BTT ID | | | | | | | |

University of the Witwatersrand
Department of Paediatrics and Child Health

BIRTH TO TWENTY SITE: 17TH YEAR
ADOLESCENT QUESTIONNAIRE
SELF-COMPLETION

TODAY'S DATE : Day | | **Month** | | **Year** | | | | |

THIS IS A CONFIDENTIAL QUESTIONNAIRE

Please carefully read through the following sets of questions and answer as truthfully as possible.

If you need any assistance with the understanding of the procedure or questions, please do not hesitate to contact a research assistant.

Your responses will be confidential, and your name will not appear anywhere on the questionnaire.

Once you have completed the questionnaire, please place it in the unmarked envelope and deposit it in the questionnaire box.

SECTION 1

FOR ALL QUESTIONS PLEASE TICK (√) THE APPROPRIATE BOX

Question 1

Have you ever tried or experimented with cigarette smoking, even 1 or 2 puffs?

NO ☐	**YES** ☐
If YOU TICK (√) "NO": go to page 5	**If YOU TICK (√) "YES": please answer the following question** How old were you when you first tried a cigarette? ☐ years

Question 2

During the past **month (30 days)** did you smoke cigarettes?

NO ☐	**YES** ☐
If YOU TICK (√)"NO": go to page 5	**If YOU TICK (√)"YES": please answer the following questions** 1. How often do you smoke? (Choose only **ONE** option) Every day YES NO how many cigarettes a day? ☐ A few times a week YES NO how many cigarettes a week? ☐ A few times a month YES NO how many cigarettes a month? ☐

2. Where do you usually smoke? (TICK AS MANY AS APPLY)

At home	
At school	
At work	
At friends' houses	
At social events (parties)	
In public spaces (eg parks, outside shopping centres)	
Other, please specify	

3. Where do you get the money to buy cigarettes? (TICK AS MANY AS APPLY)

Use pocket money	
Receive payments for work	
Lift/steal money from people in the house	
Lift/steal cigarettes from people in the house	
Bum cigarettes off friends	
I buy loose cigarettes one at a time	
Remix stompies	
Other, please specify	

4. Have you ever tried to quit smoking? NO ☐ YES ☐

Question 3

Do any of your main caregivers smoke?

father/male Caregiver	YES	NO
mother/female Caregiver	YES	NO

Question 5

If one of your best friends offered you a cigarette, would you smoke it?

Definitely Not	
Probably Not	
Probably Yes	
Definitely Yes	

Question 6

Does your best friend smoke?

YES	NO

Question 6

Do any of your closest friends smoke cigarettes?

None of them	
Some of them	
Most of them	
All of them	

Question 7

Has anyone in your family discussed the risks of smoking with you?

YES	NO

During the past 6 months at school were you taught in any of your classes about the risks of cigarette smoking?

YES	NO

Question 8

In the last **month (30 days)** have you had alcohol?

YES	NO

In the last **month (30 days)** on average how many drinks would you have at one time?

Question

In the last **month (30 days)** have you had a drinking binge (5 or more drinks in one sitting)

YES	NO

Question 9

Have you ever used drugs before?

YES	NO

Have **YOU** ever used the following drugs in the last month (**30 days**)?

Marijuana (weed, dagga, grass)	**NO**	**YES**
Cocaine (coke/crack/rocks)	**NO**	**YES**
LSD, Magic Mushrooms, Acid	**NO**	**YES**
Sniffing Glue, Petrol, Thinners	**NO**	**YES**
Ecstasy	**NO**	**YES**
Speed (tik,tik)	**NO**	**YES**
Mandrax (pinks)	**NO**	**YES**
Heroin (pinch, sugars)	**NO**	**YES**
Prescription (pain pills, anti-depressants, Viagra)	**NO**	**YES**
Over the counter (cough syrup)	**NO**	**YES**
Other	**NO**	**YES**

Have you had treatment for substance abuse?

YES	NO

SECTION 2

Question 1

Have you ever carried a weapon for protection or for any other reason?

