recently,

B1	Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
B2	Had difficulty in staying asleep once you are fall off "to sleep"?	Not at all	No more than usual	Rather more than usual	Much more than usual
B3	Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
B4	Been getting edgy and bad tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
B5	Been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
B6	Found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
B7	Been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

Have you recently,

C1	Been managing to keep yourself busy and occupied?	More so than usual	Same as usual	Rather less than usual	Much less than usual
C2	Been taking longer to do the things you do?	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
C3	Felt on the whole you were doing things well?	Better than usual	About the same	Less well than usual	Much less well
C4	Been satisfied with the way you've carried out your task?	More satisfied	About the same as usual	Less satisfied than usual	Much less satisfied
C5	Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less so than usual	Much less useful
C6	Felt capable of making decisions about things?	More so than usual	Same as usual	Rather less than usual	Much less capable
C7	Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Rather less than usual	Much less than usual

Have you recently,

D1	Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
D2	Felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
D3	Felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
D4	Thought of the possibility that you might "make away" with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
D5	Found at times you couldn't do anything because your nerves were too bad?	Not at all	No more than usual	Rather more than usual	Much more than usual
D6	Found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
D7	Found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely have



## DIETARY INTAKE

1. Which of the following do you usually eat most of the time? <b>(Mark only one per column)</b>				<b>MILK / MILK PRODUCTS</b>	
				<b>SPREAD</b>	
<b>CHICKEN/POULTRY</b>		<b>RED MEAT</b>		Butter	Full cream / Maas
With skin		Fatty meat		Hard margarine (brick)	2% or low fat
Without skin		Lean meat		Soft margarine (tub)	Skim
None		None		None	Blends
					None

2. How often do you usually eat the following? <b>(Mark each line)</b>			<b>Never Occasionally</b>	<b>Weekly</b>	<b>Daily</b>	3. How would you describe your alcohol intake?	
Deep fried food e.g. chips						None	
Shallow fried foods e.g. eggs						Less than 1 drink per day	
Crisps e.g. packet of chips						1 – 3 drinks per day	
Processed meats e.g. polony, viennas						4 + drinks per day	

4. How often during the past week did you eat the following? <b>(Mark every item)</b>													
Food item	Never	1-3 times per week	4-6 times per week	1 time a day	2 times a day	3+ times a day							
							Never	1-3 times per week	4-6 times per week	1 time a day	2 times a day	3+ times per day	
Red meat (any type)							Spinach (marog)						
Chicken (any type)							Carrots						
Tinned fish							Tomato (raw/cooked)						
Organ meat e.g. liver, offal							Green peas						
Eggs (any type)							Green beans						
Milk /yoghurt / maas to drink / on cereals							Mixed vegetables						
Milk in tea / coffee							Pumpkin/ butternut						
Cheese (except cottage)							Sweet potato						
Legumes eg baked beans, lentils							Potato (any preparation)						
Peanuts and nuts (not spreads)							Citrus fruit e.g. orange						
Brown / whole wheat bread / rolls							Pure orange/guava juice						
Breakfast cereal (instant)							Bananas						
Oats porridge							Mangoes						
Soft margarine (tub)							Apples/pears						
Broccoli, cauliflower, Brussels sprouts						9	Avocado						

## LIFE STYLE

5. On average, how active are you at work/college/university/doing housework (cleaning or maintenance) **(Mark only one)**?

A	Sitting most of the time, little walking or standing	
B	Less sitting, more walking and standing, but no hard physical labour	
C	Very little sitting, mostly walking and/or hard physical labour e.g. scrubbing, washing windows, digging	

6. On average, how active are you when you are **NOT** at work/college/university/doing housework (cleaning or maintenance)? **(Mark only one)** (LEISURE ACTIVITY)

A	Sitting most of the time, little walking or sport	
B	Less sitting, more walking and/or participation in light exercise or sport	
C	Very little sitting, mostly walking and/or active participation in exercising/ sport	

7. Which pattern best describes your usual eating patterns?**(Mark one only)**

3 meals per day (no eating between meals)	
3 meals per day (with eating between meals)	
1 - 2 meals per day (no eating between meals)	
1 - 2 meals per day (with eating between meals)	
Nibble the whole day, no specific meals	

8. On average, how much do you smoke? **(Mark one only)**

Never smoked	
Used to smoke but stopped	
1 – 9 cigarettes a day	
10 – 19 cigarettes a day	
20 or more cigarettes a day	

9. How often do you eat? **(Mark each line)**

	Never	Occa- sionally	Often
When you are bored?			
When you are lonely?			
Just because others eat?			
More than you think you need?			

