



**BIRTH TO TWENTY: 11TH YEAR
CHILD 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**

WELLNESS AND HEALTH ##¹

Exercise

1. How many times a week do you exercise for at least 20 minutes?

Never Once Two times Three times Four or more times

 0

 1

 2

 3

 4

2. Are you in an organised sports team?

 No 0 Yes 1

3. Apart from physical education classes at school, did you take part in any sports during the past year which involved adult coaching or instruction?

 No 0 Yes 1

WELLNESS AND HEALTH (continued)

Nutrition

4. How many servings of fruit or vegetables do you usually eat each day?

None One Two Three Four or more

0 1 2 3 4

5. How many servings of dairy products do you eat each day?

None One Two Three Four or more

0 1 2 3 4

6. How many times each day do you eat fried foods?

None One Two Three Four or more

0 1 2 3 4

7. How do you feel about your body?

I'm too thin I'm too fat I'm just right I'm not sure

1 2 3 4

8. Have you ever made yourself throw up what you've eaten

No 0 Yes 1

If YES, ←

How many times each week do you make yourself throw up what you have eaten?

Less than once Once Twice Three or more times

1 2 3 4

9. About how many **hours a day** do you spend watching television?

a) During weekdays (Monday to Friday)

In early morning

In afternoon

In the evening

b) Over weekends (Saturday and Sunday)

In early morning

In afternoon

In the evening

WELLNESS AND HEALTH (continued)

Tobacco, alcohol, other drugs

10. Have you ever smoked a cigarette? No 0 Yes 1

If YES, ←

How old, in **years**, were you the first time you smoked?

11. Do you smoke cigarettes now? No 0 Yes 1

If YES: ←

How often do you smoke?

1. Every day:

How many cigarettes a day

2. A few times a week:

How many cigarettes in a week

3. A few times a month:

About how many cigarettes / month

4. Once or twice a year:

About how many cigarettes / year

12. Have you ever smoked with the knowledge of one of your parents? No 0 Yes 1

13. Do you think you will smoke cigarettes in the future?

No 0

Yes 1

Not Sure 2

14. Have you ever used snuff? No 0 Yes 1

15. Have you ever tasted alcohol? (for other than religious purposes) No 0 Yes 1

If YES, ←

How old, in years, were you the first time you tasted alcohol?

16. Have you ever drunk an alcoholic drink? {A drink is defined as one can/bottle of beer one glass of wine, one tot of liquor, or one mixed drink} No 0 Yes 1

If YES, ←

How old, in years, were you the first time you drank alcohol?

With whom have you drunk alcohol?

parents/guardians No 0 Yes 1

brothers or sisters No 0 Yes 1

friends No 0 Yes 1

neighbours No 0 Yes 1

alone No 0 Yes 1

WELLNESS AND HEALTH (continued)

17. Do you drink alcohol now?

No 0 Yes 1 Sometimes 2

18. Do you know what the following drugs are? ----- Have you ever used the drug?

Marijuana (weed, dagga, grass)	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1
Cocaine (coke/crack)	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1
LSD, Mushrooms	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1
Steroids	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1
Glue	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1
Ecstasy	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1
Mandrax	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1	<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1
Other (non prescription)			<input type="checkbox"/> No 0	<input type="checkbox"/> Yes 1

Know Used

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If YES, please describe



19. Have you ever used a needle to inject yourself with a drug? (not prescription / insulin)

No 0 Yes 1

Outlook and relationships

20. Most of the time, how satisfied are you with your life?

Not at all A little bit So-so Quite a bit Extremely

0 1 2 3 4

21. How many times in the past month have you had a health complaint
(e.g. headache, stomach ache) because of pressure to do well in school?