NO ☐	**YES** ☐
If YOU TICK (√) "NO": go to Question 2	**If YOU TICK (√)"YES": please answer the following question** 1. What type of weapon? Gun ☐ Knife / blade ☐ Stick / knobkerrie ☐ Other ☐

Question 2

Do you know of a friend who has carried a weapon?

NO ☐	**YES** ☐
If YOU TICK (√) "NO": go to Question 3	**If YOU TICK (√)"YES": please answer the following question** 1. What type of weapon? Gun ☐ Knife / blade ☐ Stick / knobkerrie ☐ Other ☐

Question 3

Have you ever been physically hurt by -

friend	**NO**	**YES**
boyfriend / girlfriend	**NO**	**YES**
peers at school	**NO**	**YES**
family	**NO**	**YES**
strangers	**NO**	**YES**
others (please specify)		

Question 4

Have you ever been in trouble with the law? YES NO

If yes have you spent any time in prison? YES NO

SECTION 3

Question 1

Have you ever discussed sex and/or contraceptive methods with the following people in the **last month (30 days):** (Please answer **EACH** item – use a tick √ for **the appropriate answer**.)

	Sex	**Contraceptive Methods (condom, pill etc)**
Your parents / caregivers	NO YES	NO YES
Your friends	NO YES	NO YES
Your teacher, counsellor or coach	NO YES	NO YES
Your doctor or clinic nurse	NO YES	NO YES
Others (please specify who)	NO YES Who_____	NO YES Who_____

Question 2

Have you ever engaged in **foreplay** or **heavy petting** (kissing, fingering, romancing, NOT going "all the way") in the past **month (30 days)**?

NO ☐	**YES** ☐
If YOU TICK (√)"NO": go to Question 5	**If YOU TICK (√) "YES": please answer the following questions** 1. How old was most recent partner you engaged with? ☐ years 2. Was this something you wanted to do? **NO** **YES** 3. Was your partner the same gender? **NO** **YES**

Question 4

Have you engaged in **ORAL** sex in the **last month** (penis inserted into mouth,, open mouth kissing of the vagina)?

NO ☐	**YES** ☐
If YOU TICK (√)"NO": go to Question 5	**If YOU TICK (√) "YES": please answer the following questions** 3. How old is most recent person you engaged with? ☐ Years 4. Was this something you wanted to do?. **NO** ☐ **YES** ☐ 5. Did you make use of a male condom / rubber / female condom? **NO** ☐ **YES** ☐ 4. Did your partner make use of a male condom / rubber / female condom? **NO** ☐ **YES** ☐

Question 4

Have you ever had **SEX** (made love/ gone all the way/ penis inserted in vagina or anus)?

NO ☐	**YES** ☐
If YOU TICK (√) "NO": go to Question 6	**If YOU TICK (√) "YES": please answer the following questions** 1. How old were you in years when you had sex? ☐ years 2. How old was your first partner? ☐ years 3. Was this something you wanted to do? **NO** **YES** 6. Did you make use of a male condom / rubber / female condom? **NO** **YES** 5. Did your partner make use of a male condom / rubber / female condom? **NO** **YES** .

Question 5

Have you had **SEX** in the **last month** (made love, gone all the way, penis inserted in vagina or anus)?

NO ☐	**YES** ☐
If YOU TICK (√) "NO": go to Question 7	**If YOU TICK (√) "YES": please answer the following questions** 1. How old was your partner? ☐ years 2. Was this something you wanted to do? **NO** **YES** 3. Did you make use of a male condom / rubber / female condom? **NO** **YES** 4. Did your partner make use of a male condom / rubber / female condom? **NO** **YES**

Question 6

Do you know anyone who has been forced to have sex against their will in the last 6 months?

NO	YES

Question 7

Have you ever engaged with someone of the **same sex** as you in the following way:

(Please answer **EACH** item – use a tick √ for **the appropriate answer**.)

