



**BIRTH TO TWENTY: 11TH YEAR
CAREGIVER'S QUESTIONNAIRE**

DATE : Day Month Year

Is there a nickname by which you would like to be called?

BTT ID NUMBER :

BONE STUDY ID NUMBER :

 0 1

PRIMARY CAREGIVER'S RELATIONSHIP TO THE CHILD ##¹

1. Are you the biological mother of the BTT child? Yes 1
No 0

2. If NO ←

What is your relationship to the child? e.g. child's mother's sister, paternal grandmother etc.

Where is the mother?

Unavailable for interview because at work 1

Unavailable because of another commitment 2

Ill at home or in hospital 3

Living in another area in metropolis, but in contact with child and 4

Living in another city or area but in contact with child and caregiver 5

Coder – carry this score to next page

PRIMARY CAREGIVER'S RELATIONSHIP TO THE CHILD (continued)

Where is the mother? (continued)

Living in another area but not in contact
with child and

 7

Deceased

 8

If not in contact with BTT child or deceased ←

How old was the child in years ?

3. If you are not the father of the BTT child

Where is the BTT child's father?

Unavailable for interview because at work

 1

Unavailable because of another commitment

 2

Ill at home or in hospital

 3

Living in another area in metropole, but in contact
with child and caregiver

 4

Living in another city or area but in contact
with child and caregiver

 5

Living in another area but not in contact
with child and caregiver

 6

Deceased

 7

If not in contact with BTT child or deceased ←

How old was the child in years ?

**4. Where does the child spend the major portion of any of the long school holidays
(July or December)**

At current address

 1

With relatives or friends in the metropol

 2

With relatives or friends in another area

 3

If this is in another area is that place ←

Urban

 1

Rural

 2

SCHOOL INFORMATION ON BTT CHILD ##²

1. What is the name of your child's school?

2. What is the address of your child's school?

3. What grade is your child in?

4. Has your child repeated any grade(s) at school?

No

Yes

If YES, indicate below, each one repeated

5. Copies of academic records made?

Yes

No

If NO, why not ?

THE REST OF THE QUESTIONNAIRE ONLY TO BE COMPLETED BY THE PRIMARY CAREGIVER (not just someone looking after the child in the afternoons or for a few weeks)

6. How far do you hope your child will go in her/his education?

Complete Primary education

Complete Grade 10 (Std. 8)

Complete Matriculation

Post-school qualification

University education

FOR THE BTT GIRL CHILD'S MOTHER: ##³

1. Has your daughter started to mature sexually in terms of

1.1. breast development?

No 0

Yes 1

1.2. growth of pubic hair?

No 0

Yes 1

2. Has your daughter started menstruating?

No 0

Yes 1

If YES ←

When did she start menstruating ?

M	M	Y	Y	Y	Y
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2. What have you told your daughter about menstruation? (List specifics)

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HIV / AIDS ##⁴

1. Do you know anyone who is suffering from HIV/AIDS?

No

Yes

If YES, is that person

A family member

A friend

Someone in the neighbourhood

Someone you have heard about

2. Do you know anyone who has died of HIV/AIDS?

No

Yes

If YES, is that person

A family member

A friend

Someone in the neighbourhood

Someone you have heard about

3. Are you having to take care of, or financially support, anyone who now has HIV/AIDS or because someone else has AIDS or died of AIDS?

No

Yes

4. If YES, please explain:

STRESS AND SOCIAL SUPPORT ##⁵

During the last 6 months

- | | | | | |
|--|-----------------------------|---|------------------------------|---|
| 1. Have you or a member of your close family been in real danger of being killed? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 2. Has any household member died as a result of violence in the areas where you live or work? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 5. Has any household member been injured as a result of violence in the areas where you live or work? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 6. Has any household member been a victim of a violent crime (such as armed robbery, assault, rape etc)? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 6. Did you witness a violent crime (for example, murder, robbery, assault, rape etc)? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 7. Has violence in the areas where you live or work affected your ability to obtain health care for any of your children? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 8.. Have you or one of your family tried but not been able to find a job? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 9. Have you or your close family ever had too little money for basics, such as food, rent, clothes? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 10. Have you found you are in so much debt that you don' t know how you will repay the money? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 11. Have you or anyone in your close family been seriously ill? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 12. Did any member of your close family die? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 13. Have you had a break up with your husband or partner? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 14. Has your husband or partner hit or beaten you? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 15. Have you had any serious fight or alienation from members of your family or your close neighbours? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 16. Have you or any member of your close family been arrested, had to go to court, or consulted a lawyer on a non-routine matter? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 17. Have you given help (e.g., money, accommodation etc) to close family or friends in need? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 18. Have you been separated unwillingly from any of your children? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |
| 19. Have you experienced any problems with your BTT child or any of your other children (e.g. school closure, school failure, problem behaviour, drugs etc)? | <input type="checkbox"/> No | 0 | <input type="checkbox"/> Yes | 1 |

STRESS AND SOCIAL SUPPORT (continued)

20. Have you had difficulty getting or keeping accommodation/housing for you or your family? No 0 Yes 1
21. Have you felt so pressurised or distressed that you thought you may have a nervous breakdown? No 0 Yes 1
22. Is there anyone in your family with a serious disability (e.g., epilepsy, mental retardation, etc) No 0 Yes 1
23. Is there anyone in your close family that has a problem with drugs or alcohol? No 0 Yes 1

ABOUT YOUR BTT CHILD - MONITORING AND CONTROL ##⁶

(Answer 0=NO, 1=YES or 2=DON'T KNOW / NOT SURE)

1. Do you know if your child washes his/her face in the morning and in the evening No 0 Yes 1 ? 2
2. Do you ever remind or instruct your child to wash his/her face? No 0 Yes 1 ? 2
3. Do you know what your child does most afternoons after school? No 0 Yes 1 ? 2
4. Do you arrange, watch or transport your child to any of their after-school activities? No 0 Yes 1 ? 2
5. Do you know who your child's best friends are? No 0 Yes 1 ? 2
6. Are there any of your child's friends who you don't allow them to spend time with because you disapprove of the child/ren for some reason? No 0 Yes 1 ? 2
7. Do you know what kinds of clothes your child wants to wear? No 0 Yes 1 ? 2
8. Do you prevent your child from wearing certain kinds of clothes for any reason? No 0 Yes 1 ? 2
9. Do you have a good idea how your child is doing at school? No 0 Yes 1 ? 2
10. Have you ever been to see your child's teacher to discuss his/her school work? No 0 Yes 1 ? 2
11. Do you know what your child's favourite TV programmes are? No 0 Yes 1 ? 2
12. Are there some programmes you don't allow your child to watch because of the content, their timing etc? No 0 Yes 1 ? 2
13. Do you know what your child's homework is most days? No 0 Yes 1 ? 2
14. Do you generally check whether your child has done his/her homework? No 0 Yes 1 ? 2

ABOUT YOUR BTT CHILD'S ACTIVITIES

1. What household chores do you expect your child to do most days:

a) During the week

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b) Over weekends / holidays

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2. What activities do you usually do with your child:

a) During the week

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b) Over the weekend / holidays

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3. Do you have any worries about the BTT child?

No 0 Yes 1

If YES, what is worrying you? ←

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What do you think of being in the Birth to Ten / Birth to Twenty study?

What would make you want to stay part of the study?