Never Once Twice Three times Four or more times

0 1 2 3 4

WELLNESS AND HEALTH continued

22. What are your plans for the future? (Tick one box)

- None 1
- Leave high school before matric 2
- To finish high school 3
- Get a job right after high school 4
- Join the military (for example, the Army, Navy) 5
- Go into a job training program after high school 6
- Go to college, technikon or university after high school 7
- Become a homemaker (housewife) 8

Other (please describe)

23. How much pressure to do well at school or sports do you get from:

parents/guardians

- a lot 3 some 2 hardly any 1 none 0

teachers

- a lot 3 some 2 hardly any 1 none 0

coach

- a lot 3 some 2 hardly any 1 none 0

peers

- a lot 3 some 2 hardly any 1 none 0

self

- a lot 3 some 2 hardly any 1 none 0

WELLNESS AND HEALTH (continued)

24. How many close friends do you have?

None

One

Two

Three

Four or more

25. How satisfied are you with the friends you have?

Unsatisfied

Somewhat satisfied

Very satisfied

26. What are the kinds of things you do for fun when you are with your friends and adults are not around?

27. How often do you feel you have a say in deciding the important things in your life?

Never

Rarely

Sometimes

Very often

28. How important is religion in your life?

Not at all

Somewhat

Very

WELLNESS AND HEALTH continued

29. How often do you attend religious services?

Less than once a year

Once or twice a year

Not every month, but at least every 2-3 months

Not every week, but at least once a month

At least once a week

30. How often does your family pray together?

Never

Seldom, can remember once or twice that we did

Sometimes, at least once a month

Often at least once a week

31. When you have / have had a serious problem, what do you do?
(Please answer EACH of the following items.)

##²

- think of different ways to deal with the problem

Never Once or twice Sometimes Often

- tell yourself things to make yourself feel better

- talk with a parent, teacher or friend about the problem?

- decide on one way to deal with the problem and do it?

- try to forget the whole thing

-feel that time would make a difference-only thing to do is wait?

- get involved in new activities?

-take it out on other people when you felt angry or sad?

WELLNESS AND HEALTH (continued) ##³

32. Have you ever intentionally tried to hurt yourself?

No 0 Yes 1

If YES, how? ←

cut yourself

No 0 Yes 1

overdose

No 0 Yes 1

(specify)

other ←

No 0 Yes 1

If YES, did you wish to kill yourself?

No 0 Yes 1

If YES, there is free confidential help available by calling the crisis numbers that are on the rulers.

33. Do you feel that there is an adult at school who cares about you and your problems?

No 0 Yes 1

If YES, what is that person's job? ←

Counsellor

1

Teacher

2

Sports Coach

3

Administrator

4

(specify)

Other ←

5

34. How often do your parents/guardians know where you are?

Never

0

Rarely

1

Sometimes

2

Most of the time

3

35. Have you ever tried to run away from home since you were 9 years or older

No 0 Yes 1

If YES, how old in years were you? ←

9 10 11 12

WELLNESS AND HEALTH continued

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

No 0 Yes 1

If YES, what type? ←

Gun 1

Knife / blade 2

Stick / knobkerrie 3

Other 4

If Other, please describe ←

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

No 0 Yes 1

If YES, what type? ←

Gun 1

Knife / blade 2

Stick / knobkerrie 3

Other 4

For what reason did they carry the weapon?

If Other, please describe ←

38. How much do the following things go on at your school?

	Not at all	A Little	Some	Quite a lot	Very much
Students using drugs before during and after school	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Students destroying things (vandalism)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Students drinking beer, wine, spirits, wine coolers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Students getting into fights	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Students stealing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Students threatening or bullying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

WELLNESS AND HEALTH (continued)

39. Do you have difficulty in controlling your temper?

No, it's not a problem

Yes, sometimes

Yes, frequently

If YES,

Have you ever hurt anyone when you had lost your temper?

0

1

40 . Have you ever been physically hurt by:

boyfriend / girlfriend

0 1 2

peers at school

0 1 2

family

0 1 2

strangers

0 1 2

others (specify)

0 1 2

41. Have you ever been in trouble with the law?

0 1 2

If YES, please explain

WELLNESS AND HEALTH (continued)

Sexual knowledge and experience

42. Have you ever had a health education class at school that included sex education?

No 0 Yes 1

If YES,

In what grade

Was this useful to you?