10. How would you describe your eating habits (what, how, when and why you eat)? **(Mark one only)**

Good to excellent	
Fair	
Poor to very poor	

What is your current age?

Thinking back, at what age did you start menstruating (have your first period)?

Do not remember

## GENERAL HEALTH

11. How often did you use the following over the **past 6 months?**(Mark each line)

	Never	Occa- sionally	Often
Laxatives			
Antibiotics			
Pain killers			
Vitamins and minerals			

12. How often do you experience the following complaints?(Mark each line)

	Never	Occa- sionally	Often
Easily tired			
Difficult in concentrating			
Nervous/ anxious, irritable			
Painful muscles/cramps			
Constipation			
Colds/flu			
Headaches			

13. Indicate whether you and your biological parents have/had the following: (Mark every line)

	No-one	Self	Mother	Father
Weight problem/ obesity				
High blood pressure				
Heart problems				
Diabetes (sugar)				
Depression				

14. How many days have you been off "sick in bed" during the past 6 months? (Mark only one)

Never	
1 – 2 days	
3 – 4 days	
5 or more days	

15. How would you describe your body shape? (Mark only one)

<b>Pear shape</b> (carry fat around my hips)	
<b>Apple shape</b> (carry fat around my middle)	
<b>Cylinder shape</b> (middle & hips are the same size)	

16. Which state best describes your weight status over the past 2 years: (Mark one only)

My weight has steadily increased	
I have lost & regained about 3kg (or more) once	
I have lost & regained about 3kg more than twice	
Not one of the above statements	

**The FIFTH section will focus on LIFE EVENTS**

Please tick all appropriate events that have happened to you within the **past 6 months**

Family moved to a new house	
Birth of a adolescent	
Death of a adolescent / family member	
Serious illness requiring hospitalisation of a adolescent / family member	
Marriage	
Divorce	
Your adolescent changed schools	
Serious illness or accident requiring hospitalisation for you	
Marital separation	
Increase in arguments with your partner	
Serious illness or accident requiring hospitalisation of family member	
Death of a close friend	
Separation from close family for 2 weeks or more	
Death of a brother or sister	
Death of a parent	
Adolescent leaving home	
Loss of job by partner	
<b>During the past 12 months, has any member of this household...</b>	
	YES NO
1. had things stolen?	
2. been harassed or threatened by a household member?	
3. been harassed or threatened by someone outside the household?	
4. been sexually molested by a by someone outside the household?	
5. been beaten up or hurt by a household member?	
6. been beaten up or hurt by someone outside the household?	
7. been murdered by a household member?	
8. been murdered by someone outside the household?	

**The LAST section we are going to discuss YOUR thoughts around your adolescent's future plans around...**

**1. Education (Tick the option that applies)**

Complete High School	
Study at University	
Study further at a College or Training Institution	
Get a job and gain work experience	

**2. Living arrangements (Tick option that applies)**

Continue living with at home for the next couple of years	
Plan to move out and live elsewhere in the next 2-3 years	
My adolescent has already moved out from my home	

**3. Work plans (Tick option that applies)**

Study first	
Get a part-time job	
Get a full-time job	

<b>REFERRAL LOG SHEET</b>
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<b>BTT / Bone study ID</b>	
<b>Surname</b>	
<b>Name</b>	
<b>Contact number</b>	
<b>Date</b>	
<b>Referral case</b>	
<b>Research assistant</b>	

**Office use**

<b>Case dispatched to Clinical Cohort Service?</b>	<b>Yes</b>	<b>No</b>
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**Notes:**

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