	YES	NO
Foreplay or **heavy petting** (kissing, fingering, romancing, NOT going "all the way")		
SEX (made love/ gone all the way/ penis inserted in vagina or anus)		
ORAL sex (penis inserted into mouth, open mouth kissing of the vagina)		

Section 4

Are you male of female?

Male ☐	**Female** ☐
If you are **Male** complete **Questions 7-12** (on page 25-30)	If you are **Female** complete **Questions 1-6** (on page 19-24)

Question 1 (Females only)

Have you ever been pregnant?

No	**Yes**
IF YOU TICK (√)"NO" please go to **Question 6**	**IF YOU TICK (√)"YES"** please go to the next page.

Question 2 (Females only)

Have you ever terminated (aborted) a pregnancy?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **Question 3**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the father of the child? ☐ years 3. Did the father of the child know? **NO** **YES** 4. Was this something you wanted to do? **NO** **YES** 5. Did your parents know? **NO** **YES** 6. Was this something your parents wanted you to do? **NO** **YES**

Question 3 (Females only)

Have you ever miscarried a baby (lost your baby during pregnancy?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **QUESTION 4**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the father of the child? ☐ years 3. How many weeks pregnant were you? ☐ weeks

Question 4 (Females only)

Have you ever given birth to a baby (alive or stillborn)?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **QUESTION 5**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the father of the child? ☐ years

Question 5 (Females only)

Are you currently pregnant?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **Question 6**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old is the father of the child? ☐ years 2. How many weeks pregnant are you? ☐ 3. Have you decided to have the baby? **NO** ☐ **YES** ☐

Question 6 (Females only)

If not pregnant, are you currently using contraception?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please place the questionnaire in the envelope and place it in the box!! Thank You!	**IF YOU TICK (√) "YES"**, what method of contraception is being used by you or your partner: ☐ Injectable contraception (the injection) ☐ Oral contraceptives (the pill) ☐ Male condom ☐ Female condom ☐ Intra Uterine Device (the loop) ☐ Rhythm ☐ Withdrawal ☐ Other (Please specify) Please place the questionnaire in the envelope and place it in the box!! Thank You!

Question 7 (Males only)

Have you ever made a partner pregnant?

No	**Yes**
IF YOU TICK (√) "NO" please please go to **Question 12**	**IF YOU TICK (√) "YES"** please go to the next page.

Question 8 (Males only)

Has a partner ever terminated (aborted) a pregnancy?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **Question 9**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the mother of the child? ☐ years 3. Was this something you wanted to do? **NO** **YES** 4. Did your parents know? **NO** **YES** 5. Was this something your parents wanted you to do? **NO** **YES**

Question 9 (Males only)

Has a partner ever miscarried a baby (lost your baby during pregnancy)?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **QUESTION 10**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the mother of the child? ☐ years 3. How many weeks pregnant was she? ☐

Question 10 (Males only)

Has a partner ever given birth to a baby (alive or stillborn)?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **QUESTION 11**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old were you when it happened? ☐ years 2. How old was the mother of the child? ☐ years

Question 11 (Males only)

Is your partner currently pregnant?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please go to **Question 12**	**IF YOU TICK (√) "YES"** please answer the following questions 1. How old is the mother of the child? ☐ years 2. How many weeks pregnant is she? ☐ 3. Has she decided to have the baby? **NO** ☐ **YES** ☐ 4. Has she decided to keep the baby? **NO** ☐ **YES** ☐

Question 12 (Males only)

If not pregnant, are you or your partner currently using contraception?

No ☐	**Yes** ☐
IF YOU TICK (√) "NO" please place the questionnaire in the envelope and place it in the box!! Thank You!	**IF YOU TICK (√) "YES"**, what method of contraception is being used by you or your partner: ☐ Injectable contraception (the injection) ☐ Oral contraceptives (the pill) ☐ Male condom ☐ Female condom ☐ Intra Uterine Device (the loop) ☐ Rhythm ☐ Withdrawal ☐ Other (Please specify) Please place the questionnaire in the envelope and place it in the box!! Thank You!