No 0 Yes 1 Somewhat 2

43. Have you ever talked about AIDS/HIV infection with your parents or other adults in your family

No 0 Yes 1 Not Sure 2

44. Have you ever discussed birth control methods with:
(Please answer EACH item.)

a. Your parents / guardians

No 0 Yes 1

b. Your friends

No 0 Yes 1

c. Your teacher, counsellor or coach

No 0 Yes 1

d. Your doctor or clinic nurse

No 0 Yes 1

e. Others

No 0 Yes 1

If YES, please describe

WELLNESS AND HEALTH (continued)

45. Do you know what it means to "have sex" with someone?

No 0 Yes 1

If YES, go to question 46

If NO go to question 52

46. Have you ever engaged in foreplay or heavy petting (i.e. not going "all the way")?

No 0 Yes 1 Not Sure 2

If YES,
How old were you in years when this first happened?

Was this something you wanted to participate in?

No 0 Yes 1 Not Sure 2

47. Have you ever had sex (made love, gone all the way, penis inserted in vagina or anus)?

No 0 Yes 1

If YES, go to question 48

48. How old were you in years when you had sex the first time?

Was this something you wanted to participate in?

No 0 Yes 1

What sex/gender was the person you had sex with

Male 1 Female 2

How old in years was the person you had sex with

If NO, go to question.50

50. Have you ever had sex or been touched in private areas against your will?

No 0 Yes 1 Don't Know 2

51. Have you ever had sex or touched another person in private areas against his/her will?

No 0 Yes 1 Don't Know 2

52. Do you know what the menstrual period of girls is

No 0 Yes 1

IF YOU ARE A BOY GO TO QUESTION 54

WELLNESS AND HEALTH (continued)

FOR GIRLS

53. Have you begun your menstrual period?

No 0 Yes 1 Not Sure 2

If YES ←

How old in years were you when it started?

Has your period been regular since you started menstruating?

No 0 Yes 1 Not Sure 2

FOR GIRLS AND BOYS

54. If a woman has sex, when is she most likely to get pregnant?
(Check the ONE best answer.)

1
Right before
her period

2
During
her period

3
Right after
her period
stops

4
In between
periods

5
I'm not sure

55. Which of the following behaviours do you think are likely to put a person at risk for contracting HIV?

(Please check YES, NO or NOT SURE for EACH of the following items.)

eating off of the plate of a person with AIDS

No 0 Yes 1 Not Sure 2

sharing needles (eg, diabetic, drug user)

No 0 Yes 1 Not Sure 2

having lots of sexual partners

No 0 Yes 1 Not Sure 2

getting bitten by a mosquito

No 0 Yes 1 Not Sure 2

donating blood at a blood bank

No 0 Yes 1 Not Sure 2

sitting on the bus next to a person with AIDS

No 0 Yes 1 Not Sure 2

kissing

No 0 Yes 1 Not Sure 2

having unprotected sex with someone who is HIV positive or has AIDS?

No 0 Yes 1 Not Sure 2

56. Do you worry that you may have been exposed to HIV (AIDS)?

No 0 Yes 1 Not Sure 2

If Yes, how do you think you were exposed ←

YOUTH SELF-REPORT FOR AGES 11-18 YEARS ## 4

Not True Sometimes True True Very True

1. I act too young for my age

0 1 2 3

2. I have an allergy

0 1 2 3

If YES, please describe:

3. I argue a lot

0 1 2 3

4. I have asthma

0 1 2 3

5. I act like the opposite sex

0 1 2 3

6. I like animals

0 1 2 3

7. I brag (or show off)

0 1 2 3

8. I have trouble concentrating

0 1 2 3

9. I can't get my mind off certain thoughts

0 1 2 3

If YES, please describe:

10. I have trouble sitting still

0 1 2 3

11. I'm too dependent on adults

0 1 2 3

12. I feel lonely

0 1 2 3

13. I feel confused or in a fog

0 1 2 3

14. I cry a lot

0 1 2 3

15. I am pretty honest

0 1 2 3

YOUTH SELF-REPORT FOR AGES 11-18 YEARS
Continued

	Not True	Sometimes True	True	Very True
16. I am mean to others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. I daydream a lot	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. I deliberately try to hurt or kill myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. I try to get a lot of attention	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. I destroy my own things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. I destroy things belonging to others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. I disobey my parents	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. I disobey at school	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. I don't eat as well as I should	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. I don't get along with other kids	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26. I don't feel guilty after doing something I shouldn't	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27. I am jealous of others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
28. I am willing to help others when they need help	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
29. I am afraid of certain animals, situations or places other than school	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
If YES, please describe:				
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>		
30. I am afraid of going to school	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
31. I am afraid I might think or do something bad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
32. I feel I have to be perfect	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
33. I feel that no one loves me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

YOUTH SELF-REPORT FOR AGES 11-18 YEARS
Continued

Not True Sometimes True True Very True

34. I feel that others are out to get me

0 1 2 3

35. I feel worthless or inferior

0 1 2 3

36. I accidentally get hurt a lot

0 1 2 3

37. I get in many fights

0 1 2 3

38. I get teased a lot

0 1 2 3

39. I hang around with kids who get into trouble

0 1 2 3

40. I hear sounds of voices that other people think aren't there

0 1 2 3

If YES, please describe:

41. I act without stopping to think

0 1 2 3

42. I like to be alone

0 1 2 3

43. I lie or cheat

0 1 2 3

44. I bite my fingernails

0 1 2 3

45. I am nervous or tense

0 1 2 3

46. Parts of my body twitch or make nervous movements

0 1 2 3

If YES, please describe:

47. I have nightmares

0 1 2 3

YOUTH SELF-REPORT FOR AGES 11-18 YEARS
Continued

Not True Sometimes True True Very True

48. I am not liked by other kids

0 1 2 3

49. I can do certain things better than most kids

0 1 2 3

50. I am too fearful or anxious

0 1 2 3

52. I feel dizzy

0 1 2 3

53. I eat too much

0 1 2 3

54. I am overtired

0 1 2 3

55. I am overweight

0 1 2 3

56. I have physical problems without known medical cause:

0 1 2 3

Aches or pains

0 1 2 3

Headaches

0 1 2 3

Nausea, feel sick

0 1 2 3

Problems with eyes

0 1 2 3

If TRUE, please describe:

Rashes or other skin problems

0 1 2 3

Stomach aches or cramps

0 1 2 3

Vomiting, throwing up

0 1 2 3

Other

0 1 2 3

If TRUE, please describe:

YOUTH SELF-REPORT FOR AGES 11-18 YEARS
Continued

Not True Sometimes True True Very True

57. I physically attack people

0	1	2	3
---	---	---	---

58. I pick my skin or other parts of my body

0	1	2	3
---	---	---	---

If TRUE, please describe:

--	--

59. I can be pretty friendly

0	1	2	3
---	---	---	---

60. I like to try new things

0	1	2	3
---	---	---	---

61. My school work is poor

0	1	2	3
---	---	---	---

62. I am poorly coordinated or clumsy

0	1	2	3
---	---	---	---

63. I would rather be with older kids than kids my own age

0	1	2	3
---	---	---	---

64. I would rather be with younger kids than kids
my own age

0	1	2	3
---	---	---	---

65. I refuse to talk

0	1	2	3
---	---	---	---

66. I repeat certain actions over and over

0	1	2	3
---	---	---	---

If TRUE, please describe:

--	--

67. I run away from home

0	1	2	3
---	---	---	---

68. I scream a lot

0	1	2	3
---	---	---	---

69. I am secretive or keep things to myself

0	1	2	3
---	---	---	---

70. I see things that other people think aren't there

0	1	2	3
---	---	---	---

If TRUE, please describe:

--	--

YOUTH SELF-REPORT FOR AGES 11-18 YEARS
Continued

Not True Sometimes True True Very True

71. I am self-conscious or easily embarrassed

0 1 2 3

72. I set fires

0 1 2 3

73. I can work well with my hands

0 1 2 3

74. I show off or clown

0 1 2 3

75. I am shy

0 1 2 3

76. I sleep less than most kids

0 1 2 3

77. I sleep more than most kids during day and/or night

0 1 2 3

If TRUE, please describe:

78. I have a good imagination

0 1 2 3

79. I have a speech problem

0 1 2 3

If TRUE, please describe:

80. I stand up for my rights

0 1 2 3

81. I steal things at home

0 1 2 3

82. I steal things from places other than home

0 1 2 3

83. I store up things I don't need (describe)

0 1 2 3

If TRUE, please describe:

YOUTH SELF-REPORT FOR AGES 11-18 YEARS
Continued

Not True Sometimes True True Very True

84. I do things other people think are strange

0 1 2 3

If TRUE, please describe:

85. I have thoughts that other people think are strange

0 1 2 3

If TRUE, please describe:

86. I am stubborn

0 1 2 3

87. My moods or feelings change suddenly

0 1 2 3

88. I enjoy being with other people

0 1 2 3

89. I am suspicious

0 1 2 3

90. I swear or use dirty language

0 1 2 3

91. I think about killing myself

0 1 2 3

92. I like to make others laugh

0 1 2 3

93. I talk too much

0 1 2 3

94. I tease others a lot

0 1 2 3

95. I have a hot temper

0 1 2 3

96. I think about sex too much

0 1 2 3

97. I threaten to hurt people

0 1 2 3

98. I like to help others

0 1 2 3

99. I am too concerned about being neat or clean

0 1 2 3

YOUTH SELF-REPORT FOR AGES 11-18 YEARS
Continued

Not True Sometimes True True Very True

100. I have trouble sleeping

0	1	2	3
---	---	---	---

If TRUE, please describe:

--	--

101. I cut / bunk classes or skip school

0	1	2	3
---	---	---	---

102. I don't have much energy

0	1	2	3
---	---	---	---

103. I am unhappy, sad or depressed

0	1	2	3
---	---	---	---

104. I am louder than other kids

0	1	2	3
---	---	---	---

105. I use alcohol or drugs for non-medical purposes

0	1	2	3
---	---	---	---

If TRUE, please describe:

--	--

106. I try to be fair to others

0	1	2	3
---	---	---	---

107. I enjoy a good joke

0	1	2	3
---	---	---	---

108. I like to take life easy

0	1	2	3
---	---	---	---

109. I try to help other people when I can

0	1	2	3
---	---	---	---

110. I wish I were of the opposite sex

0	1	2	3
---	---	---	---

111. I keep from getting involved with others

0	1	2	3
---	---	---	---

112. I worry a lot

0	1	2	3
---	---	---	---

ROSENBERG SELF-ESTEEM SCALE ##⁵

A lot like me A bit like me Not very like me Not at all like me

1. On the whole, I am satisfied with myself
2. At times I think I am no good at all
3. I feel that I have a number of good qualities
4. I am able to do things as well as most other people
5. I feel I do not have much to be proud of
6. I certainly feel useless at times
7. I feel that I am a person of worth, at least on an equal plane with others
8. I wish I could have more respect for myself
9. All in all, I am inclined to feel that I am a failure
10. I take a positive attitude towards myself

1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

PERCEPTIONS OF PARENTING ##⁶

My parent/s, step-parent/s, foster parent/s, caregivers

Never Sometimes Often Very Often

1. Smile at me
2. Want to know exactly where I am and what I am doing
3. Soon forget a rule they've made
4. Praise me

1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

PERCEPTIONS OF PARENTING (continued)

My parent/s, step-parent/s, foster parent/s, caregivers

- 5. Let me go out any evening I want
- 6. Do tell me what time to be home when I go out
- 7. Nag me about little things
- 8. Only keep rules when it suits them
- 9. Make sure I know I am appreciated
- 10. Threaten punishment more often than they use it
- 11. Speak of the good things I do
- 12. Do find out about my misbehaviour
- 13. Enforce a rule or do not enforce a rule depending on their mood
- 14. Hit me or threaten to do so
- 15. Seem proud of the things I do

Never Sometimes Often Very Often

Never	Sometimes	Often	Very Often
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

BODY ESTEEM SCALE FOR ADOLESCENTS AND ADULTS ##⁷

- 1. I like what I look like in pictures
- 2. Other people consider me good looking
- 3. I'm proud of my body
- 4. I'm preoccupied with trying to change my body weight
- 5. I like what I see when I look in the mirror

Never Seldom Sometimes Often Always

Never	Seldom	Sometimes	Often	Always
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4

**BODY ESTEEM SCALE FOR ADOLESCENTS
AND ADULTS, continued**

Never Seldom Sometimes Often Always

6. There are lots of things I'd like to change about my looks if I could

0	1	2	3	4
---	---	---	---	---

7. I am satisfied with my weight

0	1	2	3	4
---	---	---	---	---

8. I wish I looked better

0	1	2	3	4
---	---	---	---	---

9. I really like what I weigh

0	1	2	3	4
---	---	---	---	---

10. I wish I looked like someone else

0	1	2	3	4
---	---	---	---	---

11. People my own age like my looks

0	1	2	3	4
---	---	---	---	---

12. My looks upset me

0	1	2	3	4
---	---	---	---	---

13. I'm as nice looking as most people

0	1	2	3	4
---	---	---	---	---

14. I'm pretty happy about the way I look

0	1	2	3	4
---	---	---	---	---

15. I feel I weigh the right amount for my height

0	1	2	3	4
---	---	---	---	---

16. I feel ashamed of how I look

0	1	2	3	4
---	---	---	---	---

17. Weighing myself depresses me

0	1	2	3	4
---	---	---	---	---

18. My weight makes me unhappy

0	1	2	3	4
---	---	---	---	---

19. I worry about the way I look

0	1	2	3	4
---	---	---	---	---

20. I think I have a good body

0	1	2	3	4
---	---	---	---	---

21. I'm looking as nice as I'd like to

0	1	2	3	4
---	---	---	---	---

SCHWARZER GENERALISED SELF-EFFICACY ##⁸

Not at all True Hardly True Sometimes True Exactly True

1. I can always manage to solve difficult problems if I try hard enough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. If someone opposes me, I can find the means and ways to get what I want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. It is easy for me to stick to my aims and accomplish my goals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. I am confident that I could deal efficiently with unexpected events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. Thanks to my resourcefulness, I know how to handle unforeseen situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. I can solve most problems if I invest the necessary effort	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. I can remain calm when facing difficulties because I can rely on my coping abilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. When I am confronted with a problem, I can usually find several solutions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. If I am in trouble, I can usually think of a solution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. I can usually handle whatever comes my way	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

HIV / AIDS ##⁹

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

No

0

Yes

1

If YES, is that person

A family member

1

A friend

2

Someone in the neighbourhood

3

Someone you have heard about / elsewhere

4

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

No

0

Yes

1

If YES, is that person

A family member

1

A friend

2

Someone in the neighbourhood

3

Someone you have heard about / elsewhere

4

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

0

Yes

1

PARENT WHEREABOUTS ##¹⁰

Are you living with both your parents?

No 0 Yes 1

If No,

Do you live with your mother

No 0 Yes 1

If not living with mother,
Since what age in years have you not lived
with your mother?

Do you see your mother?

No 0 Yes 1

If Yes, how often

Never 0	See her very seldom 1	More than once a year 2	More than once a month 3	More than once a week 4
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Do you live with your father

No 0 Yes 1

If not living with father,
Since what age in years have you not lived
with your father?

Do you see your father?

No 0 Yes 1

If Yes, how often

Never 0	See him very seldom 1	More than once a year 2	More than once a month 3	More than once a week 4
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PROBLEMS AT HOME OR SCHOOL

Do you have any problems at home or school that you would like to tell me about?

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?
